Good

Devon Partnership NHS Trust

Wards for people with learning disabilities or autism

Quality Report

The Additional Support Unit
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWVEE	Whipton Hospital	Additional Support Unit	EX1 3RB

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for people with learning disabilities or autism as **good** overall because:

- At this inspection, we found the trust had made improvements to the quality of the service and care and treatment given to patients. We have rated each domain as good.
- Staff completed physical healthcare checks on patients and these were recorded clearly and consistently so that staff could quickly identify any changes or concerns and take the required action. The service used a standardised system called Modified Early Warning System.
- Patients had a comprehensive assessment in place that was individualised and person-centred with a focus on patient goals and recovery. Evidenced based treatment was used to support the delivery of high quality care.
- Care plans were personalised, holistic and recovery oriented. Patients had a copy of their care plans in an easy to read format.
- Prescribing of medicines followed good practice guidelines. Pharmacists supported staff and ensured medicines were stored and administered correctly. The service participated in medicine audits.
- Staff treated patients with respect and kindness. Staff involved carers and families in patients' care with patients' permission or if they lacked capacity in their best interests. The innovative user engagement approaches implemented by the service ensured that patients and their families had a say in how the service was run.
- The service had a robust multidisciplinary team who worked well together and were fully involved in patient's care.
- Patients experienced care and treatment that was compassionate, sensitive and person-centred. Staff morale was extremely high and the wards supported each other. We found the wards to be well-led and there was clear leadership at a local level. The ward managers were highly visible on the wards during the day and were accessible to staff and patients.
- There were systems in place to monitor and improve the performance of the service. These included patients' care pathway, safeguarding, incidents, and complaints.
- There was learning and development across the service from untoward incidents and complaints.

However:

- Trust wide food menus were not available in an easy to read format to support the needs of the patients at the service. Patients also did not have a way of summoning staff for assistance when in their bedrooms if they required urgent help. Not all patients had advanced decisions in place when required.
- Refurbishment of the seclusion room facilities had not yet commenced. The trust told us that funding and building work plans were in place and we were informed that this would start in January 2017. Although, information provided by the trust showed that the seclusion suite had not been used for approximately 15 months prior to the inspection.
- The service was not meeting the trust's own target for mandatory training. Not all staff had access to training courses such as basic life support or immediate life support. Staff were also not receiving appropriate access to supervision and appraisals.
- In response to the Green Light self-assessment audit, the trust had developed a delivery plan but actions from the plan were not fully embedded into the service or followed up.

Summary of findings

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

Are services safe?

Good

We rated safe as '**good**' for wards for people with learning disabilities or autism because:

- The wards' layout enabled staff to observe most parts of the wards. There were some restricted lines of sight across both wards but these were adequately mitigated by staff observations.
- Staff undertook ligature risk assessments and made and enacted a detailed action plan of how to mitigate the risks identified.
- Staff undertook environmental risk assessments and ward audits.
- Staff reviewed patients' risk information was regularly and recorded their findings on the electronic record system.
- Staff had been trained in the management of physical interventions. De-escalation or positive behaviour support was used proactively. The use of restraint across the service was low.

However:

- Refurbishment of the seclusion room facilities had not yet commenced. Funding and building work plans were in place and we were informed that this would start in Febuary 2017. Although, information provided by the trust showed that the seclusion suite had not been used for approximately 15 months prior to the inspection.
- Patients did not have a way of summoning staff for assistance when in their bedrooms if they required urgent help.
- There were no training records for courses such as basic life support or immediate life support.

Are services effective?

Good

We rated effective as '**good**' for wards for people with learning disabilities or autism because:

- Patients had a comprehensive assessment in place that was individualised and person-centred with a focus on patient goals and recovery.
- Staff completed physical healthcare checks on patients and these were recorded clearly and consistently.
- Staff used evidenced-based treatment to support the delivery of high quality care. Patients had access to psychological therapies as part of their treatment.

Summary of findings

- The service had a robust multidisciplinary team who worked well together and were fully involved in patient's care.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided.
- There was effective inter-agency working and ongoing monitoring of physical healthcare conditions was taking place.
- Detained patients were informed of their rights in accordance with section 132 of the Mental Health Act.
- Information was displayed on the ward noticeboards in an accessible format regarding the independent mental health advocate and how to contact them.

However:

- Actions from the delivery plan developed by the trust in response to the Green Light self-assessment audit had not yet been embedded into the service.
- Staff were not all receiving appropriate access to supervision and appraisals.

Are services caring?

Good

We rated caring as '**good**' for wards for people with learning disabilities or autism because:

- There was a strong person-centred culture. Staff, patients and relatives/carers told us they were supported as partners in their care.
- We saw evidence of patient involvement in care planning. We found them to be person-centred and recovery orientated.
- The innovative user engagement approaches at the service ensured that patients and their families had a say in how the service was run.
- Staff understood patients' needs and involved patients in their care.
- The service had received a number of compliments from patients, families and carers, praising the care and support provided by staff to patients.
- When staff spoke with us about patients, they discussed them in a respectful manner and demonstrated an extremely high level of understanding of their individual needs. Staff appeared interested and engaged in providing high quality care to patients.

However:

- Patients did not have advanced decisions or plans of care in place when required.

Summary of findings

Are services responsive to people's needs?

Good

We rated responsive as '**good**' for wards for people with learning disabilities or autism because:

- The ward environments were comfortable, well maintained and had space for a range of different treatments and care.
- There was a good provision of and access to therapeutic activities.
- The service responded positively to feedback from patients and families.
- At the last inspection, we had concerns raised with us about the quality of the food at the service. However, during this inspection we could see that staff had taken action to address these concerns.

However:

- Food menus were not available in an easy to read format to support the needs of the patients at the service.

Are services well-led?

Good

We rated well-led as '**good**' for wards for people with learning disabilities or autism because:

- The aims of the service were clear and focused on the needs of the patients.
- Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could.
- Staff morale was high and the staff and managers supported each other.
- There were systems in place to monitor and improve the performance of the service.

Summary of findings

Information about the service

The Additional Support Unit provided acute care, assessment and treatment for people with learning disabilities and associated mental health needs, whose needs could not be met appropriately in a general adult mental health setting or the community.

The service comprised of two single sex wards with five bedrooms in total. Unit 1 was the male ward and had three bedrooms, which included the extra care area. Unit 2 was the female ward and had two bedrooms. At the time of our inspection, there were four patients using the service.

We last inspected this service as part of Devon Partnership NHS Trust's comprehensive inspection programme in July 2015. During that inspection, we found that the trust had breached three of the regulations. We asked the trust to take steps to address the breaches in regulation and the trust responded with an action plan to do this.

During this inspection, we found the service had made improvements and were now meeting the regulations.

Our inspection team

Head of Inspection: Pauline Carpenter, Care Quality Commission

Team Leader: Peter Johnson, Inspection manager, Care Quality Commission

The team that inspected this core service comprised one inspector from the Care Quality Commission (CQC), and two specialist professional advisors both with expertise in learning disabilities and autism.

Why we carried out this inspection

We undertook this inspection to find out whether Devon Partnership NHS Trust had made improvements to their wards for people with learning disabilities or autism since our last comprehensive inspection of the trust on 27-31 July 2015.

When we last inspected the trust in July 2015, we rated wards for people with learning disabilities or autism as **requires improvement**.

We rated the core service as requires improvement for effective, responsive and well-led and as good for safe and caring.

Following that inspection, we told the trust that it must take the following actions to improve wards for people with learning disabilities or autism:

- The trust must ensure that people detained under the Mental Health Act are read their rights under Section 132.
- The trust must make patients aware of their rights to access an independent mental health advocate by providing this information in an accessible format.
- The trust must ensure all staff are following National Institute for health and Care Excellence (NICE) guidelines for 'challenging behaviour and learning disabilities: prevention and interventions for patients with learning disabilities whose behaviour challenges'; published: 28 May 2015. This includes guidelines on positive behaviour support.
- The trust must deliver good quality food that meets the nutritional needs and preferences of the patients.
- The trust must enable local managers to deliver a service in line with current practices specific to enabling patients with learning disabilities to become more independent.

Summary of findings

We issued the trust with three requirement notices which related the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 Person-centred care.
- Regulation 12 Safe care and treatment.
- Regulation 14 Meeting nutritional and hydration needs.

How we carried out this inspection

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

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

Before the most recent inspection, we reviewed information that we held about wards for people with learning disabilities or autism. In order to undertake a rating review we inspected the service across all five domains.

During the inspection visit, the inspection team:

- Visited the service and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with the ward manager and deputy ward manager
- spoke with nine staff, including nurses, support workers, occupational therapists, a physiotherapist, psychologist and a doctor
- spoke with one patient
- spoke with one relative/carer
- reviewed four patients' care records, including care plans, assessments, physical health monitoring, nutrition and hydration
- attended and observed a daily planning meeting

looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We received two comment cards prior to the inspection, one was positive and one was both positive and negative. Positive comments included the staff being helpful, nice and that people would recommend the service. Negative comments included food provision.

We spoke with one patient and one carer during our inspection. Both gave positive feedback about staff being caring and supportive, the environment being safe on the wards and the quality of the food.

We were told that staff were always available to talk to and patients were well supported to attend activities on the ward and in the community. Neither person raised any concerns about the quality of the food at the service.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that patients have advanced decisions in place when required.
- The trust should review and appropriately implement the use of advance plans of care.

Summary of findings

- The trust should review the processes for patients to alert staff if they needed help or support when in their bedrooms.
- The trust should ensure that all staff have access and are required to attend training courses such as basic life support or immediate life support.
- The trust should ensure that staff are receiving appropriate access to supervision and appraisals.
- The trust should ensure that trust wide food menus are available in an easy to read format to support the needs of the patients at the service.
- The trust should ensure that actions from the delivery plan developed in response to the Green Light self-assessment audit are fully embedded and followed up.

Devon Partnership NHS Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Additional Support Unit	Whipton Hospital

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.

Staff received training in the Mental Health Act, although this was not mandatory. As of the 30 September 2016, 55% of staff had completed the training. This was below the trust target of 90%.

Information was displayed on the ward noticeboards regarding the independent mental health advocate (IMHA) and how to contact them. This was displayed in an accessible format that was easy to read.

At the time of the inspection, one patient was detained under the Mental Health Act. We reviewed records of leave from the ward into the community being granted by the consultant psychiatrist, to patients. The parameters of leave granted were clearly documented.

Detained patients were informed of their rights in accordance with section 132 of the Mental Health Act. However, easy read forms had not been uploaded to the patients' electronic records or filed in their paper records to show that staff had given these to patients.

Patients' medicine charts had photographic evidence of patients attached together with T2 or T3 treatment authorisation certificates.

Staff at the service had access to the trust's Mental Health Act administration team for support and advice when needed.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

There was a trust policy on the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.

Staff received training in the MCA and DoLS and the trust identified this as core training. At the time of our visit, 100% of staff had completed this training. This was above the trust target of 90%.

The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves.

Staff we spoke with demonstrated a good understanding of the MCA. We observed staff seeking informed consent from patients. Staff held best interest meetings when patients lacked capacity to make decisions about certain aspects of their life or care and treatment. Staff clearly documented the outcome of the best interest decision in patients' care records.

Patients' files we reviewed showed that each of them had an assessment of their capacity to consent to treatment.

The trust provided information for the number of DoLS applications they made from the Additional Support Unit. Between the 15 April 2016 and the 14 October 2016, six DoLS applications were made.

At the time of our inspection, two patients were subject to a standard DoLS authorisation. Staff had completed an urgent and standard DoLS application for another patient the day before the inspection, following the rescinding of their detention under the Mental Health Act.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- The wards' layout enabled staff to observe most parts of the wards. There were some restricted lines of sight across both wards but these were adequately mitigated by staff observations. Neither ward had mirrors installed to help increase staff' visibility.
- The trust had agreed a two-year programme of works to minimise ligature risks within inpatient environments. We saw the service had ligature risk assessments in place using an assessment tool to rate risks. Where ligature points could not be removed there was detailed specific action to be taken to mitigate the risks identified. A ligature management programme with target completion dates and risks in communal areas had been documented. Staff had ligature cutters attached to their keys. Staff also had access to larger ligature cutters and masks used for resuscitation.
- The service complied with guidance on same sex accommodation, with females on one side of the service and males on the other side. Each patient had access to his or her own bathroom/shower and toilet facilities.The ward manager told us that only in an emergency situation would the service admit a patient into a corridor designated for the opposite sex. We were told that there was a policy in place with clear processes so that this could be escalated to senior trust staff and commissioners.
- The Additional Support Unit had a seclusion room on Unit 2 in the male area. At the last inspection, we told the trust they should ensure there were toilet and washing facilities in the seclusion suite. During this inspection, the ward manager told us about the proposed building plans for a new seclusion suite that had been agreed by the trust. We were told that planned building work was due to commence in January 2017. In the interim, toilet and washing facilities were available opposite the seclusion suite and the service had clear procedures in place for supporting access to these when needed. Information provided by the trust showed that the seclusion suite had not been used for approximately 15 months prior to the inspection. The clinical team explained that they had discussed the rationale for maintaining the seclusion suite and felt that although there was very little use for it; they did not want to have to exclude any future patients from their service who may at times need to use it.
- The service had access to an extra care area where patients could be taken away from the main ward area. The extra care area had one bedroom, a lounge and bathroom. At the time of our inspection, the extra care area was in use by a patient.
- In relation to cleanliness, the 2016 PLACE score for the Additional Support Unit was 96%. In relation to condition, appearance and maintenance, the service scored 93%. This was below the England average of 98% and 93%. PLACE assessments are self-assessments undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services. However, during the inspection we noted the service to have been cleaned and maintained to a high standard, as were the fixtures and fittings. We reviewed cleaning records and found them to be up to date which further demonstrated that staff were maintaining the cleanliness of the environment.
- We saw that staff carried out environmental risk assessments and ward audits. There were notices clearly displayed showing hand washing techniques. Infection control information was displayed on communal notice boards. During the inspection, the ward manager spoke with us about an infection control matter that the staff were effectively managing at the service to ensure that patients and staff were protected against the risks of infection. An infection prevention plan was in place to support this.
- The service did not have a dedicated clinic room. Medications were stored and dispensed from the nursing station which was fully equipped and emergency medications were all in date. Resuscitation equipment was in good working order, readily available and checked regularly to ensure it was fit for purpose

Good

Are services safe?

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and could be used effectively in an emergency. However, training courses and figures provided by the trust did not record immediate life support techniques or basic life techniques, which would include the use of the defibrillator. Staff we spoke with confirmed that they received training in these courses.

- There were appropriate processes in place for the management of clinical waste and staff discussed these with us. We saw that staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins and these were labelled correctly and not over-filled.
- The service had a safety alarm system. All staff carried personal alarm fobs, which when activated alerted other staff that assistance was needed and in what location. However, there were no call bells in patients' bedrooms for them to be able to alert staff should they need assistance. We spoke with staff about this and were told that patients were on enhanced levels of observations, which meant that staff were with them at all times.

Safe staffing

- Information provided by the trust showed the established level of qualified nurses for the Additional Support Unit was 15. As of the 30 September 2016, the vacancy rate for nurses was 29%.
- There was a high number of nursing assistants on the ward. As of the 30 September 2016, the service had an established level of 21 nursing assistants, and was above the established levels required, with no current vacancies.
- When the trust did not have enough permanent staff to meet the needs of the ward, agency and bank staff were brought in to help cover the shifts required. Information provided by the trust showed that between 1 July 2016 and 30 September 2016, bank or agency staff had covered 52 shifts.
- As part of the safer-staffing review, the trust monitors staffing levels to ensure staffing levels for patient safety. Staff fill rates compare the proportion of planned hours worked by nursing and support staff to actual hours worked by staff. The Additional Support Unit was operating below the lower fill level for support staff during both day and night shifts in September 2016. We spoke with the ward manager about this and they believed this to be a consequence of staff sickness at that time. However, during the same period, the fill rate for qualified nursing staff was above the fill level and this was increased to cover the shortage of support workers at the time.
- The trust used key performance indicators to monitor staff sickness and absence levels. Sickness rates were comparable with the national NHS average of 5%. Information from the trust showed that in the 12 months leading up to our inspection the sickness rate was 6%.
- Information provided by the trust showed that the number of staff leaving the Additional Support Unit in the last 12 months prior to the inspection was 4%. This was much lower than the trust average which was 11%.
- The service mostly had sufficient staff on duty to meet the needs of patients. We looked at staffing rotas for the week prior to and for the week of the inspection and saw that staffing levels were in line with the levels and skill mix determined by the trust as safe. The only exception occurred when replacement staff could not be found to cover late notice sickness absence. For example, information provided by the trust showed that between 1 July 2016 and 30 September 2016, there were six shifts not fully staffed. This meant that there was an increased risk to patients due to their needs not being met.
- The ward manager and staff confirmed they were able to increase staffing levels when additional support was required to respond to patients' clinical needs, to support patients to attend appointments and ensure their leave took place.
- The ward manager told us about the trust implementation of a variety of initiatives that had been introduced to ensure vacancy levels decreased. For example, the service supported student nurses on placement from local universities. During our inspection, we met with one of the student nurses who told us that their placement on the ward supported their ongoing training and learning needs.
- During our inspection, all patients were on enhanced observations with staff supporting their needs at all times. Staff told us they used this time spent with patients effectively to ensure their individual needs were

Good

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met and the patient was well supported to engage in care and treatment and activities. This was confirmed by the entries in the patients' care records on the electronic patient record system.

- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency. The trust wide on call system comprised of one consultant, one junior doctor, one tier one manager and a band seven nurse. There were clear processes in place for staff to follow should medical cover be required.
- The trust had 13 mandatory training requirements for all staff including safeguarding at 100%, conflict resolution at 100% infection control at 94% and equality and diversity at 97%. We reviewed staff training records and found the overall training compliance for staff at the Additional Support Unit, as at 30 September 2016 was 92%. However, there were no training records for courses such as basic life support or immediate life support.

Assessing and managing risk to patients and staff

- Information provided by the trust showed that between 1 Match 2016 and 31 August 2016 there were no incidents of seclusion or long-term segregation.
- We reviewed information sent to us by the trust relating to the management of violence and aggression. Between 1 March 2016 and 31 August 2016 there were five incidents of restraint involving four different patients. There were no incidents of prone restraint or rapid tranquilisation during this period. Prone restraint is where an individual is held in a restraint position with their face down. This can lead to physical health problems, including difficulty in breathing.
- We reviewed four patients' care records and saw patients' risk assessments were up to date and of a good standard. Risk information was reviewed regularly and documented in the electronic care record system. We saw that the reviews of risk were part of the multidisciplinary care review process. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was managed. For example, observation levels of patients might increase or decrease. Individual risk assessments took into account the patient's previous history as well as their current mental state.
- We observed that staff handover meetings included discussion of individual risks to patients.
- Clear notices were in place for patients and visitors explaining the rationale for restricting items such as cigarette lighters and sharps from the ward. There were no unwarranted blanket restrictions.
- Staff had been trained in the use of physical restraint and understood that this should only be used as a last resort. Information provided by the rust showed an overall compliance rate of 88% for restraint training.
- The physical restraint training used by staff at the service was called 'PUMA'. However, this training organisation is not an accredited training method of physical restraint under BILD. The BILD Physical Interventions training accreditation scheme is an external scrutiny of training providers who must work to reduce the use of physical interventions. We spoke with the ward manager who told us the method of restraint was BILD compatible.
- Staff were committed to reduce the need for restraint in the service. Following our last comprehensive inspection In July 2015, we told the trust they must take action to ensure preventions and interventions such as positive behaviour support plans were in place for patients with a learning disability or autism who presented with challenging behaviour. At this inspection, the ward manager told us the aim of the service was to reduce the use of all restrictive interventions and focus on the use of preventative approaches and de-escalation. We reviewed records and found that staff used de-escalation or positive behaviour support proactively. At the time of the inspection, all 35 permanent staff in post had been trained in the use of positive behaviour support. Eight staff had gone on to take the train the trainers course so that they could continue to train new staff.
- There were appropriate systems embedded with regards to safeguarding vulnerable adults and children. Safeguarding concerns were reviewed and discussed as part of individual supervision and during team

Good

Are services safe?

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meetings. Staff had received training in safeguarding vulnerable adults and children and were aware of the trust's safeguarding policy. Figures provided by the trust showed 100% compliance with safeguarding training.

- Staff had an understanding of safeguarding issues and their responsibilities in relation to identifying and reporting allegations of abuse. They told us of the steps they would take in reporting allegations within the trust and felt confident in contacting the deputy ward manager who was the lead for the service for advice when needed.
- We found evidence of good management of medicines at the service. For example, we saw that medicines were stored securely in the nursing station. Staff completed temperature checks of the medicines fridge and nursing station in which medicines were stored which meant medicines remained fit for use.

Track record on safety

- We looked at the record of serious untoward incidents. Between 1 October 2015 and 26 September 2015, the service reported no serious incidents.

Reporting incidents and learning from when things go wrong

- Staff told us that shared learning across the trust took place with regards to serious incidents and were communicated to staff via email, team meetings and supervision and through trust bulletins.
- Staff we spoke with knew how to recognise and report incidents on the trust's electronic recording system. The ward manager told us that the multi-disciplinary team (MDT) reviewed all incidents as did the quality team. The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to the incidents.
- Staff told us they were debriefed when things went wrong through team meetings and supervision.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- Staff assessed patients' needs and care was delivered in line with their individual care plans. Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. We saw evidence in the electronic care records that each patient received a modified early warning score (MEWS). Where staff identified physical health concerns, care plans were put in place to ensure the patient's needs were met and the appropriate clinical observations were carried out.
- During this inspection, care records showed patients had physical examinations on admission in all cases that there was ongoing monitoring of physical health problems. The trust had a physical health monitoring policy. Staff were trained to use the Modified Early Warning Signs tool to observe changes in patient's presentation and one of the nurses at the service took a lead on this and was available to all staff to provide support and advice when needed.
- Care plans were personalised, holistic and recovery oriented. Each patient had 14 care plans. Some were designed specifically as guidance for staff with comprehensive guidelines in place to help staff fully support patients in all aspects of their daily living and care and treatment needs. Care plans were also available in easy to read format and these were given to the patients. Health plans were included as part of care plans. We saw that staff reviewed these and updated them on a regular basis. We saw evidence of patients, relatives and carers being encouraged to be fully involved in the planning of their care needs.
- Staff were able to access patient's records through the electronic care records system.

Best practice in treatment and care

- The trust had prescribing guidelines and psychiatrists referred to these and to National Institute for Health and Care Excellence (NICE) guidance in prescribing medicines for psychosis, depression, schizophrenia and bipolar affective disorder. We reviewed four prescription charts at the service and found staff had recorded clear rationales for prescribing.
- Patients had access to psychological therapies recommended by NICE as part of their treatment either on a one to one or group basis. The patient's individualised treatment programme was innovative and tailored to their needs.
- Psychologists and occupational therapists were an active part of the multidisciplinary team.
- There was good access to physical healthcare. Records demonstrated that staff kept an overview of the physical health needs of patients and ensured physical health care plans were kept up-to-date. Access to specialist services was available when staff identified a need. For example, we saw evidence of a referral to a speech and language therapist and ongoing care and treatment in respect of a patient at risk of choking.
- We found that, where needed, ongoing monitoring of physical healthcare conditions was taking place. For example, the modified early warning system (MEWS), to monitor a patient's physical health care needs, was fully implemented for all patients.
- Ward staff were assessing the patients using the Health of the Nation Outcome Scales for Learning Disabilities (HoNOSLD). These scales covered 12 health and social care domains and enabled the clinicians to build up a picture over time of their patients' responses to interventions.
- The trust had a comprehensive clinical audit programme. Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided. Information provided by the trust showed that the service was actively involved in 23 audits including, monitoring of patients prescribed lithium and prescribing high-dose and combined antipsychotics. This audit demonstrated a good level of compliance in just under half of the standards measured. Because of the audit, areas of strength were identified, as were those that required improvement.
- The Green Light toolkit had been implemented. The Green Light self-assessment toolkit is an audit that care providers carry out to look at improving mental health services to make them more effective in supporting people with learning disabilities and autism.

Are services effective?

Good

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

Information provided by the trust showed they scored 3.1 out of five. However, it was not clear if an action plan was developed because of the audit and actions taken to make improvements identified.

Skilled staff to deliver care

- The staff working on the service came from a range of professional backgrounds including nursing, medical, occupational therapy and psychology. Other staff from the trust was also integrated such as the pharmacy and mental health act team who provided support.
- All staff including bank and agency staff completed a comprehensive standard local induction.
- Information provided by the trust showed that over the last 12 months, 74% of staff at the service had received supervision. The ward manager told us that staff should receive approximately 10 supervisions per year. Staff we spoke with all confirmed they received supervision and were happy with the level of support they received. They felt well supported in their team.
- The trust's compliance rate for the number of permanent, non-medical staff who had received an appraisal within the last 12 months was 88%.
- The trusts did not provide figures for the compliance rate for the number of permanent, medical staff who had received an appraisal in the last 12 months.
- The trust indicated that no doctors at the service had required revalidation as of 30 September 2016.
- Staff received appropriate training and professional development. Staff told us they had undertaken training specific to their role including safeguarding, management of violence and aggression and de-escalation techniques.
- The continuous development of staff skills, competence and knowledge was recognised as being integral to ensuring the delivery of high quality care. Staff at the service attended an autism awareness-training day, which was developed and delivered by members of staff from the MDT. The ward manager told us that eight staff had trained as trainers in positive behaviour support planning.

Multi-disciplinary and inter-agency team work

- A multidisciplinary team meeting (MDT) is composed of members of health and social care professionals. The MDT collaborate together to make treatment recommendations that facilitate quality patient care. We saw that a number of different professions supported patients.
- We reviewed multidisciplinary records and saw that each member of the team contributed during reviews and the discussion was effective and focused on sharing information, patient treatment and reviewing the patient's progress and risk management.
- We observed a clinical handover meeting on the service and found this to be highly effective and structured. Staff clearly demonstrated excellent in depth knowledge about the patient group.
- We found evidence of inter-agency working taking place, with care-coordinators attending meetings as part of patients' admission and discharge planning. Contact links with patients' care providers were maintained for the purpose of providing consistency in care when patients were ready for discharge. We saw evidence of effective working relationships with the local authority social services in respect of safeguarding concerns.
- There were regular team meetings and staff told us they felt well supported by their local management structure and colleagues. The ward manager and deputy manager were highly visible and available on the wards and staff morale was high.

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

- Staff at the service had access to the trust Mental Health Act (MHA) administration team for support and advice when needed. The MHA team oversaw renewals of detention under the MHA, consent to treatment and appeals against detention.
- At the time of the inspection, one patient was detained under the Mental Health Act. We reviewed records of leave from the ward into the community being granted by the consultant psychiatrist, to patients. The parameters of leave granted were clearly documented.
- Staff received training in the Mental Health Act, although this was not mandatory. As of the 30 September 2016, 55% of staff had completed the training. This was below the trust target of 90%.

Are services effective?

Good

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

- Detained patients were informed of their rights in accordance with section 132 of the Mental Health Act. However, easy read forms had not been uploaded to the patients' electronic records or filed in their paper records to show that staff had given these to patients.
- Patients' medicine charts had photographic evidence of patients attached together with T2 or T3 treatment authorisation certificates.
- Information was displayed on the ward noticeboards regarding the independent mental health advocate (IMHA) and how to contact them. This was displayed in an accessible format that was easy to read. Patients could self-refer to the advocacy service. Patients who lacked capacity were referred to the advocacy service by staff.

Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and the trust identified this as core training. At the time of our visit, 100% of staff had completed this training. This was above the trust target of 90%.
- The trust provided information for the number of DoLS applications they made from the Additional Support Unit. Between the 15 April 2016 and the 14 October 2016, six DoLS applications were made.
- At the time of our inspection, two patients were subject a standard DoLS authorisation. Staff had completed an urgent and standard DoLS application for another patient the day before the inspection, following the rescinding of their detention under the Mental Health Act.
- There was a trust policy on the Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could refer to.
- Patients' files reviewed showed that all had an assessment of their capacity to consent to treatment.
- The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves. Staff we spoke with demonstrated a good understanding of the MCA. We observed staff seeking informed consent from patients. Staff held best interest meetings when patients lacked capacity to make decisions about certain aspects of their life or care and treatment. Staff clearly documented then outcome of the best interest decision in patients care records.
- A Band 5 nurse on the ward had a particular interest and skill set about the MCA and acted as the service lead for MCA and DoLS. The ward manager told us that the nurse delivered in house training to ward staff and was available for staff to seek advice from when needed.
- The trust Mental Health Act administration team were available to staff for support and advice when needed. They also monitored adherence to the MCA including applications for DoLS authorisations.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We saw the service had received a number of compliments from patients, families and carers, praising the care and support provided by staff to patients. Relationships between patients, relatives, carers and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by ward managers.
- When staff spoke with us about patients, they discussed them in a respectful manner and demonstrated an extremely high level of understanding of their individual needs. Staff appeared interested and engaged in providing high quality care to patients. We observed staff continuously interacting with patients in a positive, caring and compassionate way and they responded promptly to requests for assistance whilst promoting patients' dignity.
- In relation to privacy, dignity and wellbeing, the 2016 PLACE score for the Additional Support Unit was 83%. This was below the trust target of 89% and the England average of 88%. PLACE assessments are self-assessments undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services.

The involvement of people in the care that they receive

- Staff we spoke with told us that when patients arrived on the ward they were shown around. Patients received a 'Patient Information Pack' which was displayed in pictorial format and was easy read. Information included details of the multidisciplinary team (MDT), activities and mealtimes, physical health, contact with families and friends and information on how to make a complaint.
- There was a strong person-centred culture in the service. Staff, patients and relatives and carers we spoke with, told us staff supported patients as partners in their care to manage their health needs as much as possible independently. We saw evidence of patient involvement in all four of the care plans we reviewed. We found them to be person-centred and recovery orientated with goals identified and details of the support patients needed to achieve their goals. We saw that patients had their care plans regularly reviewed with the multidisciplinary care team at ward rounds and with a member of the ward nursing team when required. Staff offered each patient a copy of their care plan.
- We observed staff involving patients in making decisions about their care. Staff sought the patient's agreement throughout. Family and carers were involved when appropriate and information was shared according to the patient's wishes or in accordance with their best interests.
- Information was displayed on the ward noticeboards regarding the independent mental health advocate (IMHA) and how to contact them. This was displayed in an accessible format that was easy to read.
- We saw evidence of a number of projects run by the service to engage and support carers, friends and relatives. Relatives and carers we spoke with told us staff invited them to attend regular meetings and received minutes of these meetings. If they could not attend, staff would speak with them before hand to obtain their views and would then communicate this to the MDT team on their behalf.
- 'You said, we did' boards were displayed at the service. These contained comments and suggestions from patient, relatives and carers, which was sought via weekly telephone calls from staff and through weekly community meetings. The ward manager reviewed the information and improvements or changes made to the quality of the service as a result of feedback received were displayed on the dedicated carers and patient notice board.
- Staff enabled patients to be active in their care. Staff supported patients to attend their multidisciplinary meetings and plan ahead of time what they wished to discuss. For patients who did not wish to attend, staff would discuss any issues they would like raised with the MDT and then feedback to the patient in a one-to-one meeting the outcome of the discussions. We saw evidence of weekly community meetings taking place.

Good

Are services caring?

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During these meetings patients were asked if they were happy at the service. Minutes were accessible for patients to read and were displayed in an easy to read format on ward notice boards.

- We reviewed four care and treatment records but we did not find any examples of patients who had advance decisions or plans of care in place.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The average bed occupancy level for the service was 94% in the six months prior to the inspection. Bed occupancy levels are the rate of available bed capacity. It indicates the percentage of beds occupied by patients.
- Information provided by the trust showed that between 1 April 2016 and 30 September 2016 there were four out of area placements for people with learning disabilities or autism. We spoke with the ward manager and deputy manager about this who advised that all of these people required specialist care or treatment that was not available at the service and so alternative placements were found.
- Patients on leave from the ward had their bed allocated to them and this remained available to them throughout their absence from the service. This meant that should the patient need or wish to return from home leave early they could.
- Between the 1 August 2015 and the 31 July 2016, current patients had an average length of stay of 12 months. Lengths of stay ranged from 32 days and 1430 days. Staff and care coordinators planned discharges. When patients were moved or discharged this happened during the day to ensure their wellbeing during the discharge process.
- Information provided by the trust showed that between 1 April 2016 and 30 September 2016 there were three delayed discharges reported for the service. We spoke with the ward manager and deputy manager who informed us that this was because of a delay in accessing community placements.
- Beds were available on a referral basis. Referrals for admission to the service came from general practitioners, consultant, learning disability health professionals, and other professionals involved in the care and management of learning disabled patients. Admissions were usually planned but the service would also consider emergency admissions.
- A bed management and referrals meeting was held daily via telephone call and was attended by clinical staff and members of the senior management team. The ward manager told us that all current ward bed occupancy levels were scrutinised as well as transitions into and discharge from, the inpatient service. We were also informed that the service were gatekeepers for beds in their service. This meant that they reviewed all referrals for the service and did not have to go through the trust bed capacity team when they wanted to admit a patient into the service.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment available. This included space for therapeutic activities and treatment. The service was furnished to a good standard, in excellent repair and with high levels of cleanliness.
- There were quiet areas where patients could meet with visitors in rooms both on and off the ward areas. Visitors were allowed to have visits in the communal ward areas if preferred and this was assessed as safe to do so by staff. Visiting hours were not restricted and staff supported patients supported to maintain contact with their families.
- Patients had free access to one of the service's portable telephones to enable them to make and receive calls and they were not charged by the trust for this. Patients were supported by staff to maintain contact with relatives, carers and friends.
- The service offered access to a secure outside space with seating available.
- The service was unlocked throughout and patients were able to make drinks and snacks when they wished to do so.
- In relation to food, the 2016 PLACE score for the Additional Support Unit was 92%. This was above the England average of 87%. PLACE assessments are self-assessments undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services.
- At the last inspection, we had concerns raised with us about the quality of the food at the service. However, during this inspection we could see that staff had taken action to address these concerns. Food was regularly

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Good

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discussed as an agenda item in staff team meetings and patient community meetings to ensure that feedback was regularly sought and acted upon. The ward manager had regular contact with the hospitalities team and we could see where changes had been made because of feedback from both patients and staff.

- Staff informed us that on a weekly basis, patients would be supported by staff to choose from the menu the food they would like for the week. We looked at the menus and found them to be in small print making it difficult to read and were not available to the patients in an easy read format. We also saw that on Unit 2 a menu displaying what the patients had chosen to eat that day was displayed in pictorial format. However, this was not the same on Unit 1. We spoke to the ward manager about this who advised that this would be happening on both sides of the service but the delay for Unit 1 was due to the time it took to print off all the pictures.
- Staff we spoke with told us that where possible the service liked to protect patients' meal times; however they would not prevent visitors during these hours.
- The service was unlocked throughout and patients had access to their bedrooms at any time. Patients were able to store their possessions securely in their bedrooms in a locked bedside cabinet.
- Occupational therapy and physiotherapy was available at the service and a variety of therapy sessions was available. We saw they operated a model, which focused on a holistic, person-centred, and recovery based approach.

Meeting the needs of all people who use the service

- In relation to how well the premises was equipped to meet the needs of people with disabilities, the 2016 PLACE score for the Additional Support Unit was 71%. This was below the England average of 78%. PLACE assessments are self-assessments undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services. However, we observed that the ward could support patients who required disabled access and equipment such as hoists were available in the service.
- Staff gave patients an information leaflet which contained information on treatments, associated agencies and how to make a complaint. Information was clearly displayed on communal noticeboards on all the wards in an accessible and easy to read format.
- Staff respected patients' diversity and human rights. Staff we spoke with told us that if identified attempts would be made to meet people's individual needs including cultural, language and religious needs.
- Staff we spoke with explained that interpreters and leaflets explaining patients' rights under the Mental Health Act 1983 were available in different languages and could be requested via the trusts mental health act team when required.
- A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to access appropriate meals.

Listening to and learning from concerns and complaints

- The trust reported that between the 1 October 2015 and the 30 September 2016, the service received no formal complaints. Three compliments were received during this period.
- The service provided a variety of ways for patients to complain such as weekly community meetings. Patients were given information about how to make a complaint in the 'patient information leaflet' they received and information was clearly displayed on the ward noticeboards. Staff were aware of the process for managing complaints.
- Staff told us that learning from complaints across the service and the wider trust was discussed at team meetings and shared via trust bulletins.
- Staff were aware of duty of candour requirements which emphasise transparency and openness. The duty of candour requires NHS and foundation trusts to notify the relevant person of a suspected or actual reportable patient incident.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff were aware of the trust's vision and values and these were clearly displayed on all of the wards.
- The ward manager had regular contact with the senior management team. Staff knew who the senior managers from the trust were and told us that they had visited the wards. Staff told us that they felt well supported by the trust.
- The service displayed their strengths via an awareness poster. This was visible to all patients, staff and visitors and showed areas that the service were doing well in, areas where improvement was required and the steps they had committed to take to bring about positive change and improve the quality of the service for patients.

Good governance

- The wards had access to systems that enabled them to monitor how well the service was performing, manage the ward effectively and safely and provide information to senior staff in the trust.
- The trust collected data regularly on performance. We saw that performance was measured against a range of indicators, which included complaints, serious incidents and types of incidents. Where performance did not meet the expected standard action plans were put in place and implemented to improve performance. We saw evidence of improving performance across the service.
- Staff participated in a range of clinical audits and results were fed-back to improve the quality of the service. For example, medicines, infection control and hand hygiene.
- The learning from complaints, serious incidents and patient feedback was identified and actions were planned to improve the service.
- Staff received mandatory training and this was recorded on the trust's internal data system 'DEVELOP'. The service had an overall compliance rate of 92% as of 30 September 2016. There were sufficient staff on shift and staff were appropriately skilled and qualified to ensure the safety and wellbeing of the patients were being met.
- The ward manager and deputy manager told us they were encouraged and supported to manage the service autonomously. They also said that where they had concerns these could be raised and were appropriately placed on the trust's risk register. We saw evidence of this being discussed at the governance meetings and team meetings.

Leadership, morale and staff engagement

- The trust used key performance indicators to monitor staff sickness and absence levels. Sickness rates were comparable with the national NHS average of 5%. Information from the trust showed that in the 12 months leading up to our inspection the sickness rate was 6%.
- At the time of our inspection, there were no grievance procedures, allegations of bullying or harassment reported at the service.
- Staff told us they were aware of the whistle-blowing process and were confident they could raise concerns if needed.
- Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could for the patients on the wards. There was high staff morale across the service. All the staff we spoke with were enthusiastic and proud with regards to their work and the care they provided for patients on the wards.
- We found the wards to be well-led and there was clear leadership at a local level. The ward manager and deputy ward manger were visible on the wards during the day and were accessible to staff and patients. Staff described strong leadership across the service and said that they felt respected and valued. The ward manager and deputy ward manager spoke highly of the staff and felt they provided a high quality service, with good outcomes for patients and families.
- There was an open culture on the wards. Staff told us they were encouraged and supported to discuss ideas within the team.

Commitment to quality improvement and innovation

- At the time of the inspection, the service had applied for accreditation with The Quality Network for Inpatient Learning Disability Services (QNLD). However, the ward manager informed us that the application had been put

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on hold pending the refurbishment of the seclusion facilities. All other criteria had been met and the ward manager told us they were confident that once funding and building plans had been submitted to the accreditation scheme they would be approved and accredited.