

**Good** **Avon and Wiltshire Mental Health Partnership NHS  
Trust**

# Wards for people with learning disabilities or autism

## Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Green Lane Hospital	RVN6A	The Daisy	SN10 5DS

This report describes our judgement of the quality of care provided within this core service by Avon and Wiltshire Mental Health 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 Avon and Wiltshire Mental Health Partnership NHS trust and these are brought together to inform our overall judgement of Avon and Wiltshire Mental Health 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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated The Daisy as good because:**

- The Daisy was designed to meet the needs of the residents. Each resident had self-contained independent living areas with private outdoor space. There was a large amount of communal indoor and outdoor space.
- The Daisy agreed staffing levels based on the individual needs of each resident and additional staff were always available.
- A registered adult nurse led on physical health needs and liaised with the local GP. They also developed hospital passports and health action plans.
- Residents and their families had been involved in developing the service. The residents could invite their family to visit and attend clinical appointments whenever they wanted.
- Residents could decorate and furnish their pods to meet their own tastes, including the garden.

- The service was involving residents in developing the mission statement based on their experiences of care.
- The service had a local recruitment strategy that included developing service specific job descriptions and developing the role of the health care support worker with an apprenticeship programme.

### **However:**

- Ligature assessments had not identified all risks.
- There were no facilities to allow children to visit the unit.
- Staff had not provided care plans to residents and they were not in an accessible format.
- There were no outcome measures used within The Daisy.
- There was no occupational therapist at the service and activities lacked a therapeutic focus.
- There was no local induction to the service.
- Capacity was not assessed on a decision specific basis.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- The Daisy was designed to meet the needs of the residents. It had large airy communal areas with good lines of sight. The self-contained pods allowed residents to live a private and independent life.
- The clinic room was well equipped and staff checked the emergency equipment in line with the trusts policies. There were safe medication management processes in place.
- The service had set the staffing numbers to meet the individual residents' needs which allowed daily access to the community. When The Daisy used agency staff, they were mainly on long-term contracts and knew the unit.
- There were comprehensive risk management plans in place, which staff reviewed regularly and updated following incidents.
- Staff knew what incidents to report and there were systems in place for the acting manager to share any lessons learned with the staff team.
- There were detailed positive behaviour support plans in place that enabled staff to support residents before, during and after they were distressed.
- The service had trained staff in safeguarding adults and they knew what and how to report issues.

#### However:

- The ligature audit did not identify every risk and identified risks with the wardrobe that were not present.
- The cleaning cupboard did not have clear separation between kitchen and bathroom equipment.
- There were a high number of vacancies and residents and carers felt agency staff did not always understand the Daisy's approach.
- The service did not allow children to visit.

Good



### Are services effective?

#### We rated effective as requires improvement because:

- Staff had written care plans in clinical language and had not given residents copies in an accessible format. Staff had not recorded where residents had contributed to their care plans.
- Staff were not using a recognised rating scale to record residents' progress to identify the effectiveness of the service.

Requires improvement



# Summary of findings

- There was not the full range of healthcare professionals employed at the Daisy. The Daisy could access occupational therapy input from the local community team. However, this was not effective as recommendations had not been acted on, resulting in a lack of therapeutic focus to community or ward activities.
- The induction checklist did not provide any specific learning disability information.
- Specific learning disability training provided for staff at the Daisy was included in a physical intervention training package.
- One capacity assessment was had not been recorded correctly and staff had not recorded capacity on a decision specific basis.

## However:

- Staff received regular supervision and appraisal.
- There was an identified lead for physical health needs, with appropriate qualifications.
- The psychologist was assessing residents to develop therapeutic treatment plans.

## Are services caring?

### We rated caring as good because:

- Staff engaged with residents in a respectful manner and residents and their families described them as caring.
- Staff understood residents' needs and remained calm when they were distressed.
- The service invited residents for an overnight stay, sent footage of the building prior to admission and introduced them to peers and staff on admission.
- Residents, families and carers were involved in decisions about the service, including recruitment.

## However:

- Staff had not given residents copies of their care plans.

Good



## Are services responsive to people's needs?

### We rated responsive good because:

- Staff planned all admissions and discharges. Staffing levels and the environment were designed to meet the changing needs of residents.
- The residents' pod is a self-contained living environment considered their home; they will remain in the same one throughout their admission. There are no restrictions on how the residents can personalise their pod.

Good



# Summary of findings

- Residents helped to design their individualised timetable of activities.
- Residents had been involved in designing the building and choosing its contents.

## However:

- Activities did not focus on developing residents skills and staff were not supporting residents to use their kitchen facilities.
- The quality of food was a cause of concern to residents, carers and staff. The service was trying to recruit a chef.

## Are services well-led?

### We rated well led as good because:

- The staff knew the trust's values and felt they the ward reflected them. The staff were working with the residents to develop a mission statement.
- There was a local recruitment and retention plan to address the large number of vacancies.
- The staffing model allowed staff to focus on direct care.
- Staff reported good morale and were proud to work at the Daisy.
- The senior managers had identified performance issues and addressed them in a supportive manner.
- Residents, carers and staff could contribute to the development of the service.

Good



# Summary of findings

## Information about the service

The Daisy is a new purpose built hospital for people with learning disabilities, opened in January 2017. The Daisy uses the term resident instead of patient and this report will use resident from this point. The Daisy provided five individual living areas known as pods, built around a large communal area. The design of each pod allowed it to be a self-contained living environment for the resident. The pods had their own front doors, doorbells and gardens in addition to a lounge, dining area/kitchenette, bedroom and ensuite bathroom. All of the pods had two bedrooms, each with an ensuite bathroom; in four of the pods these additional bedrooms could enable two residents to share a pod, which would give them the experience of shared living. In all of the pods the second bedroom could be used if the other bedroom needed repairing.

The Daisy provided services to residents who have been in long-term hospital care for behaviour that challenges services. The Daisy aimed to provide a placement that could help the resident to learn skills needed within the

community whilst having the safety offered by a hospital. This meant that residents detained under the Mental Health Act, due to their behavioural difficulties, were able to develop the independent living skills needed for discharge, and had the independence offered by a supported living placement.

All residents at the Daisy had individual care packages; therefore, it did not have a single model of care. To ensure that staff provided individualised care each resident had an allocated staff team for each shift. The number of allocated staff working with each resident was agreed and funded prior to admission and regularly reviewed. In addition to the residents' core staff teams there were floating staff who could provide additional support.

The Daisy is a long-term placement, with funding agreed for at least one year. At the time of our visit, commissioners had agreed funding for two to five years for the residents.

## Our inspection team

Inspection was led by:

Karen Bennett-Wilson, head of hospital inspection, CQC.

The team that inspected this hospital comprised a CQC inspector and inspection manager.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:



# Summary of findings

- Visited the ward and looked at the quality of the ward environment and observed how staff were caring for residents.
- Spoke with the three residents who were using the service.
- Spoke with the acting managers and modern matron of the ward.
- Spoke with five other staff members; including doctors, nurses and support workers.
- Attended and observed the ward resident and staff daily check in meeting.
- Looked at three treatment records.
- Carried out a specific check of the medication management on the ward.
- 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

Residents and their families were positive about the service. They were positive about the permanent staff saying they were caring and skilled. However, they said there were some inconsistencies with agency staff. All were positive that residents were able to live supported lives where staff respected and supported their choices.

Residents and families told us they were involved in all aspects of decisions about the service, some having been

involved in the design of the building and the recruitment of staff. However, they raised concerns with 'teething problems' that were associated with a new service opening, but were assured that the service manager always listened to their concerns and attempted to resolve them.

All residents and families raised concerns about the quality of the food and the inability to recruit a chef.

## Good practice

The provider had designed the service to be able to provide bespoke care. This covered the model of treatment, the package of care offered and how the

residents chose to furnish and decorate their living environment. The provider strived to ensure that being in hospital did not prevent the residents from living an independent life free from unnecessary restrictions.

## Areas for improvement

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

- The provider must ensure that care plans are recovery focused and are available in an accessible format.
- The provider must ensure that there is a therapeutic recovery programme identified for each resident.
- The provider must ensure that they complete capacity assessments appropriately and assess capacity on a decision specific basis.

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

- The provider should ensure they identify all ligature risks on the ligature risk assessment, taking into account the personalisation of residents' rooms.
- The provider should ensure that cleaning equipment is stored correctly.
- The provider should ensure all staff, including agency, are aware of the values of the unit.
- The provider should ensure there are appropriate facilities for children to visit the unit.
- The provider should address the concerns residents have about their food.

## Avon and Wiltshire Mental Health 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
The Daisy	Green Lane 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.

- All Mental Health Act paperwork was correct and staff had filed it in the correct place.

- All staff had received training in the Mental Health Act.
- There was an administrator available to assist with any Mental Health Act issues.
- Staff referred residents to an Independent Mental Health advocate, when appropriate.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received training in the Mental Capacity Act and there was a trust policy available to them.

- Recording of capacity was inconsistent and staff had not separated capacity issues on a decision specific basis.
- Staff assisted residents to make decisions.

# 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 Daisy was purpose built for the people it served. There were large open communal areas that allowed good visibility for staff to observe what was happening in the unit. The staffing ratios helped ensure that staff were always engaging with residents. Residents had individual pods, which also allowed good observation in the living areas, gardens, bedrooms and ensuite bathrooms.
- The permanent fixtures in the environment were designed to reduce the risk of ligatures. However, the ligature audit did not reflect the amount of personalisation that residents could make to their flats. For example, it did not include information about TV's on walls with their fixings and cables. The audit was very generic and identical for all flats. For example, it included the wardrobe despite staff and inspectors not being able to identify a ligature risk on them due to their design.
- There were ligature cutters kept in three locations. The ligature cutters were not always easy to get. For example, staff had locked a drawer containing ligature cutters despite a sign on the drawer saying do not lock. Staff could not identify where to find ligature cutters in the emergency bag as it contained lots of other equipment. Staff rectified these issues whilst we were on site.
- The pods were designed to maximise independence while still managing risk. For example, staff were able to lock off kitchenettes, if necessary. The cookers had induction hobs, which meant that they would only heat up when a pan was on them.
- The design of the Daisy was to be easily repairable and to withstand challenging behaviour. For example, the walls were made with a type of polystyrene that allows repair with minimal disruption to the unit.
- The clinic room was well equipped and had safe medicines management process in place. Staff kept the emergency bag in the main staff office for easy access. Staff carried out regular checks to make sure the emergency bag had the appropriate equipment.

- Communal areas were clean and well maintained. Residents were encouraged to clean their own flats with staff support. This did need some encouragement and the acting ward manager monitored and requested the cleaner to complete more thorough cleaning for residents that were still learning those skills. However, the cleaning cupboard was untidy and staff had not clearly separated equipment for general, kitchen and bathing areas.
- Environmental risk assessments were in place and up to date.
- Staff had access to an appropriate personal alarm.

### Safe staffing

- The Daisy did not use a recognised staffing tool as all staffing was individually assessed. At the time of our visit, there were two health care support workers for each resident. In addition to the residents' individual staff, there were an additional two health care support workers on duty during the day shift, 0800– 2030 and an additional health care support worker on the night shift. There was a qualified nurse on duty 24 hours a day. At the time of our visit, there were four vacancies for registered nurses and 15 vacancies for health care support worker. The Daisy used bank and agency staff to fill gaps in the rota caused by vacancies. The Daisy had agency staff on long-term contracts, planning their shifts up to three months in advance. We reviewed rotas that confirmed this. However, Residents and carers said that agency staff did not always understand the ethos of The Daisy and the way it worked, leading to some inconsistencies in approach.
- Monday to Friday between 0900 – 1700 there were extra staff in the building this included the acting ward manager, deputy manager who was also the social care lead for the service, and a registered nurse for physical health care needs.
- The acting manager told us that they could increase staffing as required and that additional funding was pre-agreed for each resident if their needs increased.



# Are services safe?

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

- Qualified nurses were present on the ward at all times. Due to the staffing level, all residents could have one to one time with their core team any time they chose and could choose to spend time alone.
- Staff told us they had never cancelled escorted leave because there was not enough staff to facilitate it. Staff could cancel leave due to residents' behaviour. However, the staffing model was designed to allow residents to continue with leave unless they were displaying the most challenging behaviour and then only for as long as the resident was that distressed. We witnessed residents being distressed and then going on leave once the challenging behaviour had reduced. Residents and carers told us that staff never cancelled ward activities.
- There is a full-time psychiatrist available to the ward Monday – Friday. The ward can access a psychiatrist out of hours via the trusts on call system. The residents GP provides physical health cover.
- Eighty-seven percent of staff had received all their mandatory training. There were six areas where training was below 75%, basic resuscitation was at 57%, fire safety awareness was at 59%, manual handling and managing conflicted were at 67% and safe assistance at moving residents was at 30%. As the Daisy increased staffing as residents were admitted staff were due to attend the trusts induction course. The community services manager told us that staff had received basic resuscitation training via an outside agency and this was not reflected in the training statistics. The community services manager told us that all staff were booked either on the trust induction or to attend individual courses.
- We reviewed all three residents' records during our inspection and saw that, residents had comprehensive risk assessments that detailed all known risks. The staff provided detailed histories of residents in comprehensive initial assessments that then informed the risk assessments and care planning. The risk assessments cited where information came from. For example, from previous services CPA records or observed behaviours by The Daisy staff. The risk assessments looked at both high-risk behaviours and every day activities.
- Staff had updated the risk assessments appropriately. For example, staff had updated a risk assessment for visiting the GP following an incident at the practice. Staff agreed the risk assessment with the practice manager so that the resident could continue to access the practice.
- There were no blanket restrictions on the residents. Restrictions on individuals were risk assessed and care planned appropriately. At the time of our visit, the residents were not able to access the main unit kitchen, this was because it was an industrial kitchen and all residents had access to a full kitchenette in their pod.
- Detailed positive behaviour support plans were in place to support residents who had a risk of violence or aggression. The plans identify when a patient was becoming unsettled and what actions staff would take. For example, distraction techniques, staff gave an example that they had recognised a patient was becoming unsettled so involved them in a throwing game. Staff only used physical interventions as a last resort and all staff we spoke to told us this. We observed staff on several occasions skilfully using verbal de-escalation techniques to manage volatile incidents during the inspection. Residents then continued their daily activities, including activities in the community, immediately after the incident was resolved.
- The Daisy trained staff in safeguarding adults. Staff we spoke with knew what they needed to report and how they would report a safeguarding incident.
- The Daisy did not allow people under the age of 18 to visit the unit. The acting ward manager told us they would arrange a community visit for residents who wished to meet with relatives or friends under the age of 18.

## Assessing and managing risk to patients and staff

- The daisy unit had no seclusion facilities.
- There had been 11 physical restraint used since the Daisy opened. Ten of the restraints have been with the same resident. The core staff team carried out most physical interventions used, with floating healthcare support workers able to assist if more staff were required. There had been no prone, face down, restraints used. Prone restraints can place the resident at greater risk as it can restrict breathing.

# Are services safe?

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

## Track record on safety

- There had been no serious incidents or adverse events reported for The Daisy in the five months it had been open prior to our inspection.

## Reporting incidents and learning from when things go wrong

- All staff were able to report incidents on the trust electronic incident reporting system. The acting manager encouraged positive reporting of incidents. For example, near misses and incidents of swearing.
- Staff told us that they would always explain to a patient if something had gone wrong with their care at The Daisy.
- The acting manager is able to give feedback to staff that have completed an incident form when reviewing the forms via the electronic system. Staff also received feedback following incidents, via team meeting and

supervisions. There is a trust wide newsletter on learning from incidents circulated to all staff. The acting ward manger had printed off and displayed the newsletter in the staff room.

- We saw evidence of the management team making changes to processes following an incident. A patient had entered another residents pod uninvited and refused to leave. The management team had identified learning around encouraging residents to close their doors and staff closing doors that were open when a resident was out.
- The service had debriefs for staff following incidents, these were completed by the community services manager but were being handed over to the unit psychologist at the time of our visit. The psychologist told us they were developing reflective practice sessions that would run fortnightly.

# 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.

## Our findings

### Assessment of needs and planning of care

- Residents had comprehensive assessments that covered both behaviours that challenge services and activities of daily living. Staff used information from previous providers and families and carers as well as the residents to formulate the assessments.
  - Staff registered all residents with a local GP practice who managed their physical health needs. Staff supported residents to attend GP appointments including physical health assessments on admission. Detailed care plans were in place to manage physical health needs such as diabetes.
  - The physical health lead completed hospital passports kept in the residents' records. They identified a resident's likes and dislikes including how they preferred to communicate. The passports also had relevant details on physical health histories and strategies to support resident's behaviours. These were ready in case any resident required admission to an acute hospital. All residents had a health action plan in place, that identified physical health needs and treatment plans to meet them.
  - There were detailed holistic care plans for all identified clinical needs. However, care plans were not accessible to residents. Staff had written care plans and risk assessments in professional language and had not presented them in an easy read format that residents would be able to understand. For example, one resident preferred pictorial information. Staff had not presented any of their care plans in this way, although their daily timetable was.
  - Staff completed records on an electronic record system, supplemented by folders that held some documents that staff could not scan. Staff were aware of where to find relevant information.
- line with NICE guidance NG11 'challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges.'
  - The service had a clinical psychologist and was in the process of employing two assistant psychologists to provide psychological therapies. At the time of our visit, the psychologist was in the process of assessing the residents to identify further individual treatment plans for them.
  - The Daisy had a full time registered adult nurse to provide support around physical health needs. We saw care plans to meet identified physical health needs such as diabetes. The physical health lead liaises with local GP practices to ensure they are aware of any additional needs for residents at the Daisy.
  - The Daisy's initial assessment included a review of the residents' food and fluid needs.
  - The Daisy did not use a recognised rating scale such as Health of the Nation Outcome scales (HoNOS-LD) for people with learning disabilities to measure residents' progress and the effectiveness of treatments. The community service manager told us they were currently considering which outcome measure to use.
  - Clinical staff had completed audits in relation to infection control, medication and incidents.

### Skilled staff to deliver care

- The Daisy did not have the full range of healthcare professionals. At the time of our visit, there was no occupational therapist (OT), speech and language therapist or social worker employed at The Daisy. The staff team did include a psychiatrist, psychologist, registered learning disability nurses, a registered adult nurse, a social care lead and health care support workers. A pharmacist visited once a week.
- An occupational therapist from another service had completed an assessment for residents for using the kitchen area and other activities of daily living. However, there was no ongoing work to address the needs identified by these assessments.

### Best practice in treatment and care

- We reviewed all three care records and identified that staff were using positive behavioural support (PBS) appropriately to work with residents behaviours that could cause a challenge to the service. PBS was the recognised clinical approach. The interventions were in



# 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.

- Due to the number of vacancies for registered learning disability the locum nurses employed were mental health trained nurses who lacked the training to work effectively in a recovery focus with this patient group. This was evidenced by the lack of accessible care plans.
- There was no specific induction training for staff working on the Daisy, in addition to the standard trust and mandatory training. The specific learning disability training was included as part of physical intervention training package. The community services manager told us that they were devising a specific introduction programme for the Daisy.
- At the time of our inspection, 94% of staff were receiving monthly supervision and 100% had received their annual appraisal.

## Multi-disciplinary and inter-agency team work

- Detailed notes recorded the weekly multidisciplinary meeting in each resident's electronic record. The weekly discussion gave a full summary of the previous week and an update of risks and medication changes. However, staff had used generic statements on the sections covering physical health, therapeutic engagement, aims and purpose of admission, diagnosis and treatment plan. For example, two residents had identical statements for management of their finances under the treatment plan section that staff repeated for several weeks.
- There was an effective handover between shifts during the 30-minute overlap between the day and nightshifts. We reviewed handover records and saw that staff passed on appropriate information such as resident's mental state, behaviour issues, planned activities, physical health concerns, appointments and visits.
- At the time of our visit, the Daisy had not discharged any residents. The acting manager explained that they would develop a support and transition plan with any new placement and would facilitate a discharge plan that would involve staff from a new service working alongside staff at the Daisy and at a new placement.
- The Daisy reported a good relationship with the local safeguarding team. Staff reported any safeguarding issues directly to the local team and then informed the trusts safeguarding lead. The local safeguarding team provide training on safeguarding issues every six weeks.

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

- MHA paperwork was in order and staff checked it on admission.
- The responsible clinician had clearly identified any restriction relating to leave on the appropriate leave documentation. Residents were aware of the terms of their leave.
- Staff knew how to access support from Mental Health Act administrators around the management the Mental Health Act. One resident spoke about how staff were supporting them to prepare for an upcoming tribunal.
- At the time of the inspection 100% of staff were trained in the Mental Health Act. Staff we spoke to understood the Mental Health Act and the code of practice.
- Staff kept consent to treatment and any second opinion appointed doctor decisions Mental Health Act paperwork along with the medication charts.
- An Independent Mental Health Advocacy (IMHA) service was available to detained residents.

## Good practice in applying the Mental Capacity Act

- MHA paperwork was in order and staff checked it on admission.
- The responsible clinician had clearly identified any restriction relating to leave on the appropriate leave documentation. Residents were aware of the terms of their leave.
- Staff knew how to access support from Mental Health Act administrators around the management the Mental Health Act. One resident spoke about how staff were supporting them to prepare for an upcoming tribunal.
- At the time of the inspection 100% of staff were trained in the Mental Health Act. Staff we spoke to understood the Mental Health Act and the code of practice.
- Staff kept consent to treatment and any second opinion appointed doctor decisions Mental Health Act paperwork along with the medication charts.
- An Independent Mental Health Advocacy (IMHA) service was available to detained residents.

# 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

- During the inspection, we saw staff were engaging with residents providing appropriate practical and emotional support.
- Staff were respectful of residents' privacy. If not working with an individual resident they would knock on their pods door and request permission to enter.
- Residents and families were positive about the staff, saying they were caring and were working hard to make the service work. However, they did express concern that some agency staff were not as committed and did not always understand the ethos of the service to promote independence, when they first started.
- Staff clearly understood resident's needs. Staff were able to respond to nonverbal cues and quickly intervene if a person's arousal levels started to rise. They were also able to manage sensitive incidents without resorting to restraint. Families were very positive about this and how staff worked when their relative was in distress.
- There was no patient-led assessments of the care environment (PLACE) data available for this core service as the trust only reported on the wider site. However, all residents had private self-contained pods, which included private outside space.

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

- There have been three admissions to The Daisy since it opened. On admission, staff showed residents around and introduced to the other residents and staff. Prior to being admitted residents are offered the opportunity to visit and have overnight stays. Staff would send residents the plans of the unit so they had a good idea of the lay out and filmed the unit and sent copies to new residents to watch.
- Residents and families said they were involved in their care. However, staff had not recorded how residents were involved in their care in their notes and residents had not signed their care plans. Staff had not given residents copies of their care plans.
- Residents, families and carers were involved in decisions about the service. This had included being involved in

the design of the building and the recruitment of staff. The residents can invite their family to their care programme approach meetings and to their weekly multidisciplinary meetings. The acting ward manager was in the process of setting up a carers' forum.

- There were regular community meetings called the morning check in meeting. We observed the morning check in meeting where residents and staff discuss how they were feeling and planned their day. Staff were supportive of a resident's decision to remain on the ward and relax in their pod all day without staff support. Staff reminded the resident that they could change their mind and they would check with them through the day. As the meeting ended, the resident changed their mind and staff arranged community and ward based activities for the resident.
- Staff told us that residents were encouraged to develop their own risk assessments and care plans. However, they did not record this. Staff told us that some residents did not want care plans and would refuse to have them; staff had not recorded this in resident's notes. Care plans did encourage residents to spend time in the community. However, care plans did not focus on residents gaining skills that could help them gain greater independence.
- One resident was completing a course on training people on the management of a physical health issue, which would allow them to teach staff to support them correctly.
- Residents can access an independent mental health advocate (IMHA) or an independent mental capacity advocate (IMCA). Staff referred residents to advocacy unless the resident told them not to.
- Residents are encouraged to give feedback about the service via the daily morning check-in meeting. We observed the morning check-in meeting and saw that staff encourage residents to give their opinion on what they wanted to do and arrange this for them.
- Residents are involved in staff interviews and one resident was involved in the design of the unit. Residents are encouraged to make suggestions about how they want The Daisy to develop. For example,



# Are services caring?

Good 

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

residents have requested that their families can stay in the second bedroom in their pod for an overnight visit. The senior manager told us that they were considering this.

# 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

- Daisy is a purpose built unit, which opened in January 2017. There are no targets for occupancy or admission levels.
- Beds are available to potential residents in local or out of area placements if they meet the admission criteria and a bespoke package is agreed.
- Residents can consider their pods as home and never be asked by staff to move pod during their admission.
- The Daisy had not discharged any residents at the time of our visit; staff would plan all discharges and they would take place at an appropriate time to an identified placement that could offer the support need by the resident at that time.
- The service was designed to meet the changing needs of residents. If a resident requires greater support due to increased challenging behaviour the services aims to provide this at the Daisy.

### The facilities promote recovery, comfort, dignity and confidentiality

- The Daisy was built to promote residents' independence whilst supporting their needs. Each resident had their own pod which was a self-contained flat with their own front door. When visitors came to see residents, the doorbell would go to the staff office so they could check the visitors' identity. Staff would then transfer the doorbell to the flat so that the resident could then answer and allow access. Each flat had its own open plan living/dining room with a kitchenette. There were separate bedrooms with ensuite facilities and a personal garden. Residents were able to personalise their pods. Two residents had bought double beds and their own furniture for their living area. This included sofas, entertainment systems and dining tables. The individual gardens could be personalised with garden furniture such as hammocks. There were raised flowerbeds to allow residents to personalise their garden further. Two residents had prepared and planted the raised flowerbeds in the garden area of the third resident as a welcome for their admission.

- Communal areas were large, airy and welcoming. Residents had input into the furniture, colours used in the communal areas and the artwork. For example, one piece of artwork doubled as a soundboard in a large open atrium communal area, had a picture of a daisy with words in script from residents describing what daisy meant to them such as "home, happy, family, trips, healthy, singing and farm".
- The design promoted residents' privacy and dignity by a programmable key system. Staff gave residents key cards that opened internal doors in the Daisy and their pod, but not other residents' pods, clinic rooms or staff offices.
- Bedrooms had ensuite showers. There was a bath in the Daisy, which residents could use in a sitting position to meet residents' physical needs. One resident had pampering sessions tied to the use of the bath in their timetable. Each resident had an individual risk assessment around using the bath.
- Residents had full timetables that they helped design. This included, for example, pottery courses, working on a farm and making records in a music studio. Residents and families were positive about the activities. Staff worked hard to engage residents in activities if they were on the unit, but also appropriately respected occasions when residents wanted some time to relax.
- However, there was no focus on development of residents' skills in activities. For example, residents were keen to utilise their kitchen areas more, but staff were unsure of how to progress this and engage at the appropriate skill level. This demonstrates the effect of the incomplete MDT as this would be the role of an OT.
- Residents and families raised concern about the quality of the food. Managers acknowledged these concerns and said they were having difficulty recruiting a chef. This meant the food was cook chill and had to be brought in from other services.

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

- The facilities were purpose built to meet the needs of the residents. This included the fabric of the building to ensure it could meet the needs of behaviours that

# Are services responsive to people's needs?

Good 

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

challenge, but to do so in the warmest and welcoming way possible. The design of furniture in the communal areas was to minimise risks but was comfortable and residents were involved in choosing the colours.

- Information leaflets about local services were available in easy read format to meet the needs of the residents. For example, there was good accessible information on medication.
- The Daisy could access interpreters via the trust, which included sign language.

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

- There had been no formal complaints in the past 12 months and two informal ones. These had only been raised as concern recently and had not been resolved at the time of our visit.

- There was information on how to complain displayed in accessible format around the ward and residents told us they knew how to raise concerns.
- Carers raised issues with staff which were then considered and addressed without having to go to complaints. Carers said managers were responsive.
- Staff we spoke with could explain what to do if they received a complaint. There were systems in place to give feedback to staff such as team meetings and supervision.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- The staff were aware of the trusts values and felt they reflected what the ward was trying to achieve. For example, staff demonstrated respect, listening, understanding and valuing when residents were deciding what they wanted to do each day.
- The senior management team had a clear vision for the service with the residents' needs and wants at its core. Staff members we spoke to were aware of and agreed with this vision.
- The service had not developed a local mission statement or values at the time of our inspection. However, the Daisy Operational Policy identified the aim of the service as "to provide better outcomes for the residents. Facilitating improved access to appropriate accommodation, opportunities for a fulfilled and meaningful life and access to healthcare services". The staff team were working with the residents to identify what Daisy meant to each resident and we saw evidence that supported this. Managers wanted the residents to be involved in and be happy with the mission statement.
- Staff were aware of who the local managers were and their line manager. As the service was newly opened it had been visited by most of the senior trust managers. The chair of the trust visited on the day of our visit, this was not planned to coincide with our inspection.

### Good governance

- The Daisy had an overall compliance rating to mandatory training of 85%. The acting ward manager could use a computer database to identify which staff had not completed training and was able to tell us when they would be attending training or if they still needed to book on to a course.
- Staff we spoke to told us that there was always the agreed number of staff on duty and could not remember when they had been short staffed. Although the service were relying on agency staff to fill the gaps in the rota there was a local management plan for recruitment and retention of staff. The plan included

reviewing job descriptions so that they reflect the role of staff at the Daisy, targeting learning disability student nurses at local universities and developing an apprentice healthcare support worker role.

- The staffing model allows staff to focus on direct care time with residents while still enabling time to complete necessary care records. Staff actively participated in the trusts audit programme.
- Staff were able to get feedback from residents at the daily check in meeting; we observed this meeting and saw that residents were encouraged to give their opinions about the service.
- Staff receive feedback about incident during supervisions, debriefs and via the learning from incidents newsletter.
- At the time of the inspection key performance indicators (KPIs) that the service reports to the trust and its commissioners relate to supervision and appraisal rates and the number of residents on the care programme approach (CPA). CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. The Daisy did not have any KPIs relating to residents' experience or outcomes.
- The acting ward manager felt they had enough authority to do their job and the community services manager supported this. The service had a dedicated administrator.
- The ward had a local risk register and could escalate items on to the main trust register if needed. At the time of the inspection staff recruitment and retention was on the local register. On the trusts risk register, the potential for commissioners to make inappropriate referrals if there were no appropriate placements for people with a learning disability in crisis.

### Leadership, morale and staff engagement

- Sickness rates were at 4%, which including a non-work related long-term absence and at 2% when only including short-term sickness. The community services manager understood the sickness management policy and was able to support the acting ward manager.

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Good 

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- Staff did not report any concerns in relation to bullying. Staff we spoke with knew how to raise a concern and told us that they felt able to do so.
- Staff told us that morale was high and that there was a good team spirit. Staff saw the management as part of the team and staff were proud of working at the Daisy. Team members wanted to promote the work of The Daisy as they had seen positive changes to residents' lives.
- Staff told us that they would discuss mistakes with residents and apologise if required. However, at the time of our visit there were no example of this recorded in the notes for us to review.
- At the time of our visit, the ward manager was not working at the unit as the senior management team had identified that they needed further development to gain the skills needed to manage the service. An acting manager with the appropriate skills and knowledge had been brought in from the community learning disabilities service.
- Staff were able to provide input in the development of the service via team meetings and supervision. The community services manager was planning to review the service, as it would have been open for six months, shortly after our visit and would invite staff to comment when they did this.

## **Commitment to quality improvement and innovation**

- The Daisy had been open for less than six months at the time of our visit and did not have a quality improvement plan.
- The Daisy was not working towards a recognised quality award such as The Quality Network for Inpatient Learning Disability Services (QNLD) organised by the Royal College of Psychiatrists. The acting manager told us that they planned to do this in the future.
- The Daisy was part of a learning disability nursing forum set up by the trust. The residents and staff team had recently attended a learning disability celebration day in Bristol organised by the trust.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The provider did not ensure that care plans were recovery focused and in an accessible format.**

**The provider did not ensure residents received copies of their care plans.**

**This is a breach of regulation 9 (1)(a)(b)**

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**The provider did not ensure that all residents had a completed capacity assessment.**

**The provider did not ensure that capacity was assessed on a decision specific basis.**

**This is a breach of regulation 11 (1)**