

## Central and North West London NHS Foundation Trust

# Wards for people with learning disabilities or autism

### Quality Report

Trust Headquarters, Stephenson House  
75 Hampstead Road  
London  
NW1 2PL  
Tel: 020 3214 5700  
Website: [www.cnwl.nhs.uk](http://www.cnwl.nhs.uk)

Date of inspection visit: 23-27 February 2015  
Date of publication: 19/06/2015

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV3CA	Kingswood Centre	Carlton, Jubilee and Preston	NW9 9QY
RV3CV	Seacole Centre	Seacole East and Seacole West	EN2 8JL

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

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

Where applicable, we have reported on each core service provided by Central and North West London NHS Foundation Trust and these are brought together to inform our overall judgement of Central and North West London NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for 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

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

---

### Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	11

---

# Summary of findings

## Overall summary

We gave an overall rating for wards for people with learning disabilities or autism as **good** because:

Patients received care in a clean and safe environment. There were enough staff of different disciplines working on the wards and the trust was recruiting to fill the vacant posts for qualified nurses. Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.

We spent time observing how patients were treated and spoken to. We observed staff were kind and respectful to patients and recognised their individual needs. Staff were polite and softly spoken. All the patients we spoke with told us they liked the staff and were treated with respect.

Staff knew the vision and values of the organisation. Good governance processes identified where the services needed to improve. This had led to the improvement plans being put into place for the service. Staff morale was good and teams worked well together.

However the services would benefit from further work to ensure the care was person centred and really met the individual needs of each individual in terms of their day to day care and support provided to enable their recovery.

# 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 layout of the wards meant that staff could observe patients in all parts of the ward. Staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was readily accessible.

There were enough staff providing direct care on the wards. However the recruitment of speech and language therapists at the Kingswood centre and psychologists at the Seacole centre was ongoing.

Patients had individual risk assessments in place. Staff were skilled in de-escalating challenging situations. Where restraint was used it was discussed afterwards with the patient and reviewed by the multi-disciplinary team so that lessons could be learnt.

Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.

Good



### Are services effective?

We rated effective as **good** because:

Clinical staff made an assessment of patients that were admitted to the service. This included a good assessment of patient's physical health needs. Each patient had an up to date care plan although there was scope for making these more person centred.

Regular multi-disciplinary team working took place although on Carlton ward the organisation of the meeting could improve.

Staff had access to training and supervision to enable them to perform their role effectively.

The use of the Mental Health Act and Mental Capacity Act was well managed.

Good



### Are services caring?

We rated caring as **good** because:

We spent time observing how patients were treated and spoken to. We observed staff were kind and respectful to patients and recognised their individual needs.

Good



# Summary of findings

Staff supported people in a number of ways to be involved in the care they received. Most people felt that staff listened to them and they could raise issues about their care. There is however more to do to ensure that the support given to people is person centred and that individual needs are fully recognised.

## Are services responsive to people's needs?

We rated responsive as **good** because:

Arrangements were in place to support people with their admissions and discharges despite the challenges of finding appropriate placements for people leaving the service.

People were generally supported in a comfortable environment and had access to a programme of therapeutic activities. These could be developed further to ensure they met the needs of each individual.

Information on how to complain was available and staff learnt lessons based on the feedback.

**Good**



## Are services well-led?

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

Staff knew the vision and values of the organisation. Good governance processes identified where the services needed to improve with access to useful information to guide this process. This had led to the improvement plans being put into place for the service.

Staff morale was good and teams worked well together.

**Good**



# Summary of findings

## Information about the service

The inpatient learning disability assessment and treatment services are based at the Kingswood Centre and Seacole Centre. The service provides residential assessment and treatment services for adults with learning disabilities.

Services at the Kingswood Centre include two assessment and treatment wards. Preston ward a mixed sex 8 bed ward and Carlton ward an 8 bed male ward.

The other service based at the Kingswood Centre is **Jubilee House** an eight-bed inpatient service providing step-down recovery placements for patient with a diagnosis of learning disabilities. Two of the beds are provided in a self-contained purpose-built flat. The team

specializes in helping patients make the transition from secure services to an increased level of independence. This includes patients who have complex needs that include some form of challenging or offending behaviour or mental illness. Patients may also have an additional diagnosis of autism, personality disorder or have needs which mean they cannot be effectively treated in a mainstream mental health setting.

The **Seacole Centre** is based at the Chase Farm Hospital Enfield. It offers a range of services and healthcare within two inpatient units: Seacole East and Seacole West, both of which have six beds.

## Our inspection team

The team that inspected wards for people with learning disabilities or autism consisted of 1 expert by experience, two inspectors, a mental health act reviewer (Carlton ward one day), a pharmacist (Carlton ward one day), psychiatrist, nurse and psychologist.

## Why we carried out this inspection

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

## How we carried out this inspection

To fully understand the experience of patient 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 patient's needs?
- Is it well-led?

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

During the inspection visit, the inspection team:

- visited all five of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 16 patients who were using the service
- spoke with the managers or acting managers or senior nurse on duty for each of the wards
- spoke with 17 other staff members; including doctors, nurses, psychologist and occupational therapists and health care assistants.
- interviewed the divisional directors with responsibility for these services

# Summary of findings

- attended and observed one hand-over meeting and two multi-disciplinary meetings.

We also:

- collected feedback from 1 patient using comment cards.

- Looked at 8 treatment records of patients.
- carried out a specific check of the medication management on four wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke with patients and their relatives. Most were positive about their experience of care on the wards. They told us that they found staff to be very caring and supportive and most patient were involved in decisions about their care.

At the end of the inspection we collected 1 comment card from the wards. This gave the service a positive comment about their care and treatment.

## Good practice

- A wide variety of information had been made available in accessible formats for people using the service.

## Areas for improvement

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

- Recruitment of staff to work in the services both nursing and other allied professions should continue to be a priority for the trust until posts are filled.
- The care planning process should be more individualised. Care plans should be in a format that is meaningful to that person, there should be a strong recovery focus and the care plans should be put into practice for each person.
- The service should have accurate training records so that people's training needs can be identified and addressed.
- The service should work with commissioners to make arrangements for a replacement independent mental health advocacy service at the Kingswood Centre and staff should know who to contact then this service is needed.
- Activities on people's programmes should happen in practice.
- Patients should receive the support they need to practice their faith if they wish to do so.



## Central and North West London NHS Foundation Trust

# Wards for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Carlton, Jubilee and Preston	Kingswood Centre
Seacole East and Seacole West	Seacole Centre

#### Mental Health Act responsibilities

A Mental Health Act (MHA) reviewer visited Carlton ward as part of this inspection. The reviewer checked the documentation for the detained patients and these were all in order.

Although the patients we spoke to were unclear about why they were in hospital, there was evidence of discussions

about rights having taken place with patients under the MHA in accordance with section 132. Information about patients' rights under the MHA was provided in an 'easy-read' format.

Section 17 leave documents were in order and leave was used appropriately by staff and patients.

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

At the time of the inspection most staff had received mandatory training in Mental Capacity Act 2005 and deprivation of liberty safeguards. Further training was planned to ensure all staff had completed the training.

On Carlton ward at the Kingswood Centre we saw five of the seven patients were subject to authorised deprivation of liberty safeguards (DoLS).

For one patient subject to an authorized deprivation of liberty safeguard on Carlton ward, we noted that mental capacity and best interest assessment forms covering the decision to prescribe medication in the person's best interest had been completed in November 2013 and November 2014. A standard authorisation under schedule A1 was completed in June 2014 and renewed in January 2015. We would expect mental capacity and best interest

# Detailed findings

assessments to be carried out at the point at which the application for a standard authorisation is made and at other times relevant to the standard authorisation although recognise that there are delays being experienced by local authorities.

# Are services safe?

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

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

## Summary of findings

We rated safe as **good** because:

The layout of the wards meant that staff could observe patients in all parts of the ward. Staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was readily accessible.

There were enough staff providing direct care on the wards. However the recruitment of speech and language therapists at the Kingswood centre and psychologists at the Seacole centre was ongoing.

Patients had individual risk assessments in place. Staff were skilled in de-escalating challenging situations. Where restraint was used it was discussed afterwards with the patient and reviewed by the multi-disciplinary team so that lessons could be learnt.

Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.

- The layout of the wards on both sites enabled good staff observation. The staff offices were positioned so they could see the bedroom and communal areas. Staff working in these areas could observe patients leaving their bedrooms and entering communal areas.
- All the wards had completed ligature risk assessments in place that reflected the needs of people using the service. These identified the ligature points we had seen in bedrooms, bathrooms and toilets. These included pedestal taps, shower hose rails and fixed disability bars. These ligature risks were identified on the ligature risk assessment and location risk register. We saw the risk register included a programme of refurbishment of existing ligature points. We saw a number of hand basins, toilets, showers and baths had been fitted with ligature free fittings. The programme of replacement was identified to continue from 2015 - 2016. All staff we spoke with knew where the ligature cutters were kept in the green emergency equipment bag in the clinic room or office. Offices also had a break glass facility containing ligature cutters.
- At the time of the inspection only Preston ward had mixed sex accommodation and provided appropriate gender separation of bedrooms and bathrooms to ensure privacy was maintained.
- Some restrictions were in place but these were based on people's individual needs. For example not every patient had a key to their bedroom or could access outside areas unsupervised.
- Each clinic room had emergency resuscitation equipment and drugs. The records showed that all the equipment and drugs had been checked.
- Staff wore personal alarms and these were linked into the alarm system. Alarm panels indicated which area an alarm had been activated in so staff could respond and provide assistance when needed.

### Safe staffing

- The services 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 which confirmed the staffing levels described to us.

## Our findings

Wards for patient with learning disabilities or autism

### Safe and clean ward environment

- All wards we visited were safe, clean and free from clutter.
- The wards were maintained to a good standard. On Carlton and Preston wards at the Kingswood Centre two bedroom doors had been removed because they had been damaged by patients. One bedroom and a corridor wall had been damaged on Preston ward. When we returned the following day we noted the damage was being repaired. Staff at both locations told us they reported repairs to the estates department and repairs were done quickly.
- Appropriate standards of food hygiene were maintained in both services. Fridges were clean and temperatures were monitored. Food brought in for patients by their relatives was labelled with a date of preparation and use by date.

# Are services safe?

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

- The lead nurse, ward managers and staff confirmed they were able to increase staffing levels when additional support was required so patients could attend appointments and also ensure their leave took place.
- At the Kingswood Centre quite a high number of shifts were covered by bank staff. Information provided to us by the trust for the numbers of shifts covered by bank staff in the six months prior to the inspection were: Carlton ward 18 shifts, Preston ward 56 shifts and Jubilee ward 69 shifts. These bank staff were used to cover vacant nursing and healthcare assistant posts and many of them knew the service and provided consistent support.
- Staff at the Seacole centre said there was a settled staff team and they often 'went the extra mile' in covering shifts and working additional hours.
- Two bank staff told us about their experience of working at the Kingswood Centre. They said prior to working on the bank they had to complete the trust induction and a local induction. The local induction training pack included training on learning disability and autism awareness. Bank staff were also informed about the needs of the patients and the procedures for keeping people safe.
- There were HCAs or qualified nurses present in communal areas of the wards at all times to offer support to staff and patients.
- All patients had a named nurse and were allocated 1:1 time to discuss their care and well-being. However patients said they did not always have their 1:1 sessions.
- At the Kingswood centre patients had access to the doctors based on the site during the day. At night patients accessed medical services through local out of hours services. In an emergency staff used the 999 service or took patients to the local acute hospital. At the Seacole centre a GP visited the service twice a week and had an interest in patients with learning disabilities. There were also trainees working between inpatient and community teams who were required to attend within 15 minutes of being called.
- At the time of the inspection speech & language therapists (SALT) were not in post, and we were told that they had been unable to recruit to these vacant posts. The recruitment process was ongoing. The team had made arrangements to access speech and language therapy input from another provider for people with swallowing difficulties as this could place them at immediate risk. Shortly after the inspection we were told that locum staff were covering until permanent staff were appointed.
- At the time of the inspection there was one band 5 occupational therapy vacancy and the recruitment of occupational therapists was also taking place.
- At the Seacole Centre we were told there had been a psychologist vacancy for the last five months, psychological input had been sustained through an assistant psychologist under supervision from a consultant psychologist. A recruitment process was underway. In terms of psychological therapies dialectical behaviour therapy was not being offered to patients. We were told that this impacted on patients where NICE guidelines recommend this input for their condition. Staff also told us that they really need more occupational therapy input.

## Assessing and managing risk to patients and staff

- On admission each patient had an assessment of risk. This was updated on a monthly basis, or where there had been any changes, following deterioration of health or following an incident. Staff knew about individual risks but it was noted that on two occasions they did not clearly communicate with members of the inspection team about triggers for people's challenging behaviours that could have been avoided if the team had been better informed.
- Staff including bank staff had completed training so they could use physical interventions where needed. Staff knew that they had to try and de-escalate incidents and only use restraint as a last resort. We saw staff on both sites appropriately diffusing challenging situations.
- Figures for the numbers and types of restraint used in the last six months were provided to us by the trust. Jubilee ward reported 18 restraints and 3 prone restraints, Seacole East 5 restraints and 2 prone restraints and Seacole West 11 restraints and 1 prone restraint.
- Patients had individual positive behaviour support plans in place that were agreed by the multi-disciplinary team. Where restraint was used it was recorded with the

# Are services safe?

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

appropriate details, notified as an incident, discussed as part of a debriefing session, covered as part of the handover and reviewed in weekly multi-disciplinary team meetings. The patient was involved in discussions after the restraint had taken place to reflect on what had happened and how this could be avoided in the future. Individual patients were closely monitored and a patient on Preston ward told us how restraint was now being used less following the support they received.

- Rapid tranquillization was used very rarely and the correct observations usually took place apart from on Carlton ward where one patient had received rapid tranquillization on several occasions and the records of observations could not be located.
- Seclusion rooms were not available within the service.
- Most staff had completed mandatory safeguarding training and were aware of how to access guidance if they needed to make a safeguarding alert. Where needed safeguarding was discussed at the weekly multi-disciplinary team meeting. There was a staff member on site with a lead role for safeguarding adults, and another for safeguarding children. Staff knew who the lead workers were and were able to demonstrate a good understanding of safeguarding. All safeguarding alerts were made electronically to the respective local authorities. Some delays were reported in local authorities not reporting back the outcomes of safeguarding alerts and this was flagged on the local governance reports.
- There was good medicines management practice. All medication was individually stored in the locked metal drug cabinets in the clinic rooms. Patients could have their medication in the clinic room or in their bedroom. Medicine administration charts checked were all in date. There were no gaps in administration records and administration of medication was recorded. Medication was checked at handover by the nurse in charge and there was a process for recording this.

- The pharmacist visited and carried out weekly checks of the medicines and a technician visited the ward every two weeks to check expiry dates of medicines and replenish ward stocks. We saw the pharmacist also checked for drug interactions as well as ensuring the correct authorisation was in place for medication prescribed to detained patients. The stocks of intramuscular injections used in rapid tranquilisation were monitored.
- Leaflets were available in an easy read format for some medications used for epilepsy and for mental health conditions.
- We saw on Seacole West ward the consultant psychiatrist was monitoring the metabolic syndrome rates of patients prescribed antipsychotic medication to monitor patients who may develop complications due to genetic, developmental, environmental stress, and lifestyle factors.

## Track record on safety

- In the past 12 months prior to the inspection we were told there had been no serious untoward incidents but 417 more minor incidents of which 115 were assaults on staff. There was a daily handover between each shift. This was an opportunity to discuss any incidents which had occurred and how changes could be made to improve patients' care

## Reporting incidents and learning from when things go wrong

- The service used an electronic system to record incidents. Staff were trained in the use of this system.
- All incidents were recorded and discussed at handovers multi-disciplinary and team meetings. We were shown two examples of the type of incidents reported. These included identifying lessons learnt.
- Learning from incidents across the trust were cascaded monthly via e mail.

# 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.

## Summary of findings

We rated effective as **good** because:

Clinical staff made an assessment of patients that were admitted to the service. This included a good assessment of patient's physical health needs. Each patient had an up to date care plan although there was scope for making these more person centred.

Regular multi-disciplinary team working took place although on Carlton ward the organisation of the meeting could improve.

Staff had access to training and supervision to enable them to perform their role effectively.

The use of the Mental Health Act and Mental Capacity Act was well managed.

## Our findings

Wards for patient with learning disabilities or autism

### Assessment of needs and planning of care

- Patients were assessed prior to and during admission and received further continued assessments as part of the care planning process.
- We saw patients had their physical health assessed on admission. This addressed their physical and psychological well being. Patients had an annual health check and records we checked confirmed this. We saw at the Kingswood Centre the consultant psychiatrist and junior doctor were completing health checks. At the Seacole centre a local GP provided this service. Ongoing physical health checks such a blood pressure or weight were taking place as needed.
- Care plans and risk assessments were in a computerised format and were accessible by staff working in the service. Care plans were regularly reviewed and updated. Patients had copies of their 'my care plan'. We saw some examples of where patients had been involved in their assessment of need and planning of care, but many were not person centred and lacked important information about the patients' individual needs. In these cases the assessments and care plans needed more attention to detail. For example one

assessment said the patient had a speech and language impairment and yet a speech and language therapist had not been involved in the assessment. The positive behaviour support plan suggested staff communicate using Makaton and the staff were communicating verbally and said the patient understood what they were saying. We also found examples of where the occupational therapists had done sensory assessments (sensory intergration assessment tools) and yet the findings had not been incorporated into ongoing care especially for patients with autism.

- Not all the care records we looked at were recovery orientated and supported people to consider future moves. Staff we spoke with explained the difficulties they experienced with local authority teams in identifying suitable placements and contributing to the discharge process. Care records we looked at did not focus on aspirations of individuals through accessing therapeutic activities, education or employment. There was also a lack of detail in care plans demonstrating how patients were encouraged to develop new skills and how these were measured to monitor individual progress.

### Best practice in treatment and care

- The service had followed the guidance set out in the Department of Health guidance 'positive and proactive care: reducing the need for physical intervention'. The trust had done this following recommendations made by the British Institute of Learning Disabilities (BILD) which were rolled out across the service in 2014. Each patient had a positive behaviour support plan.
- Health of the nation outcome scales for patients with learning disabilities assessments were completed to measure the outcomes of care and treatment.
- The service had not yet assessed itself against National Institute for Health and Care Excellence (NICE) autism quality standards to identify areas for improvement in this care pathway. We heard that as part of the business plan for the coming year the trust is identifying one of the units on the Kingswood site as a service specifically designed to meet the needs of patients with autism and will then be completing the assessment and making changes to the environment as needed.

### Skilled staff to deliver care



# Are services effective?

Good 

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

- All new staff attended the trust's corporate induction which included a session on learning disability awareness.
- In addition the staff accessed local learning disability specific training. This training was provided by the local managers and other members of the team. A training planner was in place and offered training on learning disability awareness, autism awareness, mental health and learning disabilities, epilepsy and sensory integration and other topics. Some of this training was delivered by people with a learning disability. It was recognised that the training on communication needed to start again once the speech and language therapists were in post.
- Ninety five per cent of staff had completed their annual appraisal.
- Records we saw locally confirmed staff received monthly supervisions which they found beneficial. They told us they were given the opportunity to discuss learning and development as well as any concerns regarding work.
- Staff were monitored to ensure they updated their mandatory training. The majority of staff had completed mandatory training. Where targets were missed in a few areas such as emergency life support (57% record of completion) we were told that records were being updated.
- Team meetings took place monthly on each of the ward. The lead nurse for learning disabilities also held a weekly meeting with each ward manager.

## Multi-disciplinary and inter-agency team work

- A number of multi-disciplinary team meetings take place within the learning disability inpatient services. There were daily handover meetings where each patient on every ward was discussed and it was identified if additional support was needed.
- There were also weekly multi-disciplinary meetings on each ward. These again discussed each patient receiving a service and their progress. The meeting also covered risk management and incidents that had taken place including safeguarding. We observed two MDT meetings. One on Carlton ward and one on Seacole East. We saw patients were supported to attend the meetings. We found on Carlton ward that the discussions focused on adverse and challenging

behaviour incidents rather than positive developments and improvement. Nursing staff feedback lacked detail and the named nurse or someone representing them was not always present. On Seacole west we observed a cohesive MDT meeting, with was more patient centred and good multi-disciplinary discussion. We saw a discharge plan had been developed for one patient and were to be developed for the remaining patients. More detailed feedback from nursing staff was observed and there was more clear attention to monitoring the physical health needs of patients. The MDT had regular input from an OT and discussion about referral to other services such as physiotherapy was discussed as this could be made and accessed directly.

- We were told that every six months patients who were detained under the Mental Health Act would have a care programme approach meeting (CPA). The CPA meeting discussed patient needs and supported future planning of care. The meeting included staff from both health and social care services. Staff told us they struggled to always carry out CPA meetings where a care co-ordinator was present to support in discharge planning and identify alternative placements for patients to move on to within their local areas.

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

- A Mental Health Act (MHA) reviewer visited Carlton ward as part of this inspection. The reviewer checked the documentation for the detained patients and these were all in order.
- Although the patients we spoke to were unclear about why they were in hospital, there was evidence of discussions about rights having taken place with patients under the MHA in accordance with section 132. Information about patients' rights under the MHA was provided in an 'easy-read' format.
- Section 17 leave documents were in order and leave was used appropriately by staff and patients.

## Good practice in applying the MCA

- At the time of the inspection most staff had received mandatory training in Mental Capacity Act 2005 and deprivation of liberty safeguards. Further training was planned to ensure all staff had completed the training.

# 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.

- On Carlton ward at the Kingswood Centre we saw five of the seven patients were subject to authorised deprivation of liberty safeguards (DoLS).
- For one patient subject to an authorized deprivation of liberty safeguard on Carlton ward, we noted that mental capacity and best interest assessment forms covering the decision to prescribe medication in the person's best interest had been completed in November 2013

and November 2014. A standard authorisation under schedule A1 was completed in June 2014 and renewed in January 2015. We would expect mental capacity and best assessments to be carried out at the point at which the application for a standard authorisation is made and at other times relevant to the standard authorisation although recognise that there are delays being experienced by local authorities.



# Are services caring?

Good 

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

## Summary of findings

We rated caring as **good** because:

We spent time observing how patients were treated and spoken to. We observed staff were kind and respectful to patients and recognised their individual needs.

Staff supported people in a number of ways to be involved in the care they received. Most people felt that staff listened to them and they could raise issues about their care. There is however more to do to ensure that the support given to people is person centred and that individual needs are fully recognised.

## Our findings

Wards for patient with learning disabilities or autism

### Kindness, dignity, respect and support

- We observed staff speaking to patients in a kind manner. Staff were polite and softly spoken.
- Patients said they liked the staff and were treated with respect.

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

- We saw that the services worked towards trying to involve patients in the care they received. This included providing people with copies of their care plan and these were often found in people's bedrooms. Patients were also invited to attend their review meetings. Almost every person who we were able to speak to said that they felt staff listened to them and that they could give their views about their care. There were opportunities for patients to meet and discuss the service such as the 'speak out' meeting at the Kingswood centre.
- We did however see several examples how despite these engagement opportunities the support provided to

people was not sufficiently person centred. For example one person had had been given an easy read care plan in English but his language was Urdu. The service did however arrange for this person to have access to an interpreter. We also saw positive behaviour support plans using more complex language such as talking about 'de-escalation' which people may not understand. We also saw a patient trying to communicate at a user group with Makaton which the staff could not use. Most of the people using the service did not know about their care plan even though for most patients a copy of their easy read care plan was in their bedroom.

- We heard about how relatives and carers are involved and invited to care plan meetings. The two relatives we met during the inspection did not feel they had been involved in the assessments or development of the care plans. Most patients said they could speak to their relatives whenever they wished and any restrictions on this were covered in the care plan.
- Notice boards were available on all the wards providing information to people using the service.
- The trust had tried to carry out surveys to get feedback from people who used the service and their carers. The sample sizes of responses were small but in most cases the majority of the respondents said they would recommend the service.
- There was an independent advocate on site who we saw supporting patients. Patients knew who the advocate was and related well to him. We saw the advocate was included in the complaints procedure as a person to contact if patients had concerns to raise. The independent advocate visited the Kingswood Centre four days each week. This advocate did not provide the independent mental health advocacy service (IMHA). We were told the IMHA service used to be provided by 'Loud and Clear' but since changes to that organisation, there had been no IMHA service for some time.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

We rated responsive as **good** because:

Arrangements were in place to support people with their admissions and discharges despite the challenges of finding appropriate placements for people leaving the service.

People were generally supported in a comfortable environment and had access to a programme of therapeutic activities. These could be developed further to ensure they met the needs of each individual.

Information on how to complain was available and staff learnt lessons based on the feedback.

## Our findings

Wards for patient with learning disabilities or autism

### Access, discharge and bed management

- Preston, Carlton and Seacole West were assessment and treatment wards and Jubilee ward a recovery ward. Patients who were referred to the service came from a number of geographical areas and had previously been at home being supported by a community team, in acute wards or in secure wards.
- The service worked hard with local and other commissioners on engagement when planning admission, care, treatment and discharge. We were told admissions were triggered by local teams and decisions to admit a patient involved the lead nurse, ward manager and consultant psychiatrist and their views would be listened to. CPA meetings were held every six to eight weeks and involved care coordinators and commissioners. Working with commissioners was described as variable with some more proactive than others and some having different expectations than others, which put the service under pressure.
- The lead nurse talked us through the admission policy. Admission requests were discussed with the ward manager. Staff told us they could refuse an admission and that their views had been and would be listened to.

A staff nurse at the Seacole Centre was able to give us clear examples of when they had refused an admission because the patient was known to the service and not suitable for admission to the ward.

- Patients discharge could be delayed due to a lack of suitable placements. For example the consultant on Carlton ward said four out of seven patients were not discharged because of suitable accommodation. As a result the trust had recognised the pressure from commissioners to find suitable placements for patients post admission. The service had a discharge co-ordinator who would identify potential placements in order to facilitate this process. When we visited Carlton Ward we spoke with the family members of two patients who confirmed discharge arrangements had been made. One family member said they had been involved in the decision as to where their son would be moving to.

### The ward optimises recovery, comfort and dignity

- The wards had a good amount of communal living space. Generally these were appropriately and comfortably furnished. They also provided areas for people to watch television or listen to music. At the Kingswood centre we were told by one relative that the ward had not managed to provide the correct furniture for their relative to sit and eat a meal at. The lead nurse said they were looking for suitable furniture.
- We did see that bedrooms had variable amounts of furnishings and some were more personalised than others. Patients on Jubilee ward had more comfortable and personalised bedrooms in comparison to the other wards. The bedroom of a patient who had been at the Kingswood centre for over three years was not personalised.
- Each patient had an individual plan of activities and this was displayed in the communal area. There were a mixture of community and ward based activities including swimming, cycling, walking and baking. One patient had just returned from a holiday with their family in the Middle East and said how much they had benefited from this holiday. Another patient said they enjoyed walking, seeing their family and playing computer games. Patients told us they were able to keep up with their hobbies and choose places to go. However from looking at the activities available to the

# Are services responsive to people's needs?

Good 

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

patients and cross referencing this to their care records we noted patients had less access to activities than was suggested on the activity plans. We saw on activity timetables and patients told us that a therapeutic activity was 'going out for a drive'. Activities were sometimes cancelled for CPA meetings.

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

- Patients had a full assessment of need including their life history. This meant that staff had an understanding of each patient's cultural or religious background. They also understood about their relationships and sexual orientation.
- Meals were pre ordered and heated on site. Patients could have a choice of meals to reflect their dietary, religious or cultural preferences. Most of the people we spoke to were critical of the food saying it was all 'freezer meals' and it was similar food continuously.
- Patients said that their religious beliefs were not always taken into consideration or respected. They were not always aware of the facility of a multi-faith room. One patient we spoke with in the company of a deputy manager said they did not attend Friday prayers. When asked if they visited the multi faith room so they could

pray, they said they were not aware of this and did not pray on the ward. They explained they did not want to pray in their bedroom or in the company of other patients. A relative told us their son did not have access to the multi faith room and their son's faith was an important part of their life.

- If patients required the use of interpreters they could be accessed when required.

## Listening to and learning from concerns and complaints

- Information was found on notice boards about how to complain and there were easy read versions of this information available.
- Lessons learnt from complaints were discussed at handover and staff meetings and supervisions where needed.
- We spoke with two relatives who said they were able to make complaints to the trust and they were listened to.
- A document called 'learning lessons from issues within the learning disability service' published in January 2015 included a review of complaints and the lessons learnt.

# Are services well-led?

Good 

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

## Summary of findings

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

Staff knew the vision and values of the organisation. Good governance processes identified where the services needed to improve with access to useful information to guide this process. This had led to the improvement plans being put into place for the service.

Staff morale was good and teams worked well together.

## Our findings

Wards for patient with learning disabilities or autism

### Vision and values

- Staff understood the visions and values of the organisation.
- Senior staff from the trust had visited the services.

### Good governance

- The trust had undertaken a series of audits to check the quality of the services provided in the inpatient services for people with a learning disability. Sample checks of the quality of care provided were carried out and these included checking care records, ensuring staff training and supervision was up to date. Patients and their relatives were given full opportunity to comment on the service.
- The trust had expectations of the staff team to complete certain tasks to meet trust wide performance targets. These included updating the care programme approach (CPA) care and support plan within 7 days of a review meeting. This formed part of a performance dashboard for the team that was updated on a quarterly basis.
- Care quality management meetings which included the two directors, business and service managers of community and in-patient services took place. We looked at the February 2015 report and could see that issues raised by the team had been escalated for discussion.

### Leadership, morale and staff engagement

- Staff sickness rates for the service were monitored. The sickness rate for the learning disability service for December 2014 was 3.4% which was above the trust target of 3%. The highest levels of staff sickness were at the Seacole wards at Chase Farm. Staff sickness was being managed within the services.
- As at 31st December 2014 the inpatients learning disability service had a staff turnover of 19%. The trust total was 18.2%.
- Staff said they were aware of the trust's whistle blowing processes but felt able to raise concerns internally and that these were addressed.
- Staff felt supported by the management arrangements on the wards and felt they worked together as a team. Staff said they had asked the lead nurse for a clearer structure for career progression within the service and this was acknowledged as an area development.
- All staff told us they could also extra support if they felt they needed it. They told us that senior staff were always available and if not present they could be contacted by telephone.
- Consultant psychiatrists said the service was well led and that it had maintained its integrity and relationship within the organisation.

### Commitment to quality improvement and innovation

- The trust had participated in assessments using the green light toolkit which looks at the quality of mental health support for people with learning disabilities. A number of improvements in the services had taken place as a result of this work.
- The service had participated in POMH-UK (Prescribing Observatory for Mental Health).
- A consultant told us about recent collaborative work with another trust and being an expert reference group and said there was 'exciting work happening' in the inpatient services.
- Patients had access to the trust's recovery college. The aims of the courses at the recovery college were to help people to recognise their potential, learn ways to manage their feelings and plan goals for achieving what they wanted to do with their lives.

# 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.

- Seacole West ward has joined the quality network for inpatient learning disability services which is part of the Royal College of Psychiatrists centre for quality improvement. The service is not yet accredited as this is not possible in the first year.