

Good 

Oxleas NHS Foundation 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)
RPGER	Atlas House	Atlas House	SE2 0AY

This report describes our judgement of the quality of care provided within this core service by Oxleas Foundation 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 Oxleas Foundation NHS Trust and these are brought together to inform our overall judgement of Oxleas Foundation NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## 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	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

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### Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	12

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# Summary of findings

## Overall summary

We rated wards for people with Learning Disability and Autism as good because:

- The ward was visibly clean and tidy. Whilst the ward was mixed gender, men and women were admitted to separate self-contained flats. The ward had a good track record of safety with no serious incidents in the last six months. Staff reported incidents appropriately.
- The ward was well staffed with a full time modern matron on the ward as well as a ward manager. Any bank staff used were regular and familiar with the ward and patients. Staff were up-to-date with mandatory training and had received an annual appraisal. All staff received training in positive behavioural support which met the needs of the specialist patient group.
- All patients had a good quality care plan that was personalised to their individual needs. Staff carried out care and treatment reviews regularly. The physical health care needs of patients were assessed and monitored appropriately. All patients had access to music and art therapy on the ward.
- Clinical staff took part in a range of clinical audits including prescribing observatory for mental health, to monitor the effectiveness of the service provided. Staff carried out general audits on the wards, including audits of completion of patient observations.
- The ward had an effective multidisciplinary team (MDT), comprising of speech and language therapists, clinical psychologists, therapists and a consultant nurse, all based part time.
- Feedback from people who had used services and their carers was mainly very positive.

- There was a full range of equipment on the ward to support patient needs. Therapy sessions were held in rooms specifically allocated to this with essential equipment. The ward had a well-equipped sensory room.
- Staff morale was high. Staff told us that they felt supported and safe on the ward.
- Staff had created and implemented easy-read personal profiles for each patient, which contained a wide variety of physical health information about them and their needs and preferences. Patients could take this with them to every health appointment and after discharge.

However:

- Two fire extinguishers were found stored under the desk of the reception office at the front of the ward. This meant that if they were needed they could not be adequately accessed if there was a fire at the other end of the ward. Another two fire extinguishers were found in a locked food storage cupboard on the main corridor. This would have impacted on patient safety if there was a fire on the ward. The trust has provided us with subsequent evidence that this was approved by their fire safety officer and the London fire service.
- The communal areas on the ward did not have a ligature risk assessment. The risk was mitigated as the unit operated high patient to staff ratios and service users were never left unsupervised in communal areas.
- Patients' bedrooms were not personalised. The bedrooms were not very homely and did not appear to have any colour. Staff attributed this to the fact that some of the current patient cohort did not like pictures or things hanging on the walls.

# Summary of findings

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

### Are services safe?

We rated safe as good for wards for people with learning disabilities and autism because:

- The ward was visibly clean and tidy.
- The ward layout allowed staff to observe all parts on the ward easily.
- The potential impact of staffing vacancies was mitigated by the use of bank staff familiar with the ward and its patients. Staffing levels were increased in response to patient's needs.
- Shifts were covered sufficiently using the trust e-rostering system which all permanent staff had access to.
- Staff were up to date with mandatory training.
- Restraint was rarely used on the ward. When staff restrained patients this was done safely and never in the prone position.
- Staff carried out comprehensive risk assessments when patients were admitted. These were updated every three months and after every incident.
- Staff were aware of the safeguarding policy and how to, and who to, report to if they witnessed or suspected abuse.
- There was good medicines management practice. Medicines were stored and dispensed appropriately.

However,

- Staff could not access the fire extinguishers easily as they were stored inappropriately. This posed a risk to patients and staff in the event of a fire. The trust has provided us with subsequent evidence that this was approved by their fire safety officer and the London fire service.
- The communal areas on the ward did not have a ligature risk assessment. The risk was mitigated as the unit operated high patient to staff ratios and service users were never left unsupervised in communal areas.

Good



### Are services effective?

We rated effective as Good for wards for people with learning disabilities and autism because:

- All patients had a good quality care plan that was personalised to their individual needs. Staff carried out care and treatment reviews regularly.
- The physical health needs of patients were assessed and monitored appropriately.

Good



# Summary of findings

- The ward provided a range of therapeutic interventions such as music therapy and art therapy that was conducted by trained therapists.
- The National Institute for Health and Care Excellence (NICE) guidelines were followed in relation to psychological therapies.
- The ward had an effective multidisciplinary team (MDT).
- All staff had training in positive behavioural support to help meet the needs of the specialist patient group.
- Patients detained under the Mental Health Act were having their rights explained to them. Information was provided in an accessible format.
- Atlas House and the community learning disability team had created and implemented a plan for every patient called 'The black book'. This was an easy-read personal profile that contained a wide variety of physical health information about them and their needs and preferences, which could be taken with them to every health appointment and after discharge.

However,

- The majority of patients on the ward came from outside the commissioning boroughs of Greenwich and Bexley. These patients therefore did not currently have access to an independent mental health advocate. Managers were working to address this.

## Are services caring?

We rated Caring as good for wards for people with learning disabilities and autism because:

- We observed the interaction between staff and patients. Staff were very respectful and delivered care and support in a kind and thoughtful way.
- Feedback from patients and their carers was predominantly very positive.
- Staff involved relatives in care planning meetings about their family members. Relatives and carers had an active involvement with patients care planning and risk assessments.
- Staff had a very good understanding of the individual needs of patients. We saw that they made a great effort to reflect the needs, hopes and wishes of patients in how they delivered care.

Good



## Are services responsive to people's needs?

We rated Responsive as good for wards for people with learning disabilities and autism because:

Good



# Summary of findings

- There was a full range of equipment to support patient needs. Including well equipped therapy and sensory rooms.
- The ward was accessible for people with decreased mobility, enabling all patients to move around and make use of the space.
- Most relatives and carers knew how to complain or said they would feel comfortable to approach staff if they had concerns.
- The patients had a community meeting every Thursday to discuss what they were doing for the week and to choose their menus for the week ahead. Menus were in pictorial form so that the patients could access them.

However,

- Bedrooms were not personalised and did not reflect the choice of individual patients.
- Whilst patients had outdoor space and a fully equipped outdoor gym access was limited. The gym area was locked and patients were currently not able to use it until it has been assessed by a physiotherapist. There was no indication from the trust as to when this would be done.

## Are services well-led?

We rated Well-led as good for wards for people with learning disabilities and autism because:

- Staff knew who the senior managers were in the trust. The clinical director for mental health and learning disabilities has visited the ward.
- Staff knew the trust's vision and values and these were displayed at various points on the ward.
- Staff on the ward took part in an annual professional development review, which was the trust's system for appraising staff.
- Staff morale was high on the ward with staff informing us that they feel supported and safe.
- Staff received regular supervision and an annual appraisal.
- Clinical staff were involved in quality improvement plans.

Good



# Summary of findings

## Information about the service

Oxleas NHS Foundation Trust had one inpatient ward for people with learning disabilities or autism.

Atlas House was a purpose built specialist inpatient service, based in south east London, providing care for up to 12 adults with learning disabilities. The service was divided between four flats, enabling the team to provide care in a single sex environment where necessary.

They provided a 24 hour therapeutic/treatment environment. The service worked with people who have a learning disability together with complex challenging behaviour, mental health needs, neuro developmental needs and/or offending behaviours.

Atlas House provides specialist treatment that cannot be appropriately met in mainstream services. During our inspection there were five patients on the ward. One patient was on leave and another had just been discharged. Three of the patients were detained under the Mental Health Act and two patients were under a Deprivation of Liberty Safeguards (DoLS) authorisation.

Our most recent inspection of Atlas House was carried out on 30 September 2013. At that time the service was meeting the essential standards, now known as fundamental standards, for all areas inspected.

## Our inspection team

The comprehensive inspection was led by:

**Chair:** Joe Rafferty, Chief Executive, Mersey Care NHS Trust

**Head of Inspection:** Pauline Carpenter, Care Quality Commission

**Inspection managers:** Peter Johnson and Shaun Marten  
Care Quality Commission

The team that inspected wards for people with learning disabilities and autism was comprised of:

- One CQC inspector
- Two specialist advisors, with experience of working in learning disability and autism inpatient services

## Why we carried out this inspection

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

## How we carried out this inspection

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, asked a range of other organisations for information and sought feedback from patients at one focus group.

During the inspection visit, the inspection team:

- visited Atlas House ward, looked at the quality of the ward environment and observed how staff were caring for patients
- met with four patients who were using the service



# Summary of findings

- interviewed with the manager of the ward
- spoke with nine other staff members; including doctors, nurses, social workers and health care assistants
- interviewed the divisional director with responsibility for these services
- attended and observed one multi-disciplinary meeting and two therapy sessions
- reviewed in detail five care and treatment records of patients
- 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 two patients who were using the service and four carers or relatives. They told us that they felt safe and that staff treated them with dignity and respect.

Patients commented positively on the comfortable ward environment and appreciated that they could see their families in private.

We collected four comment cards from patient/carers. All of these cards gave positive feedback, mainly about communication with staff and the facilities on the ward.

## Good practice

Atlas House and the community learning disability team had created and implemented a plan for every patient called 'My black book'. This was an easy-read personal profile, which contained information about the physical health of the patient. It included information about their

needs and preferences. Patients were able to take their black book with them to every health appointment after discharge. It featured picture boards for communication, health actions and end of life care if applicable. This was an update on the personal health profiles.

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should ensure that all patients are able to personalise their bedroom space as to how they want it. The care and treatment of all patients must reflect their preferences.
- The trust should ensure that their fire risk assessments are reviewed regularly to ensure that all the fire extinguishers are appropriately located for the purpose for which they are required.

## Oxleas 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
Atlas House	Atlas House

### 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.

Patients had their rights explained to them under the Mental Health Act on admission and subsequently throughout their stay.

Consent to treatment forms were attached to medication administration charts where needed.

The trust had a Mental Health Act lead. Staff knew who this person was and could seek advice about the Mental Health Act when needed.

However, whilst some patients had access to an independent mental health advocate (IMHA) others did not. The IMHA services commissioned in Greenwich and Bexley did not provide advocacy to patients from outside of these boroughs. Three of the patients were from other London boroughs so could not access the IMHA service if they needed to.

### Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of MCA and DoLS and the five principles of the MCA code of practice.

Five applications for DoLS authorisations had been made between August 2015 and January 2016 inclusive. At the time of our visit a total of two patients were under a DoLS.

Staff carried out capacity assessments for patients who may have had impaired capacity. These were done on a time and decision specific basis.

# Detailed findings

Patients were involved in their care and treatment as much as possible and where they lacked capacity decisions were being made in their best interests. Patients' relatives were involved in this process and were able to give information on patients' wishes and feelings, as well as any cultural needs the person may have had.

All capacity assessments and DoLS documentation were up to date and clear.

# 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

- Staff could not access the fire extinguishers easily. This posed a risk to patients and staff in the event of a fire. Two fire extinguishers had been placed under the reception desk at the entrance to the ward. This meant that if they were needed they could not be easily accessed if there was a fire at the other end of the ward. Another two fire extinguishers had been locked in a food storage cupboard on the main corridor. All staff had keys to access the cupboard in the corridor and a fob key to enter the front reception office. The storage cupboard was situated in the middle of the ward on a corridor where at various points was sectioned off with entrance via a fob key only. This could have impacted on patient safety. However, the trust has provided us with subsequent evidence that this was approved by their fire safety officer and the London fire service.
- The ward was arranged into four self-contained flats. The ward layout allowed staff to easily observe the surroundings at all times. Staff were allocated to specific areas of the ward during each shift and were responsible for the security and observation of that area. The ward was secure and access to certain parts of the ward was operated with a fob key, which was held by the ward staff
- Some areas on the ward had ligature points. A ligature point is an environmental feature or structure which is load bearing and can be used to secure a cord that can then be used as a means of hanging. Staff mitigated the risk of self-harm through ligatures through the observation of patients. There were some patients who had been identified as being at higher clinical risk who were on one to one observations, which meant that a member of staff was with them at all times. Patients of lower risk were on 15 minutes observations. In a few of the bathrooms, we observed that the taps were not anti-ligature so these could be used by a patient as a potential ligature. Communal bathrooms were kept locked to mitigate any risk. However, the patient's own bathrooms were not locked by staff as to uphold dignity and respect of patients. A ligature risk assessment was in place for the bedrooms and bathrooms, dated 16 September 2015. This detailed where the ligature risk points were and an action plan detailing how they would mitigate this risk. However there were no ligature risk assessments in place for communal areas. The risk was mitigated as the unit operated high patient to staff ratios and service users were never left unsupervised in communal areas.
- The ward admitted both male and female patients on to the ward. There were separate self-contained flats that were allocated for each gender. The ward was split into three sections with locked doors between each section comprising 'Ocean', 'Desert' and 'Forest'. In 'Ocean' there was two flats. Within these flats the bathroom was shared. 'Desert' had only one flat which was for only one patient to use. It had its own bathroom but no kitchen area. Lastly, 'Forest' comprised two flats with a shared bathroom and kitchen inside each. At the time of our visit there were only male patients on the ward.
- The ward clinic room was visibly clean and tidy. The defibrillator machine, electrocardiogram and oxygen machine were calibrated and checked regularly by the staff.
- The ward did not have a seclusion room.
- There was a sensory room, a specially designed room for people with limited communication to develop a person's senses. This was fully equipped but was not used regularly.
- All ward areas had good furnishings and were visibly clean and tidy. Equipment in the rooms used for therapy, such as instruments and art utensils appeared well maintained. Staff reported any repairs that were needed and the information was logged in the maintenance file.
- The ward scored 99.3% on the patient led assessment of care environment (PLACE) survey for cleanliness of the environment. This was higher than the national average of 97.8%
- There were hand washing signs displayed on all the toilet facilities for infection control purposes. Staff disposed of clinical and domestic waste appropriately and minimised the risk of cross infection.
- Each flat had a call bell for patients. Staff carried panic alarms on them at all times on the ward so that they could call for assistance if needed. Alarms were plugged

# Are services safe?

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into a machine every day which kept them charged. Whilst there were no logs to show that they were tested regularly, the alarms were tested whilst we were on site and the alarm was triggered.

## Safe staffing

- There was a strong level of management on the ward with two full time management positions. The ward manager had been in post for a year and the modern matron had been in post for six years.
- The minimum staffing level was two nurses and six health care assistants (HCA) on the early shift. The ward had two nurses and two HCAs on the late and night shifts. The ward used bank staff to cover staff shortages. Whenever possible the ward used staff that were familiar with the patients and their needs. The ward rarely used agency staff. A total of 459 shifts had been covered by bank and/or agency staff for the period October - December 2015 inclusive.
- The ward had vacancies and two full-time nurses and two healthcare assistants were being recruited. The vacancy rate for qualified nurses on the ward was 24% and for healthcare assistants was 5.5% for October -December 2015 inclusive.
- The ward manager stated that due to the changing needs of the patients they would sometimes need more staff on shift to meet these. For example, if staff had to provide a patient with increased levels of observations, the ward manager increased the number of staff on each shift through the pool of bank staff.
- The manager stated they were able to accommodate patient's escorted leave. Staff rarely cancelled patient's planned leave or activities due to staff shortages. The ward manager stated that leave was planned in advance with the patients so that it was rarely cancelled. We observed a patient on the ward coming and going with staff as they wished throughout the day.
- There was adequate on call medical cover on the ward provided by the consultant psychiatrists and junior doctors. Doctors were on call out of hours.
- Almost all staff were up to date with their mandatory training. The ward's current training compliance was 96%. All staff were trained in safeguarding adults, safeguarding children levels 1, 2 and 3, prevention management of violence and aggression, and fire safety.
- Staff commented that they felt safe on the ward.

## Assessing and managing risk to patients and staff

- There were nine incidents of use of restraint from October 2015 – March 2016. Four episodes of restraint were on the same patient. None of the restraints were in the prone position. Staff used de-escalating techniques with patients to manage their behaviour when they were becoming distressed.
- Rapid tranquilisation was not used on the ward.
- We looked at five patients' care records. Staff undertook risk assessments on all patients when they were admitted onto the ward. Staff updated the risk assessments every three months and after every incident. The ward used a recognised risk assessment tool and this was logged on their electronic management system. All staff could access this.
- There was no evidence of blanket restrictions on the ward and there were no informal patients on the ward at the time of the inspection.
- No searches were being carried out on patients at the time of the inspection. However, the trust had a search policy which they used if patients left the ward alone. They do not use touch search. The ward also had a policy in place for carrying out observations on patients, so that observations could be conducted in a respectful way. The policy defined a procedure for staff to follow should they be carrying out observations on a patient and created consistency on the ward.
- Staff knew and understood how to report abuse. At the time of the inspection there was an on-going safeguarding involving a patient and a healthcare assistant which was reported to the trust by another member of staff. From the care records that we looked at there was evidence that staff knew how to report abuse. We saw a safeguarding alert raised by a member of staff in one of the patient care records that we looked at. There was evidence that the incident was being investigated and risk assessments were appropriately updated.
- There was good medicines management practice. We looked at five patients' medicines and prescription records. Each had their allergies noted. All medication cards were signed and dated to show that staff had given prescribed medicines to patients when required.

# Are services safe?

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- However, we did note that one patient was being prescribed two anti-psychotics daily. We did not see any plans to reduce this level of prescribed medication but there was evidence that staff reviewed the mental health of the patient every week.
- The ward had safe procedures for children that visited the ward. The ward had a visitor's room. Children that visited the ward used this room. All visitors signed in and out of the ward in line with trust requirements.

## Track record on safety

- In the period, December 2014 - December 2015 there were two reports of serious incidents. These had been investigated appropriately by the trust.

## Reporting incidents and learning from when things go wrong

- Staff had a good knowledge and understanding of what constituted an incident and when to report this. All staff reported incidents using the trust's electronic data management system. Staff told us that everyone was able to report incidents on the system.

- Staff discussed incidents at weekly ward round meetings. Staff told us that after an incident had been reported staff received feedback. Staff also reported that they felt supported by their managers when an incident occurred. Learning from incidents was discussed in the monthly reflective practice meeting. Staff used this opportunity to discuss what went wrong and what had been learnt as a result of the incident. For example, as a result of an incident on the ward, staff thought about how to improve their management of certain types of challenging behaviour and devised alternative strategies. These strategies could then be used to support patients who became challenging whilst on the ward.
- One serious incident we were informed of related to a member of staff and a patient on the ward. The investigation of this incident was ongoing. Incidents on the ward were discussed afterwards and staff were debriefed. Staff reflected positively on this.
- Incidents were reported appropriately and discussed at regular staff meetings so that learning could be identified and improvements made to reduce the likelihood of reoccurrence.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- We examined the care records of five patients. Each set of care records contained a care plan of good quality, showing that staff had carried out an appropriate assessment of needs at the time of admission.
- The ward had created a plan for every patient called 'The black book'. This was an easy-read personal profile and was created for the patient to keep. It contained details of their physical health problems, allergies, personal information, preferences and their goals. Patients could take their books to appointments and the information went with the patient when they were discharged from hospital.
- The patients' care records were personalised to the individual patient and were very detailed and holistic. In addition to electronic records, patients also had a paper record kept in their flat detailing their level of observations and communication aids.
- Staff undertook a physical health check for each patient on admission. Staff informed us that electrocardiograms (a test which measures the electrical activity of a person's heart to make sure it is working properly) were completed when patients arrived on the ward. Weekly physical observation checks were logged on a chart with their medication card. This included blood pressure, temperature and oxygen saturation levels. Patients with physical health care needs were supported to access healthcare via the GP or from referrals to specialist services such as the dietician.
- All information was stored securely on the ward's electronic case management system and was available to permanent staff of the trust. The ward only uses bank staff to cover shifts with the exception of the chef who is agency staff. Bank staff were employed by the trust and have access to the trusts electronic case management system.

### Best practice in treatment and care

- Clinicians considered NICE guidelines when prescribing medicines. For example, the clinical psychologist on the ward considered NICE guidelines for autism and

challenging behaviour. Patients were also offered recommended therapies, for example, anger management or modified cognitive behavioural therapy if needed.

- Staff registered patients with the local general practitioner, dentist and made referrals to specialist services if needed.
- Staff were trained in positive behavioural support (PBS) and used a PBS plan. PBS is a plan to support people with challenging behaviours in a holistic rather than a physical way. PBS focuses on using person centred values, enhancing community presence, increasing personal skills and places an emphasis on respect for the person.
- Clinical staff took part in the prescribing observatory for mental health, to monitor the effectiveness and use of psychoactive medicines in learning disabilities and autism.

### Skilled staff to deliver care

- There were weekly team meetings that staff were expected to attend. Additionally, staff attended a reflective practice meeting once a month on the ward. Reflective practice was a way for the staff on the ward to discuss ways of working and learning from incidents. Staff spoke positively about this.
- Staff had access to the specialist training necessary to meet the needs of the patient group. Staff had been trained in positive behavioural support as well as in the Mental Capacity Act.

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

- The team on the ward comprised of clinical psychologists, occupational therapists (OT), a speech and language therapist (SALT), a modern matron and a ward manager. There were also OT, SALT and psychology assistants full time on the ward. A weekly multi-disciplinary team (MDT) meeting was held on the ward. This set out any updates on the patients including recent incidents or reviews of the care and treatment.
- MDT meetings were held every week. We observed a meeting, where staff discussed current patients and any updates that needed to be highlighted. Ward rounds were held every week, which all staff could attend. There was a handover for every shift on the ward. This meant that there were a number of opportunities for staff to discuss the patient group and plan for their care and treatment.

# 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.

- Care coordinators and social workers were invited to the ward round and care plan approach (CPA) meetings. The ward team worked closely with the community learning disability team. Every Thursday patients on the ward had a community meeting, which was facilitated by a voluntary sector agency. Patients discussed their care and treatment as well devising the menu for the week.
- The ward sought the involvement of carers in all cases, and patients had access to specialist support via an independent mental health advocate (IMHA) when needed. However, patients who were out of borough admissions were not able to access the IMHA service. The modern matron was working on ways to get their own in house IMHA to address this issue.

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

- All members of the MDT had a good understanding of the MHA, the Code of Practice and the guiding principles. Whilst qualified Mental Health professionals had training in the MHA it was not mandatory for all staff to have this training.
  - The ward had access to centralised MHA administrative support and legal advice. There was a MHA lead within the trust that staff were aware of and able to use when the needed guidance on the MHA.
  - Patients had their rights under the MHA explained to them on admission and routinely thereafter. This was also in an easy read format should the patient need it.
  - Consent to treatment and capacity requirements were adhered to with care and treatment reviews being carried out regularly.
  - Paperwork relating to the detention of patients under the MHA was filled in correctly and was up to date. Electronic copies of MHA forms were accessible on the ward. Original paper copies of MHA forms were held centrally by the MHA administrative team.
- All staff had received training in the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). Members of the MDT and staff we spoke with had a good understanding of the MCA and DoLS.
  - Staff had made five applications for DoLS authorisations in the six months between August 2015 and January 2016 inclusive. At the time of our visit, a total of two patients were under a DoLS. Whilst the other three patients were detained under the MHA.
  - Staff undertook capacity assessments for patients who may have had impaired capacity. The assessments were done on a time and decision specific basis.
  - Patients were involved in their care treatment as much as possible and where they lacked capacity, decisions were made in their best interests. Patients' relatives were involved in this process and able to input the patients' wishes and feelings as well as any cultural needs the person may have. Patients had access to an independent mental capacity advocate (IMCA) when needed.
  - All capacity assessments and DoLS paperwork were up to date and clear.



# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed interactions between staff and patients. Staff were very respectful and delivered care and support in a kind and thoughtful way.
- Feedback from patients and their carers was predominantly very positive. Comments included that the ward environment is comfortable and that patients could see their families in private.
- Staff involved relatives in care planning meetings about their family members on the ward. Relatives and carers had an active involvement with patient's care planning and risk assessments.
- The ward had a patient led assessment of the care environment (PLACE) score of 95.5% for staff respecting patients' privacy, dignity and wellbeing. This was above the national average of 86%.

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

- One relative we spoke with was happy with the service and treatment on the ward, but when they first arrived on the ward they were initially worried about leaving

their family member on the ward. However, they were much happier after getting to know the staff and the patient had become familiar with their surroundings and settled in. The ward manager told us that they tried to arrange a pre-admission visit where possible.

- All carers we spoke with informed us that they were kept up to date on every part of the patient's care plan and were invited to all the review meetings.
- IMHA and IMCA services were available for some patients.
- Patients and their carers we spoke with told us they were able to give feedback on the service. There were posters giving details on how to provide feedback, compliments and complaints on the ward notice boards.
- The weekly community meeting was facilitated by a local voluntary sector agency. Patients were able to give feedback about the ward, their care and treatment at this meeting. The speech and language therapist (SALT) assistant on the ward facilitated this meeting as well as taking minutes, which are then circulated to all the staff via email.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- The bed occupancy rate for the period July- December 2015 was 71.9%. All admissions onto the ward were planned.
- Beds were available when needed to people living in the catchment area of Bexley and Greenwich. The ward also admitted patients from outside the catchment area. We were informed that this was up to a 40 mile radius. At the time of the inspection there were five patients on the ward and three of these were from other London Boroughs.
- Patients had access to a bed on the ward when they returned from leave.
- Between July and December 2015 inclusive there had been no delayed discharges from the ward. Discharges were planned and patients were discharged back home or into a suitable placement. Discharge planning was detailed in the patient's care plans and reviewed appropriately.
- The patients on the ward not from the boroughs of Greenwich and Bexley were from other parts of London. The ward regularly liaised with the community learning disability team and would invite care-coordinators to ward round and care plan approach meetings.
- The average length of stay on the ward for discharged patients in the last 6 months was 365 days. The longest stay in the last 6 months of a discharged patient was 622 days and the shortest was 60 days.

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

- The ward had a full range of rooms to support patient needs, such as a sensory room and a therapy room. Staff undertook physical health checks in the patients' flats as there was not an examination couch in the clinic room. Therapy sessions were held in rooms specifically allocated to this with essential equipment. For instance there were musical instruments available for music therapy.
- All patients had access to music and art therapy on the ward. The ward had their own transport so patients could regularly access the community for health appointments and days out with other patients. Activities were also offered on weekends.

- The ward had a visitor's room which was bright and comfortably furnished.
- Patients had access to a garden. The garden had been designed to meet the needs of this patient group. There were brightly painted murals on the walls and a quiet space with seating for the patients. There was a fully equipped gym. However, the gym was locked and patients were unable to use it until it had been assessed as safe by a physiotherapist. Staff could not tell us when this was likely to be done.
- Bedrooms were not personalised. The nurse we spoke with said this was because some of the current patient cohort did not like having pictures hanging on the walls. However, this was throughout all the bedrooms. There were no paintings directly on the wall in the bedrooms to mitigate this. The kitchens in the flats were kept locked so patients could only access the kitchen to make hot drinks with a staff member. This was to ensure that patients were safe. Patients could keep their belongings in secure storage facilities.

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

- People with decreased mobility could access the ward easily. The ward was on the ground floor.
- One carer informed us that meal times were flexible and they were happy with the food. Patients could choose their meals for the week at their weekly community meeting facilitated by a voluntary sector organisation.
- Staff could access interpreters, including sign language interpreters when they needed to. A patient and their family did not speak English. Staff provided the patient and their carers with an interpreter to support them to make a complaint. However, we did not see any evidence of written information provided in other languages. The modern matron informed us that the ward had celebrated the Chinese New Year.

### Listening to and learning from concerns and complaints

- The majority of patients' relatives and carers stated that they knew how to complain. Those who were not aware said they did not want to complain but would feel comfortable approaching staff in order to do so.
- Between April 2015 and March 2016 inclusive there had been one complaint raised on the ward and this was not upheld.

# Are services responsive to people's needs?

Good 

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

- The ward manager informed us of a complaint raised by a family member, that was going on at the time of the inspection. Staff had obtained an interpreter to help one family make a complaint.
- There was information on the ward detailing how patients and their families and carers could complain. This was in an easy-read format as well so that patients could access the information.

# 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 we spoke with knew the trust's vision and values. A poster with the vision and values of the trust was displayed on the ward's notice board.
- Staff we spoke with informed us that they knew who the director of nursing was and the medical director. They had met them when they visited the ward.

### Good governance

- Staff had received an annual appraisal and were up to date with mandatory training. They received regular support from managers and in their clinical supervision sessions.
- The modern matron attended the business strategy meeting once a month where governance issues were discussed and common themes in incidents and complaints explored. This was fed back to staff.
- Staff participated in clinical audits. The ward manager was undertaking an audit on the quality of patient care plans on the ward. This consisted of checking care plans were up to date, signed, personalised and holistic. They also checked that the MHA paperwork was correct. Clinical staff participated in the prescribing observatory for mental health. This is an auditing tool for prescribing medicines.

### Leadership, morale and staff engagement

- Staff felt supported within the team. Morale was high on the ward.
- Of the non-medical staff, 95% had been appraised in the last 12 months. Staff said that they had monthly supervision sessions with their line manager.
- Staff informed us they were able to approach the ward manager to raise concerns, and were aware of the whistle blowing process. We were informed of an incident of whistle blowing on the ward.
- We observed good team working on the ward. The administrative staff were kept informed of patient concerns and incidents by attending the weekly ward round.

### Commitment to quality improvement and innovation

- The ward and the community learning disability team had co-produced and implemented a profile for every patient called 'The black book'. This was an easy-read personal profile. It contained a wide variety of physical health information about the patients and their needs and preferences. This could be taken with them to every health appointment and after discharge.
- The modern matron participated in the accreditation for inpatient mental health services for inpatient learning disability units. They were showcasing the 'black book' to this accreditation scheme.