

# Whorlton Hall

## Quality Report

Whorlton House  
Whorlton  
Barnard Castle  
DL12 8XQ  
Tel: 01833 627278  
Website: <http://www.danshell.co.uk>

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Overall summary

We did not rate Whorlton Hall at this focused inspection.

We found the following issues that the service needs to improve:

- There were no processes in place to assess and monitor the impact of staff working excessive hours. Managers knew that staff were working up to 24 hour shifts and had no system in place to assess and mitigate the risk and impact of this on patients or staff

- The service relied heavily on the use of bank and agency staff. Not all agency staff were up to date with mandatory training, and there was no internal system in place to review the training compliance of agency staff
- Individual staff supervision was not taking place in line with Danshell's policy and supervisory bodies

We also found the following areas of good practice:

- Staff were supported after incidents took place and debriefing sessions were carried out after incidents
- Care plans were holistic and contained the patient voice

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Wards for people with learning disabilities or autism</b>		See summary below.

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# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Whorlton Hall	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Outstanding practice	14
Areas for improvement	14
Action we have told the provider to take	15

# Whorlton Hall

**Services we looked at**

Wards for people with learning disabilities or autism.

# Summary of this inspection

## Background to Whorlton Hall

Whorlton Hall is an independent hospital owned by Oakview Estates Limited. It provides assessment and treatment for men and women aged 18 years and over living with a learning disability and complex needs. The hospital also cares for people who have additional mental or physical health needs and behaviours that challenge.

Whorlton Hall has been registered with the Care Quality Commission since 3 September 2013 to provide the following regulated activity:

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

- Treatment of disease, disorder or injury

The hospital's registered manager has been in post since 2016. They have a controlled drugs accountable officer in place. The hospital has been registered since 2013 to accommodate 19 patients. There were nine patients at the hospital at the time of our inspection visit.

There have been four inspections carried out at Whorlton Hall. The most recent was carried out on 4 and 5 September 2017 (inspection report published 22 December 2017). There were no breaches of regulation found on the last inspection.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors and one learning disability nurse specialist advisor.

## Why we carried out this inspection

We inspected this service in response to whistleblowing concerns that we received. The concerns highlighted issues in staffing and patient safety, culture and incident monitoring.

## How we carried out this inspection

This was an unannounced inspection where we focused on specific key lines of enquiry in the safe, effective, caring and well led domains.

Before the inspection took place we reviewed a range of information provided by Danshell, including:

- Staffing rotas
- Incident data
- Policies and procedures
- Patient risk assessments
- Training compliance data

During the inspection visit, the inspection team:

- Spoke with the service manager
- Spoke with the divisional managing director for the service
- Spoke with 13 other staff members; including nurses, health care assistants, a doctor and domestic staff
- Observed meal times
- Observed a team meeting
- Reviewed five care records
- Spoke with six patients
- Spoke with two carers

# Summary of this inspection

## What people who use the service say

Patients and carers told us that staff treated them well. One carer told us Whorlton Hall was the best place their relative had been. Both patients and carers told us they felt they were given the opportunity to provide feedback on care and treatment at the service.

A patient satisfaction survey was completed in September 2017 in which eight patients participated.

Questions included how patients felt, what they thought about their care and treatment, how they rated the service environment and if their rights and needs were met. The responses received were mostly positive across all five questions.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We did not rate the safe key question at this focused inspection.

We found the following issues that the provider needs to improve:

- Within a three month period staff worked excessive hours, including 24 hour shifts on 25 occasions. There was no system in place to assess the risk or impact on staff or patients of excessive working hours
- There was a high reliance on agency staff and training compliance for these staff was not being monitored by the service

However, we also found the following areas of good practice:

- Compliance with mandatory training for permanent staff was within the provider's 80% compliance target
- Staff knew how to report incidents, felt supported after incidents and showed examples of learning from incidents

### **Are services effective?**

We did not rate the effective key question at this focused inspection.

We found the following issues that the service needs to improve:

- Not all agency staff were up to date with required training and there were no systems in place to monitor this.
- Individual staff supervision sessions were not always taking place in line with Danshell's policy.
- There were no systems in place to monitor when section 17 leave had been cancelled

However, we also found the following area of good practice:

- All of the care plans we reviewed contained the patient voice, were personalised, holistic and recovery orientated.

### **Are services caring?**

We did not rate the caring key question at this focused inspection.

We found the following areas of good practice:

- Staff were kind, caring and respectful towards the patients and knew the patients well

However, we also found the following areas that the service needs to improve:

- Care plans did not contain evidence of carer involvement

# Summary of this inspection

## Are services responsive?

At the last inspection in September 2017, we rated responsive as good. Since that inspection, we received no information that would cause us to re-inspect this key question.

## Are services well-led?

We did not rate the well-led key question at this focused inspection.

We found the following issue that the service needs to improve:

- There were no processes in place to assess the risk and impact of staff working excessive hours, sometimes 24 hours in one shift. There were no plans in place to mitigate the need for staff to work extended shifts

However, we also found the following area of good practice:

- The staff we spoke to felt supported, respected and valued in their role



# Wards for people with learning disabilities or autism

Safe

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Effective

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Caring

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Well-led

## Are wards for people with learning disabilities or autism safe?

### Safe staffing

At the time of the inspection, Danshell provided the following staffing information about Whorlton Hall:

- There were seven whole time equivalent registered nurses at the service
- There were 46 whole time equivalent health care assistants at the service
- There was one whole time equivalent registered nurse vacancy
- There were 34 whole time equivalent health care assistant vacancies
- Danshell reported that as at March 2018, bank and agency staff covered 821 shifts due to vacancies and staff sickness from December 2017 to February 2018
- The number of shifts that were not able to be filled by bank or agency staff from December to February due to vacancies and staff sickness was 25
- The staff sickness absence rate for the previous 12 months as at March 2018 was 3%
- The staff turnover rate for the previous 12 months as at March 2018 was 28%

The service manager calculated staffing levels based on how many staff were required for minimum patient observation levels, with the addition of a responsive team. The responsive team consisted of two members of staff that could be brought into observations numbers if case mix warranted and patient observations were increased.

We received minimum staffing establishment levels from the provider before the inspection commenced. During our on-site visit the service manager informed us the information we had been previously given was incorrect

and provided more up to date information. Having highlighted shortfalls in the staffing rotas during our visit the provider subsequently sent us the staffing levels again, stating the first two were incorrect.

We looked at the staffing rotas between November 2017 and February 2018 based on the final data we were given. The required levels differed from month to month, but at their lowest sat at a minimum of two qualified nurses and 12 healthcare assistants during the day and one qualified nurse and seven health care assistants at night. We found that the staffing levels were below the required level on 17 occasions; this included three instances in which there was only one qualified nurse on duty during the day. On some occasions where staffing establishment levels were met, this was due to staff working excessive hours, including staff working 24 hour shifts.

We raised the shortfall of qualified nurses with the service manager and were told this was due to errors on the rota and on one occasion they released a member of staff to another Danshell location, leaving them with only one nurse on shift.

There was a high amount of overtime being worked by staff, with some staff working up to 159 hours overtime per month. During the period of November 2017 and February 2018 there had been 25 instances where staff worked 24 hour shifts, with up to four members of staff working 24 hours at the same time. We discussed this with the service manager who was aware that staff were working 24 hour shifts to cover sickness on a voluntary basis. The service manager told us that staff could raise concerns if they felt 'burned out' during these shifts and take a sleeping break if needed, however there were no facilities available for staff to do this on site. We spoke to the divisional director regarding the 24 hours shifts, who was unaware this was happening. At the time of our visit there were no action

# Wards for people with learning disabilities or autism

plans in place to prevent or reduce the need for staff to work 24 hour shifts. No risk assessments were in place in relation to the impact of excessive working hours on staff or patients.

There was a high use of agency and bank staff used in the service. The highest use of bank and agency was in February 2017 with 41% of shifts being covered. This was due to the high vacancy rate for health care assistants and increased patient observations. The agency and bank staff that were used were regular and were booked a month in advance, therefore they knew the environment and patients well. The staff we spoke to told us that they did not think the use of agency staff impacted on safety on the ward. One patient we spoke to said they would like to see more permanent staff around, especially at night time.

The service manager told us they were able to adjust staffing levels to take account of daily case mix using the responsive on site team. The deputy manager was also able to support in the staffing numbers if needed. We found from the staffing rotas that the deputy manager often stepped into the nursing numbers, in November 2017 the deputy manager worked 71% of their shifts as a nurse, rather than in their substantive role as a deputy manager.

During our inspection there were 20 members of staff attending to nine patients during the day shift. This meant patients were able to have one-to-one time with their named nurse or a health care assistant. The staff we spoke to told us there were enough staff to carry out physical interventions when required. However, during November 2017 and January 2017 a member of ancillary staff was involved in three instances of patient restraint. This was discussed with the member of staff and the service manager during our visit who told us that this would only happen if necessary, to ensure staff safety. The member of staff had received training in conflict management and physical intervention. However, this indicated that there were not always enough support staff to carry out physical interventions when required. There was no evidence of lessons being learnt from these instances of restraint.

Escorted leave or ward activities were rarely cancelled because there was too few staff. The service manager told us activities were only cancelled due to patient risk or vehicles being serviced. Two members of staff told us they have known leave or activities to be cancelled before and

two patients also told us that their leave had been cancelled recently, which made them feel sad. There were no systems in place to monitor how often section 17 escorted leave had been cancelled.

Mandatory training for staff included safeguarding, fire safety, health and safety, positive behaviour support, Mental Health Act, Mental Capacity Act, first aid at work, emergency first aid at work and infection control, de-escalation techniques, conflict resolution and managing violence and aggression and the use of physical interventions. The service was meeting Danshell's 80% compliance rate for mandatory training. The service fell below 80% compliance for care certificate training, due to the amount of new staff that had recently started.

## **Assessing and managing risk to patients and staff**

We reviewed five patient care records which all contained full risk assessments. We could not see evidence of risk assessments being updated after incidents. We discussed this with the deputy manager who told us risk assessments were only updated after incidents, if the patient presented new risks during the incident taking place. Danshell used its own risk screening and assessment tool which met best practice guidance. This was comprehensive and included details of physical, threatening and socially or sexually inappropriate behaviour, absconsions, mental health state, risk of self-harm and suicide, vulnerability and a range of other factors.

During the period of November 2017 and January 2018 there were 190 incidents involving restraint on eight patients in total. Out of the total number, 92 incidents related to one patient who had been presenting more challenging behaviour. The staff we spoke to told us physical restraint was used as a last resort and prone restraint was never used. We looked at data for a three month period between November 2017 and January 2018 and there were no occasions where prone restraint was used. We could see from the data that there were a large number of supine restraints used. We discussed this with the risk manager who told us that the level of restraint was comparable to other Danshell services due to the high complex needs of the patients.

We reviewed five incident reports which indicated that restraint had been used after de-escalation had failed. Incident reports documented that staff used techniques including verbal reassurance and supporting the patient to

# Wards for people with learning disabilities or autism

a low stimulus environment. Incident data was discussed at a monthly governance meeting where senior managers reviewed any increases in data. Patients with continued high levels of restraint had care plans and medication reviewed by the regional nurse consultant. Safeguarding incidents were also logged and discussed at the monthly governance meeting.

## Reporting incidents and learning from when things go wrong

Staff reported incidents using the Danshell online reporting system. Staff we spoke to were aware of what to report and how to report it. We asked staff for examples of what they considered as incidents and their responses included accidents, aggression in patients, self-harm and allegations, which evidenced their knowledge. Following incidents that occurred within the service, de-briefing sessions were held to offer support to staff and give the opportunity to reflect on events. Staff told us they felt well supported after incidents. Patients received feedback from investigations, one of the patients we spoke to confirmed this.

The service manager was able to give an example of an incident which had resulted in changes in the service following a review of the incident. A staff member had been involved in an incident in which a patient bit them, causing injury. As a result, the service had a debriefing session with the team and held a micro supervision session where they discussed the use of personal protective equipment. A root cause analysis report was completed and positive behavioural support and physical intervention plans were updated for the patient involved. They had also ordered a larger selection of personal protective equipment to ensure all staff could use it when needed. We had sight of the personal protective equipment during our visit and also had sight of the order form for the additional equipment.

## Are wards for people with learning disabilities or autism effective? (for example, treatment is effective)

### Assessment of needs and planning of care

We reviewed five care plans during our visit which all showed that timely assessments had been completed after admission. Care records showed evidence of ongoing physical monitoring which was completed on a monthly

basis, or more often if a patient had an identified physical healthcare need. There were two care plans for patients with epilepsy and although there were separate care plans for their epilepsy, there were no crisis plan in place if the patients were to seizure. We raised this with the deputy manager who told us that they would call 999 if the seizure lasted longer than five minutes. The doctor told us they held a small amount of medication on-site to treat seizures.

All of the care plans contained the patient voice and were personalised, holistic and recovery orientated. Care records we reviewed contained positive behavioural support plans which had been updated in the last three months. The nursing files were not always easy to navigate, however staff were able to show us the information we were looking for, when requested. The care records were paper based and stored in an unlocked cupboard in the nurses' office. Staff told us that the cupboard was unlocked as there was always someone present in the room. We found the room was always occupied during our visit.

### Skilled staff to deliver care

Staff were required to complete a corporate induction programme when they first commenced their employment. This induction was based on the Care Certificate standards. Bank and agency staff were also inducted into the service before starting to work. During our visit we found that all of the agency and bank workers that appeared on the staffing rotas between the period of November 2017 and January 2018 had received an induction.

Permanent staff training was managed using an online system. The deputy manager was responsible for booking staff on to training courses when they were due for renewal. Staff received a notification when they had been booked on to training course. There was no protected time for training; however staff were able to request time off for training which was agreed with the service manager. Staff were also able to access external specialist training if it would benefit their work at Whorlton Hall; including Learning disabilities, personality disorder, autism and epilepsy training. There was a member of staff who had enrolled on a management training course. The member of staff had sourced the training independently but was supported by their manager to take time out of working hours to complete the training.

We looked at training files for 13 agency staff and found four agency staff had not completed mandatory refresher

# Wards for people with learning disabilities or autism

training in conflict management and physical intervention. We saw that one of the members of staff was on shift during our visit. We raised this with the service manager who told us that they had a three month 'grace' period in which to book the refresher training course for staff. They showed us documents that confirmed the member of staff had been booked on to training for the day after the training expiry date. The three other members of staff had not been booked on to further training.

One agency nurse was not up to date with mandatory medication administration training, although they were always on shift with another qualified nurse. Two agency support staff were out of date with all of their training, with the exception of conflict management and physical intervention. We raised this with the service manager who was unaware that the agency staff were not up to date with their training. The service manager told us they relied on the agencies they used to carry out checks that the staff provided were fully trained and had no internal system of audit or assurance in place.

Staff had annual appraisals. Managers recorded staff appraisal and supervision on spreadsheets, an online system and paper files. The deputy manager showed us the supervision and appraisal rates using the spreadsheets. We saw evidence that staff appraisals had either been completed or were scheduled to take place.

Danshell's policy stated that individual staff supervision should take place six times per year. There were gaps on the spreadsheets documenting management and clinical supervision for all staff including bank and agency. We reviewed 10 paper supervision files and found that that only one member of staff had received managerial or clinical supervision six times between January 2017 and January 2018. There was evidence of regular group supervision taking place and individual de-briefing sessions with staff after incidents. Five members of staff that we spoke to told us they received regular individual supervision. Three members of staff told us they received regular group supervision but had to request individual supervision.

We received further supervision data from the provider following our visit which gave figures that 80% of staff had received more than six supervisions per year. The 20% that

had not received six sessions were new members of staff who had commenced work at Whorlton hall within the last three to six months. Eight of the twelve new members of staff had received no supervision since starting.

Danshell had a performance management procedure in place. This included how managers should address any performance issues with their staff. At the time of our inspection there were no members of staff subject to performance management plans.

## Are wards for people with learning disabilities or autism caring?

### **Kindness, dignity, respect and support**

We observed staff interacting with patients in a kind, respectful and dignified manner throughout our inspection. It was clear from staff interaction with patients that they knew the patients well. The patients that we spoke to told us that the staff were polite and caring. Staff had a good understanding of individual needs and told us that patients were involved in multi-disciplinary team meetings and the reviewing of their care plans. We saw evidence of this in the patient care records.

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

The patients we spoke to told us they were involved in their care and participated in their care planning. The patients were also aware of how to complain, provide feedback about the service or raise concerns. They were able to do this by speaking to staff, through an annual service user survey or emailing the service manager directly. We received mixed feedback from both the patients and carers regarding carer involvement. One patient told us that they would like their parents to be involved more and the parents of the patient echoed this. We received feedback from two patients and one carer that they were involved in the care and were regularly invited to meetings and to visit. From the five care records that we reviewed we saw no evidence of carer involvement.

## Are wards for people with learning disabilities or autism well-led?

### **Good governance**

# Wards for people with learning disabilities or autism

At the time of our inspection, staff directly employed by the service were meeting the training compliance rate of 80% for mandatory training. Staff received yearly appraisals, which we saw evidence of during our visit. Some staff told us that individual supervision sessions had to be requested and were not arranged routinely. We reviewed 10 paper-based staff supervision records, only one of which documented six supervision sessions per year in line with Danshell policy. Staff did attend group supervision sessions and had de-briefing sessions taking place after incidents.

Staffing establishment data provided prior to, during and after our inspection was inconsistent. Staffing levels were regularly below establishment levels based on the data provided. Managers could adjust staffing levels if needed. Some staff worked high levels of overtime and there was a reliance on agency staff. There were a number of occasions when staff worked 24 hour shifts and there were no systems in place to assess the risk to staff or patients, and no action plan in place to reduce the need for staff to work excessive hours. Managers had not considered the impact of staff fatigue on the delivery of patient care. The deputy manager frequently stepped into the nursing numbers which limited the time he gave to his substantive role in the management team.

The service manager showed us a copy of a monthly performance report for the service. The report included any actions from the previous month with progress updates, statistical data, a financial update, patient observation levels, and updates from Danshell's human

resources department, regulatory activity and governance updates, compliance with key performance indicators, progress on action plans for the service, building refurbishments and the current priorities and challenges. However, the latest report did not highlight the use of 24 hour shifts or show evidence that plans were in place to deal with this issue.

The service manager did recognise that recruitment had been a significant challenge and told us there were recruitment plans in place to deal with the issue. This included advertising campaigns and ongoing discussion at

meetings. Discussion is fed up to the board through service level, regional level and national level meetings. At each level there is a risk and healthy safety meeting within the structure.

Staff told us that lessons learned following investigations into incidents were used to improve practice; we saw evidence of this during our visit with the use of personal protective equipment following a biting incident.

## **Leadership, morale and staff engagement**

We had received information prior to our inspection about low staff morale and a culture of bullying within the service. The staff we spoke to said that morale was positive in the team and they were happy in their roles. All of the staff we spoke to felt supported, respected and valued by management and peers and felt that they worked well as a team. Staff told us that there was a culture of openness within the service and the wider Danshell group and managers empowered and actively encouraged staff to raise any issues or concerns and make suggestions to improve service delivery. Danshell had a whistleblowing policy which staff were aware of and knew how to access it.

At the time of our inspection visit, there had been no discrimination, bullying or harassment cases reported by staff at the service within the previous 12 months. Danshell reported that during our visit the sickness absence rate at Whorlton Hall for the previous 12 months was 3%, which was below the NHS national average figure of 4.29% and showed staff regularly attended work.

We attended a 'flash meeting' which was a short team meeting, which took place each day. Staff shared important patient information, including medical appointments and each team member gave an update. For example, the maintenance staff provided an update on the status of repair requests Staff were informed of any visitors that were due at the service on the day and were reminded that all visitors needed to sign in and out and wear visitor badges at all times. Meetings ended with a fun 'question of the day' which staff appeared to enjoy participating in.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must assess the risk and impact of excessive working hours, and reduce the occasions when staff are required to work excessive hours.
- The provider must ensure that all staff, including agency staff, have the relevant training and skills to meet the needs of patients. The provider should ensure there are appropriate systems in place to monitor training compliance for all staff.

- The provider must ensure that all staff receive regular supervision in line with Danshell policy.

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

- The provider should ensure there are systems in place to monitor how often section 17 leave is cancelled.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**

Agency staff were not receiving appropriate training relevant to their roles and there was no system in place to monitor this.

Not all staff were receiving individual supervision in line with the policy and supervisory bodies.

This was a breach of regulation 18 (2) (a)

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

There were no systems in place to assess, monitor and mitigate the risks relating to the health and safety of service users and others who may be at risk arising from the carrying on of the regulated activity.

This was specifically associated with the lack of risk assessments related to staff working excessive hours, in some cases 24 hour shifts.

This was a breach of regulation 17 (2) (b)