Ashley House Hospital

Quality Report

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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

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Ashley House Hospital as good because:

- The hospital had taken steps to address the requirement notice issued following the inspection in October 2015.
- The hospital provided separate accommodation for male and female patients.
- All areas were clean and maintained.
- All patients had a detailed risk assessment and management plan in place.
- Staff carried out environmental risk assessments including ligature risks and infection control.
- Care notes contained care plans individualised to patients' needs and staff reviewed these regularly.
- Patients were registered with a GP and staff assessed patients' physical health annually. The hospital employed a full time equivalent practice nurse to meet the physical health needs of patients.
- Patients had access to psychological therapies as part of their treatment.
- There were regular and effective clinical review meetings that involved all necessary members of the multi-disciplinary team.
- Hospital staff were caring and treated patients with kindness, respect and support.
- Patients engaged in a range of activities that included regular visits in the community.
- Admissions and discharges were discussed in the multi-disciplinary team meeting and were managed in a planned and co-ordinated way.
- Patients were provided with a choice of meals and specialist diets were available.
- Patients had access to a range of rooms and equipment that supported their care and treatment.
- Patients had access to a wide range of community activities available seven days a week.
- Staff knew who their senior managers were on site and how to contact them if needed.
- Staff knew how to use the whistle-blowing process and felt free to raise any concerns.
- The hospital participated in the quality for forensic mental health services low secure network.
- The hospital had a governance process that escalated information to divisional level and cascaded it to staff on wards.

However:

- We saw that on occasions the resuscitation equipment and the automated external defibrillator was not being checked or recorded in accordance with hospital policy.
- Weekly resuscitation drills to assess that staff could transport emergency equipment to the location of a casualty and deliver defibrillation within a target time of three minutes was not being met consistently.
- The hospital policy for the use of seclusion was found not to be in line with the Mental Health Act Code of Practice in respect to medical reviews. Medical staff had not been attending the site to conduct a review in person as required.

Summary of findings

Contents

Good

Ashley House Hospital

Services we looked at

Wards for people with learning disabilities or autism;

Summary of this inspection

Background to Ashley House Hospital

Ashley House is a low secure independent mental health hospital, registered for the assessment and treatment of people detained under the Mental Health Act 1983. People admitted usually had a learning disability diagnosis and may have had a history of offending. The hospital had 46 beds spread across six wards.

- Bromley ward was a low secure ward for up to nine men with personality disorder and forensic histories. There were eight patients on the day of inspection.
- Fairoak ward was a low secure ward for up to eight women. There were eight patients on the day of our inspection.
- Lordsley ward was a low secure ward for up to eight men who had an autistic spectrum or learning disability condition. There were eight patients on the day of our inspection.
- Oakley ward was a locked rehabilitation ward for up to seven men with autism. There were six patients on the day of our inspection.
- Willowbridge ward was a locked rehabilitation ward for up to seven women. There were four patients on the day of our inspection.
- Pinewood ward was closed for refurbishment at the time of inspection.

There have been ten inspections carried out at Ashley House, the most recent of which took place on 13 October 2015. At this time, a requirement notice was raised under Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was found that resuscitation equipment at the hospital was not stored safely and inspection schedules were not present to demonstrate that staff were undertaking the necessary checks to ensure that it was in working order. During our inspection we found that the hospital had taken steps to address these concerns.

Our inspection team

Team leader: Michael Fenwick

The team that inspected the service comprised of three CQC inspectors and one specialist advisor who was a consultant psychiatrist for adults with learning disabilities.

Why we carried out this inspection

We inspected this 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 the location.

Summary of this inspection

During the inspection visit, the inspection team:

- visited five wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients.
- spoke with 13 patients who were using the service.
- spoke with both the hospital manager and deputy hospital manager.
- spoke with 30 other staff members; including doctors, nurses, occupational therapist, assistant psychologist, assistant social worker, housekeeping supervisor, senior support workers and support workers.
- attended two ward community meetings.
- looked at 13 care and treatment records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service

Following the inspection we asked other organisations for information and sought feedback from five family members/carers of patients.

What people who use the service say

Patients told us that staff were approachable, available and took time to explain things. Patients stated that staff gave them copies of their care plans and that information was presented to them in a way that they understood. Patients were aware of how to complain and two gave us examples of how staff had assisted them to complain and the outcomes of their complaint.

Two patients raised concerns that they did not always feel safe as a result of the behaviour of other patients. However, they went on to say that in these circumstances they were able to speak to staff who would help them to feel safe again. Another patient raised concerns that they disliked the unfamiliarity of agency nurses working on the ward.

Patients reported that meal choices were available and included vegetarian options, but descriptions of the food quality varied from good to bad with the majority liking the food on offer. One patient told us that with staff assistance they were able to prepare their own meals if they did not like the meal options provided.

Patients reported that a wide range of activities were available to them onsite and outside of the hospital. Patients said that these were rarely cancelled. Two patients reported that staff escorted them to weekly church services in the community.

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?

Good

We rated this service as good because:

- The hospital provided separate accommodation for male and female patients.
- All areas were clean and maintained.
- All patients had a detailed risk assessment and management plan in place.
- Staff carried out environmental risk assessments including ligature risks and infection control.
- The hospital employed recovery support workers to focus on facilitating escorted leave and activities for patients.
- Staff were trained in safeguarding and knew what to report and how to report it.
- Patients had plans in place for the management of violence and aggression.
- All staff received induction and regular ongoing mandatory training that included conflict resolution and safe physical interventions training.

However:

- We saw that on occasions resuscitation equipment and the automated external defibrillator were not being checked or recorded in accordance with hospital policy.
- Weekly resuscitation drills to assess that staff could transport emergency equipment to the location of a casualty and deliver defibrillation within a target time of three minutes was not being met consistently.
- The hospital policy for the use of seclusion was found not to be in line with the Mental Health Act Code of Practice in respect to medical reviews. Medical staff had not been attending the site to conduct a review in person as required.

Are services effective?

Good

We rated this service as good because:

- Care notes contained care plans individualised to patient's needs and staff reviewed these regularly.
- Patients were registered with a GP and staff assessed patients' physical health annually. The hospital employed a full time equivalent practice nurse to meet the physical health needs of patients.
- Patients had access to psychological therapies as part of their treatment.

Summary of this inspection

- There were regular and effective clinical review meetings that involved all necessary members of the multi-disciplinary team.
- Staff were trained in the Mental Health Act and Mental Capacity Act, and showed a good understanding and application to practice.

Are services caring?

Good

We rated this service as good because:

- We observed positive interactions between staff and patients.
- Staff were polite, caring and treated patients with dignity and respect.
- Staff recorded patients' advance decisions and included them in individual care plans.
- Staff had a good understanding the individual needs of patients and were able to report how they supported patients.
- Staff communicated with patients in a way that they could understand.
- Advocacy services were provided at the hospital and patients could access them if they wished.

Are services responsive?

Good

We rated this service as good because:

- Patients could access their beds on return from section 17 leave.
- Admissions and discharges were discussed in the multi-disciplinary team meeting and were managed in a planned and co-ordinated way.
- Patients were provided with a choice of meals and specialist diets were available.
- Patients had access to a range of rooms and equipment that supported their care and treatment.
- Patients had access to a wide range of community activities available seven days a week.

However:

- Staff reported that the rehabilitation budget funds available to them to participate in a community activity with a patient was limited and required review.

Are services well-led?

Good

We rated this service as good because:

- The hospital had taken steps to address the requirement notice issued following the inspection in October 2015.

Summary of this inspection

- Staff knew who their senior managers were on site and how to contact them if needed.
- Staff understood the whistle-blowing process and felt free to raise any concerns.
- Staff had access to courses in leadership and people management.
- Staff were able to give feedback on services through the annual staff survey.
- The hospital participated in the quality for forensic mental health services low secure network.
- The hospital had governance process that escalated information to divisional level and cascaded it to staff on wards.

However:

- Governance systems implemented for keeping equipment safe for use had not fully embedded into practice.

Detailed findings from this inspection

Mental Health Act responsibilities

Records showed that staff received training in the Mental Health Act and the Code of Practice at induction and yearly thereafter. The hospital manager told us that they have an ongoing schedule of training throughout the year with a goal of 100% compliance by December 2016. Staff that we spoke to demonstrated a good understanding of Mental Health Act principles and applications in practice.

At the time of the inspection 68% of staff had accessed training in the Mental Health Act.

We saw that consent to treatment and capacity requirements were adhered to at the hospital. Copies of consent to treatment forms were attached to medication cards and kept in good order.

Staff provided patients with an explanation of their rights under the Mental Health Act on admission and on a monthly basis thereafter. Information was provided to patients using Makaton, visual or easy-read formats. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speech. One patient was able to tell us the section they were detained under and their rights.

The hospital employed an on-site Mental Health Act administrator providing administrative support and legal advice on the implementation of the Mental Health Act. Staff that we spoke to knew how and when to contact the administrator for support.

From the records that we reviewed, we saw that detention paperwork was correctly completed, up to date and stored securely.

We saw that there were regular audits of the Mental Health Act to ensure that it was being applied correctly. This included audits of patient rights and Section 17 leave.

Independent Mental Health Act Advocacy (IMHA) was provided at the hospital by an external independent agency. We saw posters along with photos of the advocates on noticeboards around the hospital. Staff that we spoke to were aware of advocacy services and knew how to support patients to access them should they wish to.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff accessed training in the Mental Capacity Act via e-learning and training records showed that 90% of staff had completed this at the time of inspection. One of the hospital consultants was available to provide additional training as needed.

The hospital reported that there were two Deprivation of Liberty Safeguards applications made during the six months July 2015 to January 2016. At the time of the inspection, one patient at the hospital was detained under a Deprivation of Liberty Safeguards authorisation.

Staff were able to demonstrate a good understanding of the Mental Capacity Act and could apply the five statutory principles to practice.

Staff were aware of the policy on Mental Capacity Act and Deprivation of Liberty Safeguards and knew who to contact in the hospital for further information or advice. Each ward had a copy of the Mental Capacity Act 2005 Code of Practice.

We saw that staff assessed and recorded patients' capacity to consent in care records. Staff completed these assessments on a decision-specific basis with a member of the multidisciplinary team taking the lead in the assessment, for example a social worker led in the assessment of financial capacity.

We saw that staff supported patients to make decisions through active engagement and the use of visual aids

Detailed findings from this inspection

and easy-read information. Where a patient lacked capacity staff sought to make best interests decisions based on the patient's preferences, feelings, culture and information provided by relatives or carers.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.

We saw that there were audit processes in place to monitor adherence to the Mental Capacity Act.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Wards for people with learning disabilities or autism

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- The hospital site was organised to reflect the different levels of security that the services offered. There was one central reception 'control centre' for the hospital that all visitors, staff and patients had to pass through to enter and leave the clinical areas. This area was staffed and an operated an 'air-lock' system of access following property checks for restricted items. Staff reported that they and patients could experience long waits here during busy periods. The hospital managers had identified this as a potential risk of restrictive practice for patients accommodated outside of the secure area.
- Willowbridge and Oakley were wards outside of the secure area and each provided accommodation across two stories for seven patients. All bedrooms had en-suite shower and toilet facilities. Convex mirrors aided observations on stairs and a member of staff was present on the upstairs landings to observe patients. Bromley, Fairoak and Lordsley were wards within a secure area. Fairoak and Lordsley wards provided accommodation at ground floor. All bedrooms had a sink and patients could use bath and shower facilities on the ward. The ward layouts had blind spots that were managed by staff presence in communal areas at all times and the use of relational security. Staff told us that the wards provided enough space to observe and provide care to patients. The hospital manager told us that CCTV was in operation in two areas of the hospital but neither of these were recorded.
- We saw that wards had environmental risk assessments and plans in place to manage any identified risk factors. Ligature risk audits were undertaken yearly, following changes to the ward environment or a ligature incident. These audits identified places to which patients intent on self-harm might tie something to strangle themselves. Potential ligature risks were mitigated by risk management plans with measures such as staff observation and supervision of patients. The wards had ligature free bedroom furniture and bathroom fittings.
- Bromley, Lordsley and Oakley wards accommodated only male patients. Fairoak and Willowbridge wards accommodated only female patients.
- Bromley, Fairoak and Lordsley wards were within a secure area with shared access to one central clinic where the resuscitation equipment and automated external defibrillator (AED) was kept. This had improved since the inspection in October 2015 when inspectors had raised concerns that emergency equipment was not stored safely.
- We saw that staff were not checking resuscitation equipment and AED according to hospital policy. Inspection schedules demonstrated that since January 2016 staff had not checked the secure area emergency bag on nine occasions and the AED on 10 occasions. This represented a 92% completion rate. Oakley and Willowbridge wards each had their own resuscitation equipment and AED. Again, staff had not checked these according to hospital policy that stated staff check resuscitation equipment once weekly and the AED once daily. While this remained an outstanding concern it was

significant progress from our previous visit when inspection schedules could not be found and we identified that equipment checks were not being completed and recorded. In addition, the secure area emergency equipment was now stored in an accessible clinical room when previously it had been kept in an external shed. The hospital manager told us that staff now received daily emails prompting equipment checks and the practice nurse audited checks quarterly. Meeting minutes demonstrated that senior staff discussed emergency equipment and AED checks at integrated governance meetings and included it in the hospital's clinical governance report as part of patient safety.

- The hospital undertook weekly resuscitation drills to assess that emergency equipment could be transported to the casualty and defibrillation delivered within three minutes if required. Records showed that staff had carried out drills on 13 occasions since November 2015, however on five occasions staff involved had not met the target of three minutes. This meant that patients were at risk in emergencies. Staff told us that when a drill was unsuccessful the unit management devised an action plan and monitored this through integrated governance team meetings.
- Staff escorted patients to the general practice surgery to have an electrocardiogram (ECG). An ECG machine was available and proposed for use by the practice nurse on site. The hospital manager explained that this would reduce patient's anxiety about the investigation and reduce associated risks of escorting patients off site.
- At the time of inspection the seclusion suite was not in use as a result of ongoing maintenance work. The suite was within the secure area of the hospital and accessed by its own entrance. An area outside of the seclusion room allowed for further de-escalation with patients and was comfortably furnished. We saw that it had observation windows, two-way communication, bathroom facilities and access to a clock. Blind spots and sharp corners that could cause a potential injury to patients were noted in the seclusion room. This meant that the area did not meet the environmental requirements set out in the Code of Practice for seclusion. These concerns had been raised at a recent Mental Health Act 1983 monitoring visit with the hospital manager already initiating plans to address the risks of sharp corners and install convex mirrors to assist observation. Meeting minutes demonstrated that senior staff regularly discussed the requirements of the seclusion suite at integrated governance meetings.
- The hospital had a policy for the use of seclusion. The hospital manager told us that in accordance with this policy patients at risk of self harming behaviours would not routinely be secluded.
- Bromley ward used an area for intermittent seclusion of one patient that comprised of the patient's bedroom together with lounge and washing facilities. Staff told us that when the patient was secluded they had access to this whole area. Staff had put a care plan in place and it formed part of least restrictive practice for this patient. Again this area did not meet the environmental requirements set out in the Code of Practice for seclusion because of blind spots and sharp corners where patients could injure themselves. However, we saw that all the required safeguards to observe, record, and review the use of seclusion with the MDT and the patient were in place.
- All ward areas were clean and equipment well maintained. The hospital was undertaking a refurbishment project and many of the wards had been redecorated and supplied with new furniture. We saw damage to some areas of the wards because of patient incidents; staff told us that they had reported this to maintenance.
- The hospital had a local maintenance team that was able to respond to a range of needs on a daily basis. Large scale maintenance work was externally contracted. Staff told us that this company was not always responsive which negatively affected patient comfort and access to resources. The hospital manager reported that they had escalated this to a divisional risk register and service provision was under review.
- Staff carried out regular audits of infection control and prevention. Hand hygiene posters were positioned throughout the hospital. We observed staff undertaking good infection control procedures and hand hygiene to protect patients and staff against risks of infection.
- Housekeepers were on-site Monday-Friday and at weekends ward staff members were allocated cleaning tasks. Each ward had a daily cleaning schedule that required signing on completion. Housekeeping cleaning

schedules were completed and up to date but some staff cleaning schedules had not been completed. The housekeeping supervisor checked schedules monthly and recorded outcomes on a cleaning audit.
- Staff completed annual environmental risk assessments including resulting action plans.
- All staff carried personal safety alarms and nurse call systems were fitted throughout the hospital. Staff told us that personal alarms were accurate, responsive and checked at the change of each shift. This helped to ensure the safety of patients and staff. During our inspection, we witnessed staff responding appropriately to an activated alarm.

Safe staffing

- The hospital had 25 whole time equivalent (WTE) qualified nurses and 90 WTE support workers deployed across the site. At the time of the inspection, there were six vacancies for qualified nurses and seven for support workers.
- The sickness rate in the three month period October to December 2015 was 20%. We saw that staff were supported by a managing attendance and sickness absence policy. The hospital managers supported staff to return to work and referred staff to occupational therapy when needed.
- The staff turnover rate in the period January to December 2015 was 37%.
- There were 982 shifts filled by bank and agency staff because of staff sickness, absence or vacancies in the 3 months period October to December 2015. There were 208 shifts that had not been filled by bank or agency nurses as a result of staff sickness, absence or vacancies in the three month period October to December 2015. The hospital manager explained that covering shifts at short notice could be difficult because of the hospital's rural location. The senior nurse on site allocated resources from across the hospital when individual wards were short staffed.
- Agency and bank nurses were used to cover special observations, staffing shortfalls and annual leave. The hospital manager told us that they used three agencies to ensure that nurses were familiar with the hospital and patients. Agency staff received a hospital welcome pack and undertook induction shifts prior to commencing duties on wards; agency staff we spoke with told us that they had felt fully orientated to the hospital before starting work. We saw that agency staff had been booked to work future shifts and evidence that a nurse had been recruited for a three month contract with access to the online care notes system.
- Recruitment at the hospital was ongoing. The hospital manager had proposed an increase in the establishment of support workers to reduce reliance on bank and agency staff. To promote employment opportunities at the hospital staff were attending a recruitment fair at a local university.
- The hospital operated an electronic system (TARS) that provided an overview of staffing levels and skill mix across the hospital site. Using TARS the hospital manager was able to ensure an even distribution of core, bank and agency staff across the hospital site.
- Ward nurses told us that they were able to make changes to staffing levels in response to the changing needs of the ward.
- During our visit we saw that there was at least one qualified nurse on the ward at all times and this was further demonstrated by ward rotas. We observed that staff were always present in the communal areas of the wards.
- The hospital operated a primary nurse system and nurses aimed to meet one to one with their identified patients at least once a week. We saw that one to one time with patients was scheduled in to daily ward planning however, nurses told us that it was often easier to meet with patients during night shifts, there being a focus on participation in activities during the day.
- The hospital employed five recovery support workers who worked alongside ward staff and focussed on facilitating escorted leave and activities. Staff told us that the recovery support worker's role had impacted positively on patient activity and engagement particularly during the evenings.
- The hospital had three minibuses and one car available to take patients off-site.
- Staff told us that escorted leave took priority above activities and as a result was rarely cancelled because of staff shortages. Patient activities would sometimes be cancelled or postponed until staff were available. Staff reported that in these instances they would try to obtain additional staff from other wards or provide an alternative activity for patients.
- Records showed that there were enough staff to safely carry out physical interventions at the site. Specific duties for the day were displayed at reception and

individuals were informed of their responsibilities on commencing shifts. Staff told us that on occasions responding to incidents left wards short staffed, this had a negative impact on ward safety and patient engagement.

- The hospital provided facilities where staff were able to take breaks during their working hours. We saw that staff breaks were allocated on daily ward planners however, staff reported that it was sometimes difficult to take a break due to the demands of the ward. The hospital operated a 'floating' nurse system to facilitate staff breaks or we saw that staff could claim payment for the missed break.
- The hospital had two whole time equivalent (WTE) and one part time equivalent (PTE) consultants on site during working hours with out of hours provision covered by an on-call rota. Consultants had access to hospital IT systems and care notes remotely. This allowed them access to full case histories if reviewing patients out of hours. Consultants were required to respond to 'code red alerts' if on site. Staff told us that in the event of a medical emergency they would contact emergency services.
- All new staff received a two week induction which included safeguarding, Mental Capacity Act 2005 and Maybo (conflict resolution and safe physical interventions training). Mandatory training rates across the site were between 79 - 99% and included permanent and bank staff. Food hygiene stood at 43% and fire safety at 57%. The hospital manager told us that food hygiene rates included staff that did not need it for their role and required amendment. He had recently issued email reminders to staff to complete fire safety.

Assessing and managing risk to patients and staff

- The hospital used the HCR 20 as its recognised risk assessment tool. Each patient had a detailed risk assessment and management plan formulated prior to admission. This took note of previous history, risks, social and health factors.
- During the inspection we examined 13 care and treatment records. Risk assessments and care plans were specific to the assessed needs of individual patients. Plans identified how staff were to support and manage patients through the use of Positive Behavioural Support methods. The multidisciplinary team (MDT) reviewed this at least every four weeks following admission and developed the plan to reflect a patient's progress. Immediate review of risk from the MDT was available upon request from the senior nurse on duty.
- Staff told us that blanket restrictions were not used at the hospital. We saw that following individual risk assessment patients were able to have keys to their own rooms, mobile telephones and independent access to kitchen areas.
- There were 92 reported episodes of the use of seclusion in the period July 2015 to January 2016. Ninety one related to a patient on Bromley ward who made use of seclusion as a low stimulus environment and an alternative to physical restraint.
- There were 893 reported episodes of the use of restraint in the period July 2015 to January 2016. Ten were recorded as being in the prone position as initiated by the patient. Staff then turned the patient to the supine position as soon as practical and safe.
- All patients on the low secure wards were detained under the Mental Health Act. Oakley and Willowbridge wards had information to let informal patients know that they could leave the ward if they wanted to.
- The hospital had various policies in place including those for the use of observations to manage risk to patients and staff. Staff that we spoke to followed these procedures and documented outcomes in patients' records. Staff told us that patient observation levels were communicated at handovers and responsibility for doing them allocated on the daily shift planner.
- The hospital policy and procedures for the searching of patients included the use of specific documentation for the recording of personal search policy details consent, procedure and forms for recording its use. The use of personal searches was audited annually.
- The rapid tranquilisation policy followed the guidance of the National Institute for Health and Care Excellence. Patients had individual plans in place for the use of and management of rapid tranquilisation
- The hospital policy for the use of seclusion was found not to be in line with the Mental Health Act Code of Practice in respect to medical reviews. Medical staff had not been attending the site to conduct a review in person as required. The hospital manager informed us that the Huntercombe group was reviewing policies around this.

Good

Wards for people with learning disabilities or autism

- Staff reported that seclusion was covered as part of their restrictive intervention training and were aware of what practices would be deemed as seclusion. Patients had plans in place detailing when and how seclusion should be used.
- The records for seclusion were kept electronically on completion and staff knew where the paper copies were kept. Processes were in place to audit the use of seclusion and senior management discussed this at their meetings.
- Patients had plans in place for the management of violence and aggression. These included positive behavioural support plans that identified de-escalation methods to be used prior to the use of restraint. Staff were trained and updated yearly in physical restraint techniques. Staff recorded the use of restraint on incident forms and this was audited. Opportunities to de-brief and discuss experiences were provided to staff and patients following the use of restraint.
- Staff were trained in safeguarding adults and child protection procedures at induction and required to take yearly updates. Staff knew what to report and how to report it. Information on safeguarding and how to make a referral was displayed around the hospital and staff knew who to contact for further advice and guidance.
- We reviewed 33 medicine administration records across the hospital site. We found that the recording of administration was correct and complete on 29 of these cards. Pharmacy staff had identified through weekly audit omissions in the recording of medicines administration and fed this back to ward staff for action. We saw that administration records included plans on the use of 'as required' medications and the management of physical health complications.
- Medicines were safely stored and temperatures of clinical rooms and fridges were monitored daily. Staff gave patients information about their medicines in a format that they could understand. There were weekly visits and audits from a pharmacist who was also accessible via a live online system outside of visits.
- Staff were aware of and addressed physical health care issues such as falls and pressure ulcers with the assistance of the practice nurse.
- There was a policy in place for visiting the hospital and this included visits from children. As children were not allowed within the secure area, visits were encouraged to take place in the community or in The Lodge, an area outside of the secure perimeter.

Track record on safety

- The hospital reported no serious incidents requiring investigation in the period January 2015 to January 2016.
- There were 31 safeguarding concerns raised to CQC in the 12 months from January to December 2015. We saw that referrals were made to safeguarding teams, recorded and investigated appropriately.

Reporting incidents and learning from when things go wrong

- Staff reported incidents via Datix, an electronic recording system. Staff we spoke with about incidents demonstrated a good knowledge of what incidents required reporting and how to do this.
- The hospital had procedures in place to review and communicate outcomes from all reported incidents.
- Staff reported that they were open and transparent in the reporting of incidents. Interviews with family members/carers confirmed that staff informed them of incidents and provided explanations when things had gone wrong.
- Staff explained that learning from all incidents was shared in meetings, handovers and emails.
- The hospital had a policy in place to support staff following an incident and we saw evidence that this was being followed. Some support workers had received specific training to provide debrief to staff following an incident. Staff told us that debriefs happened, but sometimes there was not always enough time available to them to attend. We saw that systems were in place to support and debrief patients following incidents.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- The multi-disciplinary team (MDT) carried out assessments prior to admission and formulated a plan of care for review after 72 hours.

- We looked at care notes of 13 patients during inspection. All notes viewed contained a comprehensive assessment that had been completed during admission and then developed through the MDT review process.
- All patients were registered with a local GP surgery and the hospital employed a full time equivalent practice nurse. Staff assessed patients' physical health annually and followed the 'Welsh Health Check for Adults with a Learning Disability and on the Social Services Register '. This health check included a general physical examination, epilepsy, and lifestyle review. An electrocardiogram (ECG) was available on site and proposed for use by the practice nurse. While we saw that staff had carried out some physical health observations there was a lack of evidence that this monitoring was consistently taking place.
- Each set of care notes contained care plans individualised to patients needs that staff reviewed regularly and updated in line with changing needs. Care plans were recovery focussed and reflected best practice guidelines. Staff made copies of care plans available to patients in 'easy-read' format. The hospital had purchased a product called 'matrix maker' to convert documents into this format.
- All information was recorded on an electronic care notes systems. Staff accessed this securely with individual log-on identifications and passwords. Each patient had a paper based 'patient record' available to staff without access to 'care notes'. These records contained all the necessary information needed to care for patients and included copies of risk assessments, care plans and physical health plans. We saw that these were stored in lockable cupboards within ward offices.

Best practice in treatment and care

- The medication charts reviewed demonstrated that the National Institute for Health and Care Excellence guidance was followed when prescribing medication.
- Patients had access to psychological therapies as part of their treatment and this was demonstrated in individual care plans. This included therapies recommended by the National Institute for Health and Care Excellence (NICE).
- Each patient had an annual physical health check and health action plans that were regularly reviewed. All patients were registered with a local GP who visited the site weekly. We saw that patients were able to request to see gender specific GPs and make visits to the local surgery. The site had also recently employed a full time equivalent practice nurse who was present Monday to Friday and provided assessment of patients physical health needs. We saw that dentists and opticians were accessed as required.
- Staff assessed the nutrition and hydration needs of patients. The specific needs of patients were met with special diets and where needed staff recorded an individual's diet and fluid intake on charts. Staff weighed patients weekly.
- The hospital used the Health of the Nation Outcome Scales and Outcomes Scale (HoNOS) in learning disabilities as clinical outcomes measures. Staff recorded patients' progress in clinical notes.
- Staff participated in a range of clinical audits to monitor the effectiveness of the service provided. Audits included infection control, medicines management, care plans and risk assessment.

Skilled staff to deliver care

- Patients had access to a range of mental health disciplines. The hospital employed two full time and one part time psychiatrist, two psychologists, three psychology assistants, two occupational therapists, two occupational therapy assistants and one practice nurse. The wider multi-disciplinary team (MDT) included speech and language therapists, recovery support workers, a teacher and a pharmacist visited the site weekly. Ward staff included RNLD's (registered nurses learning disabilities) and support workers.
- Staff held the necessary qualifications for their roles. We saw that newly appointed staff had access to shadowing opportunities and there were preceptorship packages for newly qualified nurses.
- Staff completed a two week induction programme which included safeguarding and physical restraint training. Support workers were assisted to complete the Care Certificate within 12 weeks of starting their employment. Agency staff reported that they were able to shadow experienced staff for one shift prior to commencing duties on wards. Staff told us that they had felt fully orientated and had been given the chance to familiarise themselves with patients before starting work.
- The hospital had policies in place for the processes of supervision and appraisal. Staff participated in

supervision once every eight weeks and the average rate of staff participation was 77% in the 12 months to March 2016. Staff were appraised annually with an average rate of 63% in the same period. We saw that the outcomes of these processes were recorded accordingly to policy. Ward staff teams met regularly and the larger hospital team met twice yearly.

- Staff told us that they were supported to attend specialist training appropriate to their roles. This included learning disability training, personal behaviour support training and leadership courses. Some staff felt that autism specific and Makaton training should also be made routinely available to them.
- We saw that there were policies in place to manage staff performance and discussions with the hospital managers demonstrated that these were effectively implemented when needed.

Multi-disciplinary and inter-agency team work

- Staff reported that the hospital had regular and effective clinical review meetings that involved MDT members working with the patient. Relatives or carers were invited to these meetings or their views sought to inform the meeting in the event of them being unable to attend. The system of review in place at the hospital meant that each patient would be formally reviewed at least once every four weeks. The electronic care record contained an MDT review form that was available to staff to update prior to the meeting.
- Effective handovers took place at the change of each shift. We saw that every patient received a 24 hour handover report that included information on observation levels, incidents and physical health. This information was emailed to inform discussion at the daily morning MDT, the outcomes of which were emailed to staff on wards.
- Staff reported effective working relationships between members of the MDT. This had been further improved with the re-deployment of MDT members to wards. Members of the MDT met daily for a morning meeting where patient care was reviewed and outcomes communicated to staff verbally or by e-mail.
- Staff reported good working relationships with the local GP who attended the hospital weekly. The hospital practice nurse accompanied the GP during visits and accompanied patients to hospital appointments to ensure clarity in reported outcomes. A pharmacist visited the wards weekly to audit medications management.

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

- Records showed that staff received training in the Mental Health Act and the Code of Practice at induction and yearly thereafter. The hospital manager told us that they have an ongoing schedule of training throughout the year with a goal of 100% compliance by December 2016. Staff that we spoke to demonstrated a good understanding of principles and applications in practice. At the time of inspection, 68% of staff had accessed training in the Mental Health Act.
- From the records reviewed, we saw that detention paperwork was correctly completed, up to date and stored securely. We also observed that consent to treatment and capacity requirements were adhered to at the hospital. Copies of consent to treatment forms were attached to medication cards and kept in good order.
- Staff provided patients with an explanation of their rights under the Mental Health Act on admission and on a monthly basis thereafter. Information was provided to patients using Makaton, visual or easy-read formats. One patient spoken to was able to tell us the section they were detained under and their rights.
- The hospital employed an on-site Mental Health Act administrator providing administrative support and legal advice on the implementation of the Mental Health Act. Staff that we spoke to knew how and when to contact the administrator for support.
- We saw that there were regular audits of the Mental Health Act to ensure that it was being applied correctly. This included audits of patient rights and Section 17 leave.
- Independent Mental Health Act Advocacy (IMHA) was provided by an external independent agency. We saw posters along with photos of the advocates on noticeboards around the hospital. Staff we spoke with were aware of advocacy services and knew how to support patients to access them should they wish to.

Good practice in applying the Mental Capacity Act

Good

Wards for people with learning disabilities or autism

- Staff accessed training in the Mental Capacity Act via e-learning and training records showed that 90% of staff had completed this at the time of inspection. One of the hospital consultants was available to provide additional training as needed.
- The hospital reported that there were two Deprivation of Liberty Safeguards applications made during the six months July 2015 to January 2016. Deprivation of Liberty Safeguards applications were made when required. One patient at the hospital was detained under a Deprivation of Liberty Safeguards at the time of inspection.
- Staff were able demonstrate to demonstrate a good understanding of the Mental Capacity Act and could apply the five statutory principles to practice.
- Staff were aware of the policy on Mental Capacity Act and Deprivation of Liberty Safeguards and knew who to contact in the hospital for further information or advice. Each ward had a copy of the Mental Capacity Act 2005 Code of Practice.
- We saw that staff assessed a patients capacity to consent and recorded this appropriately in care records. Staff did these assessments on a decision-specific basis with a member of the MDT taking the lead in the assessment, for example a social worker led in the assessment of financial capacity.
- We saw that staff supported patients to make decisions with the use of active engagement, visual aids, and easy-read information. Where a patient lacked capacity staff sought to make best interests decisions based on the patients preferences, feelings, culture and information provided by relatives or carers.
- Staff we spoke with understood and where appropriate worked within the Mental Capacity Act definition of restraint.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- We observed good interactions between staff and patients. Staff spoke to patients clearly, respectfully and used communication methods appropriate to a patients needs such as Makaton. Staff showed a desire to support patients and treated them with dignity and respect.
- Patients told us that staff were available to talk to, explained things in a way that they could understand and encouraged them to use positive coping strategies. Patients were able to talk to staff if they were not feeling safe and staff would try to calm a situation before using a physical intervention.
- Relatives told us that that staff were helpful, caring, and communicated well. Two relatives described how staff had taken time to build a good relationship with their family member and know their risk warning signs well. One relative reported that they had experienced communication difficulties with the hospital team and telephone messages were rarely returned.
- Staff showed that they could understand the individual needs of patients and were able to describe how they supported patients with complex needs. Relatives told us that they believed that staff were well trained to meet the needs of patients.
- There were no PLACE (Patient-led Assessments of the Care Environment) survey scores available for the hospital, but patients were being trained to lead PLACE assessments in the future.

The involvement of people in the care they receive

- Patients were assessed prior to admission and a care plan put in place before their arrival. Staff told us that patients received one-to-one observations for the 24 hours following admission and were allocated a 'buddy' to help support and orientate them to the hospital. We saw that staff gave patients a personal file containing easy-read information leaflets and care plans that they were able to keep in their bedrooms if they wished.
- Staff involved patients in their care planning, risk assessment and clinical reviews. This was evident from our review of care records, observations of practice and interviews with patients and their relatives. Information was provided in a way that patients were able to understand and patients were supported to prepare for review meetings through the development of 'My MDT Review' forms. These forms captured the patient's views in relation to activities, health, medication and any other issues they wanted to discuss. Patients were able

to have copies of their treatment and care plans if they wished to. Outcomes of meetings were communicated either verbally or in writing to family members and carers.

- An independent advocate was on site four days a week and staff were aware of how to access advocacy services for patients. Posters along with photos of the advocate were visible around the hospital and the advocate made daily visits to wards. An external agency provided advocacy specific to the Mental Health Act.
- Interviews with family members and carers confirmed that they were involved in and happy with patient care at the hospital. They told us that staff invited them to meetings and their views listened to and taken in to account. Staff offered copies of patients care plans to family members and carers.
- We attended community meetings on Lordsley and Willowbridge wards. Patients discussed menu choices, activity planning and care of the ward environment. Lordsley ward patients discussed their own 'ward rules to help live better together'. Staff minuted meetings in easy-read format and displayed them on notice boards.
- The hospital ran a patient led group 'Noise, Voice, Choice' to help patients get involved in decisions about the service. The site teacher provided assistance and posters promoting the group were visible around the hospital. The hospital advocate also completed a 'Friends and Family Test' monthly with patients and results were displayed around the hospital in easy-read format. Staff told us that interview panels included a service-user representative.
- We saw evidence that some patients had provided advance statements. These recorded the patients' views about managing challenging behaviours and informed the plans that guided their care.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

- Average bed occupancy across the five wards was 80% for the six months from July 2015 to January 2016.
- The average length of stay varied across the site from 1.3 years on Oakley to 4.4 years on Bromley. Willowbridge's average stay of 2.5 months was because of only having opened in October 2015.
- Most of the patients were out of area placements and included patients from Wales. Patients had regular care and treatment reviews.
- Patients could access their beds on return from section 17 leave.
- The hospital had developed clear patient pathways from low security to locked rehabilitation environments. The multi-disciplinary teams (MDT) worked across these pathways to ensure a consistent treatment approach over the whole pathway.
- A doctor and senior member of the nursing team assessed referrals to the hospital within 48 hours of receipt. The MDT discussed and managed all admissions and discharges in a planned and co-ordinated way.
- Hospital staff contacted commissioners to find a more suitable placement when a patient's needs could no longer be accommodated there.
- The hospital reported that there was one delayed discharge between July 2015 and January 2016. This delay was due to the necessity to wait for a bespoke community package as highlighted in the patient's care and treatment review.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had rooms where patients could watch TV, sit quietly and relax or engage in therapeutic activities. We saw damage to communal rooms in some areas, staff reported that this had been reported and was waiting for attention from maintenance. Staff reported that patient accessible rooms had been reduced since moving MDT staff on to wards areas. Within the secure area patients had access to a sports hall, a common room containing pool table and computer terminals with internet access, a small snack shop, an art room, and an occupational therapy kitchen.

Good

Wards for people with learning disabilities or autism

- There was a well-equipped clinic room serving the wards within the secure and each ward had a smaller clinic area for medication management and first-aid equipment. Willowbridge and Oakley both had their own clinic and equipment.
- Staff reported that visiting rarely took place on the wards within the secure area. The family room or sports hall was available for visiting in this area and provided privacy for patients and their visitors. We were told that where possible visits were encouraged to take place in community settings or at family homes.
- Staff told us that some patients were able to have their own mobile phones following a specific risk assessment. For others the ward's mobile telephone could be made available and used in private areas of the ward if the patient wished.
- Within the secure area patients had access to a central, well maintained garden area and smoking shelter. Additional outdoor activity areas for patients included football pitch, sensory garden and a 'pets corner' for which patients provided care. Willowbridge and Oakley accessed their own patio areas directly from the ward.
- Food was prepared on-site and the hospital had been awarded a food hygiene rating of 'five' by the Food Standards Agency in March 2015. This was the top rating and meant that hygiene standards were very good. We saw that food choices were available to patients and included healthy, vegetarian and cultural/religious options. Menus were presented in easy-read format and patient preference sought. Patients were able to participate in a breakfast club and food choices for this were determined at ward community meetings.
- Patients had access to hot drinks and snacks at any time throughout the day. Willowbridge and Oakley wards operated a system of open access to kitchen areas reflect patients' progress in their level of independence. Wards within the secure area had kitchens accessed subject to individualised risk assessment and staff escort. In these areas easy-read posters were visible to prompt patients to ask for drinks.
- All patients had their own bedroom and staff told us that patients were able to personalise these according to their risk assessment. We viewed bedrooms personalised by their occupants that included artwork, televisions, and entertainment equipment.
- Staff completed inventories of patient's possessions at admission and up-dated this throughout their stay. Some items could be stored in ward office areas or there was a secure storage area for additional items on site. Following a risk assessment, some patients were able to have keys to their bedrooms.
- There was a wide range of activities offered to patients seven days a week and patients had individualised easy read timetables developed. There was a focus on independent living and recovery skills during the week and a greater focus on leisure at weekends. Activities utilised resources at the hospital site and there was a strong focus on community activities including walking, golf and horse riding. Leave authorised under section 17 of the Mental Health Act 1983 was structured well which meant that patients could access a range of activities. Occupational therapy staff and recovery support workers were employed as supernumerary to ward staff and available to facilitate activities during the evening. Staff reported that this had impacted positively to reduce the number of patient incidents during the evening. Staff reported that the money available to them to participate in a community activity with a patient was limited and required review. As a result, a patient was at risk of not experiencing the full therapeutic benefit of an activity or staff were required to make additional financial contributions themselves.

Meeting the needs of all people who use the service

- The hospital provided accommodation at ground floor level on Bromley, Fairoak, Lordsley and Willowbridge wards. Further adaptions for patients with physical disability and mobility issues had been made on Fairoak ward by purchasing bariatric furniture for a bedroom and dining room. On Bromley ward self-care aids to support personal hygiene were in place along with additional hand rails to the stairs. The hospital also had a portable ramp that fitted all doors to enable wheelchair access and doors that double opened to widen entrances.
- The unit had information leaflets in an easy read and picture format. Staff told us that leaflets in other languages could be made available when needed.
- Patients and their families were provided with information leaflets that were specific to the service provided. Patients had access to relevant information in

an easy read format which was useful to them and included medication, conditions, advocacy, patient's rights and complaints procedures. Staff used a variety of communication tools to help individuals communicate their needs. These included the use of Makaton, pictures, objects of reference and photographs. Staff and patients were also supported by two speech and language therapists.

- Interpreting services were available when needed to meet the needs of people who did not speak English well enough to communicate when receiving care and treatment. These were obtained from an external service.
- The hospital offered and supported patients with the choice of food they wanted to meet their dietary needs. Menu choices were available for religious or cultural needs including Halal or Kosher products. These could be adapted enable patients to eat at their preferred times during specific religious festivals such as Ramadan.
- Patients were supported to meet their spiritual needs. A quiet room was available which included the necessary items for worship from a range of faiths. An arrow indicating the direction of Mecca was visible. Details of religious services were provided on a poster in the patient activity area. Services could be provided onsite or patients could attend community services following risk assessment. Two patients told us that staff escorted them to church services locally.
- The hospital reported receiving 37 complaints since June 2015 of which 17 were 'upheld'. None of the complaints were referred to the Independent Sector Complaints Adjudication Service (ISCAS) and none of the complaints were referred to the Ombudsman.
- Information on how to make a complaint was displayed on all wards and around the hospital. Patients felt that they could raise concerns with staff anytime. Families and carers told us that they were able to raise any concerns and complaints freely.
- Patients knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to and help them.
- Staff reported they tried to resolve patients and families concerns informally at the earliest opportunity. We observed that staff responded appropriately to a patient raising concerns and supported them in making a complaint. Staff were aware of the formal complaints process and knew how to support patients and their families when needed.
- Discussion with staff and records observed showed that any learning from complaints was shared with the staff team through the handovers, staff meetings, and emails.

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

Good

Vision and values

- Staff we spoke with were aware of the hospital's values and principles and these were also displayed around the hospital.
- Senior managers had a clear local vision for the hospital that included working co-operatively with other service providers in the area and improving patient led recovery and involvement.
- Staff stated they knew who their senior managers were and reported that they were easily available by telephone or radio on site. While staff agreed that senior managers were visible around the hospital some felt a need for them to visit ward areas more frequently.
- The hospital undertook events including concerts and barbecues to promote the hospital's visions and values. Staff and patients invited family members and carers to attend these.

Good governance

- The hospital had taken steps to address the requirement notice issued following the inspection in October 2015. Emergency equipment was now securely stored in a clinical room and inspection schedules were available for review. The governance systems to ensure emergency equipment was checked had not yet fully embedded into practice. This meant that staff were not always checking resuscitation equipment and the automated external defibrillator in line with hospital policy. The hospital manager told us that staff now received daily emails prompting checks and the practice nurse audited checks quarterly. Meeting minutes

demonstrated that senior staff regularly discussed emergency equipment and AED checks at integrated governance meetings and included it in the hospital's clinical governance report as part of patient safety.

- The hospital was undertaking necessary maintenance work to ensure that areas used to seclude patients complied with the Mental Health Act Code of Practice. We had found that patients were at risk of harm from sharp corners and blind spots where staff could not observe them. The hospital manager had initiated maintenance work to address the risks of sharp corners and install mirrors to assist staff to observe patients in these areas. Meeting minutes demonstrated that senior staff regularly discussed the requirements of the seclusion suite at integrated governance meetings.
- The hospital policy for the use of seclusion was found not to be in line with the Mental Health Act Code of Practice in respect to medical reviews. Medical staff had not been attending the site to conduct a review in person as required. The hospital manger told us that the Huntercombe Group was reviewing the relevant policies.
- The corporate DATIX lead sent out a monthly report to all staff. This included information on safeguarding, incidents, lessons learnt and training. DATIX, an electronic data system, fed into the clinical governance board and used to make changes to practice.
- The hospital manager described governance process that escalated information to divisional level and cascaded it to staff on wards. This included the ratification of policies, additions to training schedules and the circulation of information by email.
- We saw that staff participated in supervisory practices and received appraisals. The hospital manager discussed hopes to introduce staff progression through an identified salary scale linked to the system of appraisal.
- The hospital had ongoing recruitment processes in place to increase the numbers of substantive staff working on site. The hospital managers took steps to ensure an even distribution of existing core, bank, and agency staff across the hospital site.
- Charge nurses reported that they held sufficient authority to manage wards and received support from administration staff. They also said that they felt able to raise concerns and escalate these to the hospital's risk register when required.

Leadership, morale and staff engagement

- The hospital manager discussed one ongoing incident of bullying in the organisation. This had been escalated in line with policy to the human resources department locally and at a corporate level.
- The hospital provided a confidential whistle-blowing process called 'Safecall'. Details of this were displayed on staff identification cards and posters around the hospital. Staff told us that they were aware of the process and that they felt free to raise concerns and that these would be listened to.
- Staff told us that they supported each other within the team and that overall morale was good. Staff identified the relocation of MDT members directly on to wards as an improvement to team working. Staff reported that they were able to raise ideas about changes or improvements to practice and processes were in place to take these forward for approval by managers.
- Senior staff members reported that the hospital had supported them in leadership development through attendance at leadership and people management courses.
- Staff told us that teams supported each other and worked well together. Our observations during the inspection confirmed this. Staff particularly spoke of the benefits to team work achieved by re-locating multi-disciplinary team members to the wards.
- Staff were open and transparent when things went wrong. Incidents were notified and explained to patients, family members and carers, and care managers.
- Staff were offered the opportunity to give feedback and input into service developments through the annual staff survey and an organisational initiative 'Conversation Into Action'.

Commitment to quality improvement and innovation

- Ashley House submitted their Assurance Framework document that referred to the CQC domains of safe, effective, caring, responsive, and well led.
- The hospital participated in the quality for forensic mental health services low secure network. The services

within the network peer reviewed other services against the low secure standards to measure the quality of the services provided nationally. The hospital manager told us that the next review for the hospital was in April 2016.

- Oakley ward was undertaking accreditation with the National Autistic Society. The standards set for this accreditation helped to ensure that services provided met the needs of people with autistic spectrum disorder.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that kits and equipment used for an emergency are checked at appropriate times and recorded clearly without omissions.