

# Healthlinc House

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



#### Mental Health Act responsibilities and Mental Capacity Act 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

Overall we rated Healthlinc House as requires improvement because:

- there were 58 instances of missed signatures against some prescribed medications, meaning we could not be assured patients had been given their medication as prescribed
- the use of agency staff was high and staff and patients said agency staff did not always understand the specific needs of the patients
- cleaning fluids were not securely stored in line with the Control of Substances Hazardous to Health Regulations 2002
- the automated external defibrillator and suction machine were not serviced on a regular basis
- in the seven care records reviewed, one patient's record did not contain a completed risk assessment
- only two records seen showed that patients had a physical healthcare check completed by the doctor on admission
- support staff told us that outcomes from multidisciplinary team meetings and contents of patients' risk assessments were not communicated to them

- 23% of staff had not received supervision within the past three months
- 33% of staff had not received an annual appraisal within the past twelve months

However:

- the environment was clean and tidy, in a good state of repair, suitable for care and treatment, and risk assessed
- robust systems enabled staff to report incidents
- patients' needs were assessed and care and treatment was planned to meet identified needs
- patients received regular one to one time with their named nurse and there was evidence of this in the care records
- staff appeared kind with caring and compassionate attitudes, and engaged with patients in a kind and respectful manner
- activities were available for patients' specific needs, including arts and crafts, cooking, big breakfast club and trips out

# Summary of findings

## Contents

	Page
<b>Summary of this inspection</b>	
Background to Healthlinc House	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
<hr/>	
<b>Detailed findings from this inspection</b>	
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Overview of ratings	9
Outstanding practice	17
Areas for improvement	17
Action we have told the provider to take	18

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Requires improvement 

# Healthlinc House

We looked at wards for people with learning disabilities or autism.

# Summary of this inspection

## Background to Healthlinc House

Healthlinc Individual Care Limited provides a specialist service for men and women with a learning disability and associated complex conditions at Healthlinc House in Welton, Lincolnshire.

This service is registered to provide the regulated activities of treatment of disease, disorder or injury, and assessment or medical treatment for persons detained under the Mental Health Act 1983.

Healthlinc House registered with the CQC on 01 October 2010 and has been previously inspected by the CQC on five occasions.

There is a registered manager and nominated individual for the service.

Healthlinc House can accommodate a maximum of 25 patients. The layout of the premises consists of eight apartments providing accommodation for between one and six patients in each. Each apartment provides single sex accommodation.

During our inspection, there were 16 patients receiving care and treatment. Fifteen patients were detained under the Mental Health Act 1983 and one patient was subject to Deprivation of Liberty Safeguards (part of the Mental Capacity Act 2005, where patients receive care in a way that does not inappropriately restrict their freedom).

## Our inspection team

Team leader: Sean Nicholson, inspector, CQC, mental health

The inspection team for this core service consisted of:

- a CQC inspection manager
- three CQC inspectors
- a specialist advisor (mental health nurse)
- Mental Health Act reviewer

- an expert by experience who had personal experience of using services of this type or caring for someone who uses services of this type.

The team would like to thank all those who met and spoke with the inspectors during the inspection for sharing their experiences and perceptions of the quality of care and treatment at the hospital.

## 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 visiting, we reviewed a range of information we hold about Healthlinc House.

During the inspection visit, the inspection team:

- visited the eight apartments within Healthlinc House and looked at the quality of the environments and observed how staff were caring for patients
- spoke with nine patients who were using the service

# Summary of this inspection

- collected feedback from five patients, two visiting professionals and three staff members, using comment cards
- spoke with the clinical nurse manager and the registered manager
- spoke with 11 other staff members, including nursing and support staff, the compliance and quality manager, locum consultant psychiatrist, consultant psychologist and service director
- looked at 16 medication charts
- looked at seven patients' care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

Seven patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring. However, two patients said this was not the case. One patient was particularly critical of some agency staff but they did praise the work of the permanent staff, who had been employed, in the longer term, at Healthlinc House. The patients told us they knew how to make a complaint.

We received mixed feedback from the patients about their involvement in the care they received. Two patients

told us they were involved in planning their care but did not feel the care matched their care plan. The remaining seven patients we spoke with confirmed they had been involved in the care planning process.

Patients told us they had opportunities to keep in contact with their family, where appropriate.

Patients told us that there was a good amount of activities taking place.

Patients said the food was good and confirmed they had access to hot drinks and snacks 24 hours a day, seven days a week.

# 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 rated safe as requires improvement because:

- there were 58 instances of missed signatures against some prescribed medications, meaning we could not be assured that patients had been administered their medication as prescribed
- the use of agency staff was high and staff and patients said agency staff did not always understand the specific needs of the patients
- cleaning fluids were not securely stored in line with the Control of Substances Hazardous to Health Regulations 2002
- the automated external defibrillator and suction machine were not serviced on a regular basis
- in the seven care records reviewed, one patient's record did not contain a completed risk assessment

However:

- the environment was clean and tidy, in a good state of repair, suitable for care and treatment, and risk assessed
- robust systems enabled staff to report incidents

Requires improvement



### Are services effective?

We rated effective as requires improvement because:

- only two records sampled showed that the doctor had completed a physical healthcare check for patients on admission
- support staff told us that outcomes from multidisciplinary team meetings and contents of patients' risk assessments were not communicated to them
- 23% of staff had not received supervision within the past three months
- 33% of staff had not received an annual appraisal within the past twelve months.

However:

- patients' needs were assessed and care and treatment was planned to meet identified needs
- patients received regular one to one time with their named nurse and there was evidence of this in the care records

Requires improvement



### Are services caring?

We rated caring as good because:

Good



# Summary of this inspection

- staff appeared kind with caring and compassionate attitudes, and engaged with patients in a kind and respectful manner
- staff were visible in the communal areas and attentive to the needs of the patients
- the majority of patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring staff had clearly recorded patients' views in their care plans

## Are services responsive?

We rated responsive as good because:

- there were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access
- activities were available for patients' specific needs, including arts and crafts, cooking, big breakfast club and trips out
- patients we spoke with knew how to make a complaint and staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns
- there were a number of vacant beds available for admission of patients
- patients were fully involved in the planning of their discharge from Healthlinc House

Good



## Are services well-led?

We rated well-led as good because:

- governance committees and mechanisms were in place which supported the safe delivery of the service
- incidents were reported through the provider's paper-based incident reporting system
- the provider had plans to develop the service and there was evidence of progress in achieving these plans
- the provider gathered patients' views through service user surveys. These results were analysed by the senior management and improvements were made

Good



# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the trust.

98% of staff had received training in the MHA. Staff received training at induction and annually thereafter.

15 patients were detained under the MHA on the day of our inspection. There was a clear process for scrutinising and checking the receipt of MHA documentation on the units.

MHA documentation, relating to the consent and administration of medication, the T2 (certificate of consent to treatment) or T3 (certificate of second opinion) forms, were attached to the patients' medication charts.

## Mental Capacity Act and Deprivation of Liberty Safeguards

98% of staff had received training in the Mental Capacity Act 2005 (MCA). Staff received training at induction and annually thereafter. When we spoke with staff, they demonstrated a basic knowledge about the MCA and Deprivation of Liberty Safeguards (DoLS).

One patient was receiving care and treatment under DoLS (part of the MCA, where patients receive care in a way that does not inappropriately restrict their freedom).

## Overview of ratings

Our ratings for this location are:

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

# Wards for people with learning disabilities or autism

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

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

Requires improvement 

### Safe and clean environment

- The accommodation was clean and tidy, in a good state of repair, and offered an environment suitable for care and treatment. The layout allowed staff to observe most parts of the apartments. However, we did observe some blind spots, where staff might not easily observe patients. The number of staff on duty to ensure safe observation reduced this risk.
- The provider completed environmental risk assessments for the premises and updated them regularly.
- During our tour of the premises, we found two containers of disinfectant stored in a bathroom. These were not securely stored in line with the Control of Substances Hazardous to Health Regulations 2002. As a result, a patient could have accessed the fluids and caused harm to themselves with the disinfectant. Staff did not lock the bathroom at all times. We immediately drew this to attention of a senior manager who arranged for the fluids to be securely stored.
- We found a bolt lock on the inside of one bathroom door. This meant that patients could lock themselves in a bathroom and staff would be unable to gain immediate access in an emergency. We drew this to the attention of a senior manager who confirmed the lock would be removed and a suitable alternative found.
- Each apartment provided accommodation for either male or female patients. There was no mixed sex sleeping accommodation. Communal areas within the building allowed male and female patients to socialise, under the supervision of staff.
- Staff completed ligature risk assessments and updated these when necessary. There were a number of ligature points within the apartments, particularly in bathrooms. These included, for example, grab rails, taps and door closures. Control measures in place, to minimise the risk to patients, included the use of staff observations. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks, increasing their observation level as needed. Ligature cutters were available and accessible in the event of an emergency.
- There were call bells in sleeping areas, bathrooms and shower rooms for patients to use to get help if needed.
- There were no seclusion facilities at Healthlinc House.
- The provider had infection control practices and staff had access to protective personal equipment, such as gloves and aprons. Training records showed 98% of staff had received training in infection prevention and control.
- There was a fully equipped clinical room on each of the units. Medicines were stored securely. Staff kept records of daily checks of room and fridge temperatures. Temperatures were within the required range.
- We looked at 16 medicine administration records. Overall, appropriate arrangements were in place for recording the administration of medicines. However, we found 58 instances of missed signatures against some

# Wards for people with learning disabilities or autism

prescribed medications. We could not be assured that patients had been given their medication as prescribed. The provider recorded patient allergies to medications on their medication administration record.

- Staff checked the resuscitation equipment daily. However, the automated external defibrillator and suction machine were not serviced on a regular basis. Staff described how they would use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies.
- Outdoor areas provided a spacious area for patients to access fresh air.
- Staff carried personal alarms to call other staff in an emergency.

## Safe staffing

- The service relied heavily on agency staff to fill the shifts, which both patients and staff commented on. In the three months before our inspection bank or agency staff filled 1050 shifts and the service could not get staff to fill 82 shifts. The staff duty rotas for these three months showed staff levels were safe, though included agency staff.
- Agency staff underwent a basic induction, including orientation to the units. The induction included emergency procedures such as fire and a handover about patients and current risks. Patients told us that there were always staff available.
- A senior manager told us they could adjust staffing levels daily to take into account increased clinical needs. For example, increased level of observation or patient escort. Some requested hours were due to short and long term staff sickness, and vacancies.
- Nine staff had left in the previous 12 months. Healthlinc House currently had a vacancy rate of 23% for registered nurses and 31% for support workers. We were told that recruitment to vacant positions was ongoing and a number of new staff had recently been appointed.
- The average staff sickness, from the previous 12 months, was 5%. The provider had processes in place to manage staff sickness.
- Staff were required to attend a variety of mandatory training courses. These included courses in basic and intermediate life support, manual handling, infection control, risk assessment and information governance. Training records showed that 98% of staff had attended their mandatory training.

## Assessing and managing risk to patients and staff

- There were 733 incidents of use of restraint in the six months prior to our inspection. Of these, no patients were restrained in the prone position (when a patient held in a face down position on a surface and is physically prevented from moving out of this position). Staff said they were trained to use prone restraint only when necessary and for the shortest possible period. Staff were working towards reducing the use of restraint as recommended in the guidelines 'Positive and Proactive Care' produced by the Department of Health in 2014. Records confirmed the use of restraint was reducing. Staff recorded each incident of restraint using the provider's paper-based incident reporting system. The recording included, for example, incidents where a patient was gently guided from a door. Incidents were reviewed and investigated where necessary, and signed off by the registered manager.
- 90% of the staff working within Healthlinc House had received training in physical intervention (patient restraint).
- In six of the seven care records reviewed, patients had individualised risk assessments, which formed part of their individual care plan. However, one patient did not have a risk assessment present. The risk assessments were up to date and reflected the patient's current risks. Staff told us that measures were put in place to ensure that any risk was managed.
- Support staff expressed concern that they were not always aware of the content of patients' risk assessments.
- 98% of staff had completed safeguarding vulnerable adults training. Staff could describe what actions could amount to abuse. They were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. Staff discussed potential safeguarding concerns at the team meetings and we saw posters providing information about safeguarding for staff and patients. The provider had comprehensive and up to date policies and procedures in place in relation to safeguarding adults and children.

## Track record on safety

- In the six months prior to our inspection, there were 423 reported incidents, which the senior management had reviewed to reduce the risk of reoccurrence.

# Wards for people with learning disabilities or autism

- The incidents related to violence and aggression, self-harm, property damage and patient absconson.
- Senior managers discussed incidents daily and implemented plans to reduce the risk of reoccurrence.

## Reporting incidents and learning from when things go wrong

- Staff described the paper-based system to report incidents and their role in the reporting process. Staff had access to sufficient quantities of incident forms to enable them to report and record incidents and near misses.
- Staff described various examples of serious incidents that had occurred within Healthlinc House. There were monthly clinical governance meetings which included a discussion of potential risks relating to patients, and how these risks should be managed.
- A senior manager told us how they provided feedback in relation to learning from incidents to the staff. Staff meeting minutes confirmed this.

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

Requires improvement 

## Assessment of needs and planning of care

- Staff reviewed patients' needs and care. Care and treatment was planned to meet identified needs. We looked at seven care records. Six records contained up to date care plans that gave information to staff about how best to care for the patient. The overall quality of the documentation in the care plans was good. Staff wrote care plans from the patients' point of view, however not always in a style or language that the patient would easily understand, though there were some easy-to-read care plans present.
- The care plans were detailed, individualised to the patients' needs and showed the patients' involvement in the care planning process. However, staff were still following one care plan from the patient's previous hospital.

- An electronic and paper-based record system operated across the service. Information on the electronic system, such as care plans and risk assessments, were printed off and placed in the paper-based files.
- Only two records showed that the doctor had completed a physical healthcare check on admission. A further five records did not indicate that a full physical health examination had taken place on admission. However, a full physical health examination had been carried out at a later date.

## Best practice in treatment and care

- Patients received regular individual time with their named nurse and there was evidence of this in the care records. Psychologists developed individual therapy plans with patients.
- Multidisciplinary team meetings provided opportunities to assess whether the care plan was achieving the desired outcome for patients. The multidisciplinary team meeting took place three times a week. Patients were seen on a rota basis. At a minimum, each patient would be seen on a three weekly basis.
- A range of nationally recognised outcome tools were used, such as the life star (a tool for supporting and measuring change when working with people) and Health of the Nation Outcome Scales for people with learning disabilities (HoNOS LD) used for measuring the problems a patient has and the effect of the care provided.
- Ongoing monitoring of physical health problems was taking place for six of the seven patients. This was carried out by the local doctors' surgery. The care records included a care plan which provided staff with clear details of how to meet patients' physical care needs.
- Staff referred patients for physical healthcare, such as dentistry and podiatry, when required.
- The provider monitored and audited outcomes for patients receiving care and treatment. These included the monitoring of key performance indicators such as length of stay and the use of restraint.

## Skilled staff to deliver care

- New permanent staff underwent a formal induction period. Records showed that all staff had completed this. This involved learning about the service, policies and procedures, and a period of shadowing existing staff before working alone.

# Wards for people with learning disabilities or autism

- Managers told us that agency staff underwent a basic induction including orientation to the units, emergency procedures such as fire and a handover about patients and current risks.
- Staff told us they would like training related to the specific conditions and needs of the patients in their care. One member of staff commented that the training in challenging behaviour could be improved.
- We saw examples of completed supervision records. 77% of staff had received supervision within the past three months. The provider's standard for the frequency of supervision was three monthly.
- 67% of staff had received an appraisal. Staff told us that they had an up to date appraisal and personal development plan in place at the time of our inspection. The provider's standard for the frequency of appraisal was annually.
- Staff told us that they received support and debriefing from within their team following serious incidents. However, they said that such a debriefing could take place sometime after the incident.
- Staff told us there were regular team meetings and they felt supported by their peers and immediate managers. We saw team meeting minutes. Staff also told us they enjoyed good team working as a positive aspect of their work.
- A senior manager explained that staff performance issues, when identified, were addressed promptly and effectively.
- There was a psychiatrist, psychologist, assistant psychologist, occupational therapist and activities co-ordinator working at Healthlinc House, in addition to the nursing and support staff, and managerial and administrative staff.

## Multi-disciplinary and inter-agency team work

- Support staff expressed concern that the outcome of the multidisciplinary team review was not communicated with them. One member of staff told us that they can be the person who spends the most time with the patient but their opinion was not sought.
- The consultant psychiatrist was on annual leave at the time of inspection. A locum, or temporary, consultant psychiatrist was covering their absence and was present at the time of our inspection. They had received a

comprehensive handover of each patient, including current needs and risks. We saw good interactions between the nursing staff and the locum consultant psychiatrist.

- Staff invited representatives from community teams to attend the multidisciplinary meetings. These representatives attended, as necessary.

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

- Systems were in place to ensure compliance with the Mental Health Act 1983 (MHA) and adherence to the guiding principles of the MHA Code of Practice.
- Fifteen patients were detained under the MHA on the day of our inspection. The provider had a clear process for scrutinising and checking the receipt of MHA documentation. We found that there were some detention papers missing from the paper-based care records in the nursing office. However, the MHA administrator was able to locate these in their office, and made copies for the care records whilst we were present.
- MHA documentation, relating to the consent and administration of medication, the T2 (certificate of consent to treatment) or T3 (certificate of second opinion) forms, were attached to the patients' medication charts. This meant that nursing staff knew they were giving the patients' medication lawfully.
- Posters were displayed informing patients of how to contact the independent mental health advocate (IMHA).
- 98% of staff had received training in the MHA. Staff received training at induction and annually thereafter.
- The entrances were locked with entry and exit controlled by staff. There were no signs displayed on the doors providing informal patients information about their rights to leave. However, at the time of our inspection, 15 patients were detained under the Mental Health Act 1983 and one patient was subject to Deprivation of Liberty Safeguards (part of the Mental Capacity Act 2005, where patients receive care in a way that does not inappropriately restrict their freedom).

## Good practice in applying the MCA

- 98% of staff had received training in the Mental Capacity Act 2005 (MCA). Staff received training at induction and annually thereafter. When we spoke with staff, they demonstrated a basic knowledge about the MCA and Deprivation of Liberty Safeguards (DOLS).

# Wards for people with learning disabilities or autism

- One patient was receiving care and treatment under DoLS (part of the MCA, where patients receive care in a way that does not inappropriately restrict their freedom).

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

Good 

### Kindness, dignity, respect and support

- We spoke with seven patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring. However, two patients said this was not the case. One patient was particularly critical of some agency staff; however, they praised the work of the permanent staff who had worked longer at Healthlinc House.
- We observed how staff interacted with patients. Staff appeared kind with caring and compassionate attitudes. There were many examples of staff treating patients with care and compassion. However, in some apartments we saw more interaction between staff and patients, than in others. Staff engaged with patients in a kind and respectful manner.
- Patients found it difficult to cope with unfamiliar faces and the agency staff did not know enough about each patient's needs.
- We saw positive interactions between the staff and patients. Staff knocked before entering patients' rooms, and spoke positively with patients. Staff were visible in the apartments and attentive to the needs of the patients they cared for.
- Staff demonstrated an understanding of the personal, cultural and religious needs of patients who used the service and we saw examples of actions taken to meet these needs. However, one patient was concerned that staff did not understand or met their complex needs.

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

- We received mixed feedback from the patients about their involvement in the care they received. Two patients told us they had been involved in planning their care. However, they did not feel the care provided matched their care plan. Seven patients confirmed they

had been involved in the care planning process. In seven care records, patients' views were evident in their care plans. Patients attended their multidisciplinary meetings along with their family, where appropriate.

- Patients told us they had opportunities to keep in contact with their family, where appropriate. There were sufficient areas for patients to see their visitors.
- Weekly community meetings took place in which patients and staff met together. The minutes showed good two way interaction and detailed discussions of relevant issues. For example, staff recruitment was one of the topics discussed in a recent meeting.
- Patients had access to a local advocacy service, an independent mental health advocate (IMHA), and there was suitable information on the notice boards on how to access this service.

## Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good 

### Access and discharge

- There were a number of vacant beds available for admission of patients. The average bed occupancy rate was 53%.
- There had been two patients whose discharge from the hospital had been delayed. The discharges were delayed due to the patients' individual needs.
- The average length of stay, from admission to discharge, was approximately two years.
- Patients were fully involved in the planning of their discharge from Healthlinc House. We saw examples of "my shared pathway" (a structured approach to care and treatment clearly describing the patient's possible journey through the care system) being appropriately used.
- Managers said they had good links with local authorities and commissioning teams.

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

# Wards for people with learning disabilities or autism

- Healthlinc House offered an environment suitable for care and treatment. The accommodation was spacious, pleasantly decorated and calming.
- Each apartment had a lounge and dining area, bedrooms and bathing facilities. Single bedroom accommodation was available throughout the building. Patients had personalised their own bedrooms with, for example, pictures of their family and artwork.
- Patients were able to make private telephone calls, using either their own mobile telephone or the apartment telephone.
- Patients had access to outside space, a well maintained garden. Patients could smoke outside.
- Activities were available for patients' specific needs. These included, for example, arts and crafts, cooking, big breakfast club and trips out. Patients told us that there was a good amount of activities taking place.

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

- There were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access.
- Spiritual care and chaplaincy was provided when requested.
- There was a range of menu choices. The provider catered for patients' dietary likes and dislikes, any allergies and the type of diet required. Support staff either catered for the patients or assisted the patients to cater for themselves. Patients told us the food was good. Patients had access to hot drinks and snacks 24 hours a day, seven days a week.
- Staff told us that interpreters were available using an interpreting service or language line. Makaton (the use of symbols and signs the help patients communicate) was also used as necessary.

## Listening to and learning from concerns and complaints

- Patients could access the provider's complaints system. Information about the complaints process was displayed on posters and was also available as a leaflet. Patients we spoke with knew how to make a complaint.
- Staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns. Staff also knew whom they would seek guidance from in relation to complaints.

- There had been 14 complaints between February to November 2015. These had been investigated. Four complaints, relating to patients being verbally or physically aggressive to other patients, had been upheld. A senior manager told us they shared learning amongst their staff via staff meetings and communications. Staff meeting minutes confirmed this.

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

Good 

### Vision and values

- The staff told us they were aware of the provider's values. Staff spoke passionately about caring for patients.
- Staff told us who the most senior managers were within Healthlinc House. Staff commented that the Healthlinc House's management team were a regular presence in the apartments. Staff did not recollect visits from the provider's senior management team.

### Good governance

- Governance meetings were in place, which supported the safe delivery of the service. A clinical governance meeting took place on a monthly basis. Attendees included the registered manager, clinical nurse manager, psychiatrist, psychologist, occupational therapist and training officer. We saw minutes of these meetings.
- The lines of communication, from the provider's headquarters and senior managers at Healthlinc House, to the frontline services were clear.
- Staff reported incidents through a paper-based incident reporting system. We reviewed individual specific events and incidents and found recording was effective.
- The provider shared learning from incidents and complaints with staff in order to change practice and we saw evidence of this.
- A senior manager confirmed they had sufficient authority to manage their unit and received some administrative support. They told us they received a good level of support from their line manager.

# Wards for people with learning disabilities or autism

- The provider had a comprehensive business continuity plan, which gave details about how patients' care would continue to be provided in the event of an emergency situation. Such situations included, for example, an electricity power cut or flood.

## Leadership, morale and staff engagement

- Healthlinc House was well managed, both on a day to day basis and strategically (for example, there were future plans of what needed to be achieved and how this would be done).
- Staff told us that morale was low. They considered this was due to being short of staff and the regular use of agency staff. However, one member of staff said that morale was improving. We were impressed with the morale of the staff we spoke with and found that the teams were cohesive and enthusiastic.
- Staff we spoke with told us that they felt part of a team and received support from each other. Regular staff meetings took place.

- A senior manager confirmed that there were no current cases of bullying and harassment involving the staff. Staff knew how to use the whistle-blowing process. However, one member of staff thought they would be seen as a nuisance if they were to raise concerns.
- Staff said they felt well supported by the senior managers and felt their work was valued by them. There was a positive working culture within the teams. The clinical nurse manager was a visible presence on each of the units.

## Commitment to quality improvement and innovation

- Patients' views were gathered through service user surveys. We saw the results of the June 2015 survey. Key findings included 58% of patients took some form of the exercise, 69% liked the menu, and 74% were actively involved in planning their activities programme with 81% participating in planned activities. These results were analysed by senior management and improvements made.
- The senior staff told us how the service was performing and had a good understanding of where improvements were required. They were making improvements in the quality of the service.

# Outstanding practice and areas for improvement

## Areas for improvement

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

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

- The provider must ensure that all cleaning fluids are securely stored in line with the Control of Substances Hazardous to Health Regulations 2002.
- The provider must ensure that all staff receive supervision and appraisal on a regular basis.
- The provider must ensure that resuscitation equipment, such as the automated external defibrillator or suction machine, is serviced on a regular basis.
- The provider must ensure that medications are administered as prescribed and clearly documented on the medication administration record.

- The provider must ensure that each patient has an up to date risk assessment and clearly communicate the content of this to all staff.
- The provider must ensure that each patient has a physical healthcare examination on admission.

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

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- The provider should ensure that the outcome of the multidisciplinary team is clearly communicated with support staff.
- The provider should review the current staffing levels to reduce, where possible, the use of agency staff.
- The provider should ensure that support and debriefing following an incident takes place as soon as possible.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18: Staffing.</b> <ul style="list-style-type: none"><li>All staff had not received supervision and appraisal on a regular basis.</li></ul> <p>This was a breach of regulation 18(2)(a).</p>
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment.</b><ul style="list-style-type: none"><li>One patient did not have a risk assessment.</li><li>Only two out of seven care records indicated that the patient had a physical health examination on admission.</li><li>The resuscitation equipment, such as the automated external defibrillator or suction machine, was not serviced on a regular basis.</li><li>There were 58 instances of missed signatures against some prescribed medications, meaning we could not be assured that patients had been administered their medication as prescribed.</li></ul></li></ul>

This section is primarily information for the provider

## Requirement notices

This was a breach of regulation 12(2)(a), 12(2)(e) and 12(2)(g).

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15: Premises and equipment.**

- Cleaning fluids, two containers of disinfectant, were stored in an unlocked bathroom and could have been accessed by patients. These were not securely stored in line with the Control of Substances Hazardous to Health Regulations 2002.

This was a breach of regulation 15(1)(e).