

St Johns House

Quality Report

Lion Road,
Palgrave,
Diss,
Norfolk,
IP22 1BA.

Tel: 01379 649900

Website: www.partnershipsincare.co.uk

Date of inspection visit: 06-07 February 2017

Date of publication: 08/05/2017

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We rated St John's House as good because:

- The provider had ensured the few ligature points (ligature points are where something can be tied in order to self-harm) across the site were recorded on the environmental risk register. The provider mitigated the risk posed by ligature points by locking off or highly supervising areas where ligature points remained.
- The wards complied with Department of Health guidance on same sex accommodation. All wards were single sex environments. Outside space was accessible from each ward. Each ward had a fully equipped and spacious clinic room that was fit for purpose. The environment was visibly clean and comfortably furnished. There was a range of rooms for activities, quiet lounges, and communal areas.

Summary of findings

- Medical cover was available both day and night. Doctors attended the ward within an hour when patients were secluded.
 - The provider had clear referral and assessment processes. Assessments were comprehensive and included both current and historical information.
 - A full review of physical intervention training was being carried out, with the aim of introducing new techniques where staff would be taught to safely disengage from patients who unexpectedly descended in to a prone position.
 - Staff worked well as part of a multi-disciplinary team. Each ward had a designated full time activity co-ordinator. Speech and language therapists and assistants were available.
 - Care records showed that physical health examinations were completed on admission. The provider employed a full time physical healthcare nurse to offer advice and support to staff in between the weekly GP visits to the hospital. Patients' physical health was regularly monitored, recorded and actions taken where necessary.
 - Staff involved patients in all aspects of their care. Patients attended individual care reviews and created their own activity plans with staff. Patients held information about their care and treatment.
 - Staff morale was consistently high across the range of staff roles.
- However:
- There was higher than expected use of restraint, including prone restraint. There were 1263 instances of restraint from April 2016 to September 2016. These restraints were in the main among the same group of patients, for instance on Redgrave ward there had been 531 restraints between 17 patients. The provider classed and recorded restraint as any form of hands on contact. This was supported by a breakdown seen of restraint records between April and September 2016 where 82 'come along' techniques were identified. Standing restraint was recorded at 152 and seated episodes at 281. There had been 168 prone restraint episodes.
 - The frequency of supervision varied between staff. Some staff told us they had supervision six weekly, some said three monthly and others monthly.
 - Some staff were unable to explain how issues of capacity might affect this patient group.
 - Positive behaviour support plans lacked individual detail.

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Mental Health Act responsibilities	13
Mental Capacity Act and Deprivation of Liberty Safeguards	13
Outstanding practice	21
Areas for improvement	21
Action we have told the provider to take	22

Good 

St Johns House

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to St Johns House

St John's House provided secure care for up to 49 adult patients. This was provided for people with learning disabilities and possibly a secondary diagnosis of Asperger syndrome, other autistic spectrum disorders, personality disorders, major mental illnesses and substance misuse. All patients were detained under the Mental Health Act. Many of the patients had a history of offending behaviour.

The service is registered with CQC for assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder, or injury.

The treatment programme included personality disorder symptom reduction, relapse prevention and preparation for discharge.

St John's House had four wards, Redgrave, Walsham, Waveney and Bure wards, an on-site Recovery College and life skills, education and vocational opportunities service.

Bure ward was a specialist, all female, low secure inpatient ward. It had 11 beds. At the time of the inspection, there were nine patients detained on the ward, three under Section 3, three under section 37 and three under section 37/41 of the Mental Health Act.

Waveney ward was a specialist, all female, low security inpatient ward. It had six beds. At the time of the inspection, there were five patients on the ward. Three were detained under section 3 of the MHA, one under section 37, and one under section 37/41.

Redgrave ward was a medium secure ward caring for female patients. The ward had 16 beds. At the time of the inspection, there were 13 patients detained on the ward. Eleven patients were detained under section 3 of the MHA, one under section 37 and one under section 37/41.

Walsham ward was a medium secure ward caring for male patients. The ward had 16 beds. At the time of the inspection 15 patients were detained on the ward, five under Section 3 of the MHA, four under Section 37, three under Section 37/41 and three under Section 47/49.

The provider had undergone a corporate merger with Priory Healthcare in December 2016.

The Registered Manager was Kayleigh Low.

Our inspection team

Inspection lead – Ann Hiles, Inspector, Mental Health Hospitals, Care Quality Commission.

The team that inspected the service comprised of an inspection manager, two inspectors and two specialist professional advisors. A specialist advisor is a health professional with senior experience in working in services similar to this.

Why we carried out this inspection

We inspected this service as part of our on going comprehensive mental health inspection programme. This was an announced inspection.

Summary of this inspection

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 inspecting St John's House, we reviewed information we had about the service. We provided comment boxes for patients, carers and staff to express their opinions confidentially if they wished.

During the inspection visit, the inspection team:

- checked the quality of the ward environment
- observed how staff were caring for patients
- spoke with 16 patients who were using the service
- talked with three members of the senior management team

- spoke with the managers of each of the wards
- interviewed other staff members including doctors, nurses, an occupational therapist, psychologist, social worker, support service manager (complaints lead), pharmacist technician, activity co-ordinators and speech and language therapist.
- attended one individual care review
- held telephone interviews with three carers
- attended an early morning review
- reviewed 21 completed comment cards
- examined 15 care and treatment records of patients
- reviewed seven personal behaviour support plans in depth
- tracked four complaints
- scrutinised seven seclusion records
- reviewed the medication management on the wards and checked 25 prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us that they felt safe and cared for at St John's House. They told us that there was a choice of staff they could talk to in addition to their named nurse. Doctors and other senior staff were approachable, and staff overall were kind.

Patients told us that the food was good. They could personalise their bedrooms and were included in decisions about their care and treatment.

Of the comment cards we retrieved, seventeen were generally positive, however two comment cards expressed that the staffing levels were too low and two told us that activities were cancelled at times.

Of the three carers interviewed, all said that they were invited to their individual care programme approach reviews. Two carers said that St John's House offered a safe and caring environment for their relatives and that the multi-disciplinary team kept them fully informed. One carer told us that communication between staff and them was unsatisfactory.

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 for St John's House hospital because:

- There was a high use of restraint, including prone restraint. There were 1263 instances of restraint from April 2016 to September 2016. These restraints were in the main among the same group of patients, for instance on Redgrave ward there had been 531 restraints between 17 patients.
- The provider classed and recorded restraint as any form of hands on contact. This was supported by a breakdown seen of restraint records between April and September 2016 where 82 'come along' techniques were identified. Standing restraint was recorded at 152 and seated episodes at 281. There had been 168 prone restraint episodes.
- On Waveney ward there was a clear panel in the door to the seclusion area that patients and staff on the main ward could see through. This had the potential to expose patients when in distress as they passed from the bed area to the bathroom of the seclusion suite.

However:

- The provider had invested in anti - ligature (ligature points are where something can be tied in order to self-harm) furniture and fittings throughout the hospital. The provider mitigated the risk of ligature points by locking off or highly supervising areas where ligature points remained. Convex mirrors were in use where clear lines of sight were obstructed throughout all wards.
- Staff carried out patient risk assessments prior to admission and regularly thereafter, including updating after every incident. Staff clearly understood the observation policy and the different observation levels available for use to manage risk to patients. All patients had individual positive behaviours support plans, which offered clear guidance to staff on how to reduce the use of restrictive interventions.
- Staff told us that prone restraint was immediately resolved and often resulted from patients dropping themselves face down to the floor. Three patients had care plans for the use of prone restraint. A full review of physical intervention training was being carried out, with the aim of introducing new techniques where staff would be taught to safely disengage from patients who unexpectedly descended in to a prone position.

Requires improvement



Summary of this inspection

- Doctors prescribed medication in line with the British National Formulary and National Institute for Health and Care excellence guidance.
- An external pharmacy contract was in place that included checking, disposing of and transporting medication.
- Redgrave and Walsham wards had individual clinic rooms while Waveney ward had a clinic room and Bure ward had a dispensary for medication administration and the storage of medical emergency equipment. The Waveney ward clinic room was shared with Bure ward for physical health examinations.
- All clinic rooms were clean and spacious and fit for purpose. Resuscitation equipment was available and checked regularly. The wards complied with Department of Health guidance on same sex accommodation, as all wards were single sex wards. The environment was clean. Housekeeping staff recorded the daily cleaning of the wards and hospital areas.
- There was access to a variety of open spaces, with each ward having their own designated garden area. All wards had a range of rooms for activities, quiet spaces and shared areas. Furnishings were comfortable and appropriate to the needs of the patient group.
- Medical cover was available both day and night. Doctors attended the ward within an hour when patients were secluded. The seclusion rooms were fit for purpose with information on the weather and time in sight, two way communication systems and washroom facilities. Seclusion records were up to date.
- The provider was working hard to recruit nursing staff. Ward managers were able to adjust staffing levels according to need and to ensure ward activities and escorted leave took place. There was a qualified nurse on the ward on each shift. Patients had an allocated nurse who spent one to one time with them regularly. Wherever possible, agency staff known to patients and familiar with the service were employed to cover shortages of staff.
- Call bells were in each bedroom, bathroom and communal areas. Staff carried personal alarms to summon help when needed. Closed circuit television was operating on Redgrave and Walsham wards. There was signage to inform people of this.
- Staff were up to date with mandatory training. Staff were updated on lessons learned from incidents and complaints at handover, team meetings, bulletins and in supervision. Staff knew what the duty of candour was. There was a clear complaints process.

Summary of this inspection

- The provider employed a full time social worker to lead on safeguarding issues. There were robust safeguarding procedures in place. Staff knew how to raise and report safeguarding concerns.

Are services effective?

We rated 'effective' for St John's House hospital as good because:

- The provider had clear referral and assessment processes. Risk assessments were comprehensive and included both current and historical information.
- Staff worked well as part of a multi-disciplinary team. Staff attended early morning review meetings where they discussed recent incidents, patient's risks, and changes to care plans. The hospital staff regularly met to share information, work together to formulate plans and to review care in order to offer the best outcomes for patients.
- Care records showed that physical healthcare examinations were completed on admission and that any physical health care concerns monitored throughout treatment. A local GP attended the hospital weekly to deliver physical health advice, treatment and care. The provider employed a full time physical health nurse. Access was available to other specialist physical health care professionals in the community.
- Staff used recognised rating scales to assess patient progress such as Health of the Nation Outcome Scales.
- Staff could access specialist training in learning disability and autism.
- The provider had training for patients about the care programme approach in place
- Staff worked with patients to produce care plans that reflected their preferences and needs.
- An electronic recording system was in use as well as paper records. Staff were able to quickly find information.
- The psychology team offered a range of therapies in accordance with the national institute for health care excellence for this patient group.
- The provider submitted data to show that from September 2015 to September 2016, supervision for clinical staff had exceeded their own targets. Walsham ward rates stood at 100%, Redgrave 89%, Bure 91% and Waveney 89%. All staff had an annual appraisal to help them identify goals for the year ahead and to reflect on the past 12 months. A preceptorship academy

Good



Summary of this inspection

was in place for newly qualified nurses. All staff undertook a comprehensive induction with the provider. All healthcare workers had taken the care certificate qualification. There were systems in place to address poor performance.

- Ninety nine per cent of staff had completed mandatory training in the Mental Health Act. Ninety two per cent of staff had received mandatory training on The Mental Capacity Act. Eighty nine per cent of staff had received training on Fraser guidelines.
- Staff supported patients to access advocacy services.

However:

- Some staff were unable to explain how issues of capacity might affect this patient group.
- Positive behaviour support plans lacked individual detail.

Are services caring?

We rated 'caring' for St John's House hospital as good because:

- Staff explained how they showed patients around the ward environment, gave accessible information and helped them settle in. Staff involved patients in all aspects of their care. Patients were included as part of interview panels during staff recruitment.
- Staff actively engaged with patients in positive and responsive ways, listening and supporting them respectfully and discreetly. Staff were able to talk knowledgeably about the needs of each patient on the ward.
- The provider held regular community meetings on the wards where patients could voice concerns, make suggestions and comment on food choices and activities. Each ward had a patient representative who took areas to be discussed to a wider meeting held monthly.
- Staff made mealtimes therapeutic by sitting down and eating meals with the patients. Staff were able to open up discussion, influence social skills such as using cutlery properly and monitor food and fluid intake.
- Patients felt confident in raising personal concerns with staff. Patients took part in individual care reviews and held their own information packs relating to discussions and decisions made in ward rounds.

Good



Are services responsive?

We rated 'responsive' for St John's House hospital as good because:

- The provider worked to an ethos that promoted recovery. A recovery college was on site and patients were leading on the implementation and delivery of courses, including courses at

Good



Summary of this inspection

another local learning disability hospital site. There was a designated, full time, activities co-ordinator for each ward. Staff worked with each patient to develop an activity schedule tailored to their needs.

- There was a range of rooms and equipment to undertake activities, education, psychological therapies and to receive visitors. There were two multi faith rooms and religious information was available. Faith leaders were invited onto the wards to address patient need or section 17 leave was arranged to attend services.
- There was access to private areas to make telephone calls and quiet spaces in which to relax.
- Drinks and snacks were available throughout the day.
- There was a good choice of food available for patients. Catering staff were able to produce home cooked food according to the patient's choice if they could not or did not want to eat the food choices on the hospital menu.
- Information was available in accessible information format.
- Each ward had access to its own outside space. There was a variety of open outside spaces where patients could tend and feed chickens, go for picnics, walks and cycle rides. Patients had made a pond that was filled with fish they could feed.
- Staff ensured that activities that individuals enjoyed were provided. There were job opportunities on offer to patients within the hospital.
- Bedrooms on the medium secure unit were en-suite. Patients had photographs, posters and other items on display to make their bedroom homely. The low secure units had both ground and first floor bedrooms with a washbasin and communal shower and bathing areas.
- Staff investigated complaints without undue delay and shared any learning from complaints as part of handovers and group learning at ward meetings.
- The average length of stay was 18 to 24 months. This represented the complexity of the patient's needs. Patients had regular care and treatment reviews throughout their admission.
- Staff began planning for discharge on admission to the wards. Staff told us that the care and treatment needs of the patients were the reason for admissions exceeding 12 months. There had been no delayed discharges in the past six months. Average bed occupancy was 91% from May to October 2016.
- However:
- Some patients told us activities were reduced at weekends.
- The water in some bedroom washbasins was cool even when run for a while. This was reported to the ward manager who agreed to check this with the facilities team.

Summary of this inspection

Are services well-led?

Good



We rated 'well-led' for St John's House hospital as good because:

- The provider was continuing with 'business as usual' during the merging period with Priory Healthcare.
- The provider had kept staff up to date with the merger of the hospital between Partnerships in Care and The Priory Healthcare group. Staff morale was consistently high across the range of staff roles.
- Staff knew of the values of the organisation although were unable to quote these fully.
- Substantive staff received annual appraisals that allowed them a formal opportunity to review the past 12 months and to plan for the next 12 months.
- Staff reported that senior management frequently visited the wards and were friendly and approachable. Staff knew who the senior executive team were. Senior management members of the Priory Healthcare group had visited the hospital in December to introduce themselves to staff.
- The provider was participating in the Quality Network for Forensic Mental Health Services accreditation scheme. Audits had been carried out on ligature risks, mattresses and physical health observations. Clinical audits completed in the past 12 months showing compliance with National Institute for Health and Care Excellence guidelines included longer-term management of self-harm, National Patient Safety audit and patient satisfaction and observations audits.
- Patient survey response rate as of 2015/2016 was at 71%. Friends and family survey response was 23%. Both surveys indicated that in general the services at St John's House compared favourably with those across the wider organisation.

However:

- Rates of supervision varied between staff. Some staff told us they had supervision six weekly, others three monthly and some said monthly.

Detailed findings from this inspection

Mental Health Act responsibilities






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

- Ninety nine per cent of staff had completed mandatory training on the Mental Health Act (MHA).
- The provider had accessible information MHA leaflets on display for patients. We saw in the care records that staff read patients detained under the MHA their rights on a monthly basis.
- Staff completed MHA documentation correctly, including Section 17 leave forms.
- Second opinion approved doctors had assessed patients where appropriate and the necessary documentation was completed.
- The provider had undertaken an audit of the MHA documentation.
- The provider had photographs of the patients in the care records and medicine administration records as required by the MHA code of practice. We found consent forms for photographs in the care records.
- Patients had access to independent mental health advocates. The provider had arrangements with a local organisation that provided the independent advocacy service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety two per cent of staff had received mandatory training in the Mental Capacity Act however, some staff were unable to explain how issues of capacity might affect this patient group.
- Patients had signed their 'consent to treatment' forms. These were kept with the medication records.
- The multi - disciplinary team assessed and recorded capacity to consent when patients were deemed to have impaired capacity.
- Staff assumed that patients had capacity to make decisions.
- Staff knew where to obtain information regarding capacity.
- There were no patients subject to Deprivation of Liberty Safeguards at the time of this inspection.

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement 

Safe and clean environment

- The provider completed regular ligature audits that identified ligature risks. Ward managers increased the observation levels of patients to mitigate risks as required. Areas were locked when necessary to reduce risk.
- The provider had placed convex mirrors to help staff observe patients where blind spots existed on the wards. The provider had sufficient staffing levels to monitor these areas and used closed circuit television to monitor communal areas on Redgrave and Walsham wards. The provider had put signage in place to inform people of this.
- The provider was compliant with Department of Health guidance on mixed sex accommodation. All wards were designated male only or female only.
- Domestic staff had completed cleaning records for all four wards. All four wards were clean with suitable and well-maintained furniture and fittings.
- Staff kept the three fully equipped clinic rooms clean and tidy. Medication was stored securely. There were clean and spacious fridges for storage of medication. Staff monitored and recorded the fridge and clinic room temperatures daily. Physical health monitoring equipment had been calibrated in the past twelve months. Resuscitation equipment was accessible and emergency medications were checked regularly.

- The seclusion rooms were fit for purpose. There was a ‘write – on’ board visible from inside the room that included a clock, the day and date and what the weather was like. Each seclusion room had en suite toilet facilities and two-way communication systems. On Waveney ward there was a clear panel in the door to the seclusion area that patients and staff on the main ward could see through. This had the potential to expose patients when in distress as they passed from the bed area to the bathroom of the seclusion suite. We raised this with senior staff at the time of the inspection.
- Staff carried alarms in order to summon help when needed. There were call bells in every bedroom and lounge area.
- The provider undertook regular environmental risk assessments.

Safe staffing

- The provider used the Quality Network for Forensic Inpatient (QNIC) guidelines to determine staffing levels and NHS safer staffing principles. Data provided showed that as of 31st October 2016 the establishment of 76 substantive staff carried a vacancy rate of 30.7%. This was reflected as 23 vacancies for qualified nurses and six for healthcare workers. The hospital manager was working to a recruitment action plan that included attending jobs fairs, advertising, close liaison with the local nursing university and offering incentives to work at St John’s House. The turnover rate of staff was 38.8% in the 12 months up to October 2016. Sickness was 3.6% over the past 12 months up to October 2016.
- The provider completed a safer staffing tool on both day and night shifts to check actual versus planned staffing levels. Staffing levels were agreed twice per day for day and night shifts. The senior team reviewed staffing

Wards for people with learning disabilities or autism

needs each morning at the morning meeting. Of 274 available shifts over the past three months 24 were not covered, a rate of 9%. This was due to the last minute nature of sickness absence.

- Staff worked in two teams, A and B teams. Each team worked from 7.30 am until 19.45 pm, with two hours of break time. Some staff said they were unable to take their breaks due to the wards being unsettled or when staff failed to attend for whatever reason. Each team worked alternate shift patterns of Monday, Tuesday, Friday afternoon and Saturday and Sunday. The following week was classed as a short week with staff working full days on Wednesday and Thursday and on Friday mornings. Each Friday a joint meeting took place between the teams. This was sometimes referred to as group supervision.
- Redgrave ward had a staff patient ratio of one staff member to two patients. Walsham ward had a staff to patient ratio of one to two. Waveney ward had a staff ratio of one point five staff member to two patients. Bure ward had a ratio of one staff member to three patients. This reduced at night to reflect the lower risks.
- A qualified nurse was in the communal areas of the wards at all times. Patients told us they were able to have 1:1 time with their named nurse. Staff and patients said leave and activities were not cancelled, although some activities might be substituted for another if, there were too few staff available. The provider booked an average of 60 agency staff a week to cover shifts, undertake observations and provide consistency of care. Staff said they were moved to other wards at short notice especially at weekends to cover for staff shortages.
- Staff were trained in management of violence and aggression techniques and had good knowledge of the purpose of restrictive practices.
- Doctors were available to attend the ward day or night.
- Staff were 96% compliant with mandatory training.

Assessing and managing risk to patients and staff

- Staff completed a comprehensive risk assessment of patients prior to admission to the hospital. This included both historic and current risks. We reviewed 15 care records and found that staff regularly reviewed risk assessments in addition to updating following an incident. We attended an individual care review and

found that a full multi-disciplinary team discussed risk assessments with the patient. We heard in the early morning review that staff discussed recent incidents and made changes to patients' risk management plans.

- All patients had individual positive behaviours support plans, which offered clear guidance to staff on how to reduce the use of restrictive interventions.
- Most patients we spoke with said they felt safe on the ward.
- Staff were able to describe practices such as physical restraint, rapid tranquilisation and seclusion. There were 1263 instances of restraint from April 2016 to September 2016. These restraints were in the main among the same group of patients, for instance on Redgrave ward there had been 531 restraints between 17 patients. The provider classed and recorded restraint as any form of hands on contact. Staff told us they only used physical restraint when necessary and when all other attempts at de-escalation had failed. We saw this had been recorded as such in serious incident records.
- This was supported by a breakdown seen of restraint records between April and September 2016 where 82 'come along' techniques were identified. Standing restraint was recorded at 152 and seated episodes at 281.
- Of the 1263 restraints, 168 were prone restraint at some point. Staff told us that prone restraint was immediately resolved and often resulted from patients dropping themselves face down to the floor. Three patients had care plans for the use of prone restraint. We observed how staff managed patients in a caring and respectful manner while de-escalating some behaviours.
- A full review of physical intervention training was being carried out, with the aim of introducing new techniques where staff would be taught to safely disengage from patients who unexpectedly descended in to a prone position.
- The provider had clear policies on the use and levels of observation of patients for staff to follow. The ward managers had sufficient authority to request increased staffing levels to cope with the need for enhanced observations. Staff used oral rapid tranquilisation in preference to intramuscular. Staff monitored patient's physical side effects following rapid tranquilisation.
- The provider had safeguarding protocols in place. Staff were aware of the safeguarding processes and how they

Wards for people with learning disabilities or autism

should respond if they had concerns. Staff told us whom they would report safeguarding concerns to. They knew the local safeguarding procedure and understood their responsibilities about reporting concerns.

- One patient was being nursed in the seclusion room of Redgrave ward, segregated from the other patients. Staff had completed a long-term segregation care plan to reduce isolation and to re-introduce the patient back onto the main ward areas in line with National Institute for Health and Care Excellence guidance. Regular care and treatment reviews were being undertaken for this patient.
- Children, siblings or friends could visit patients in a designated visiting room following a risk assessment of the patient being visited.

Track record on safety

- Staff were aware of their responsibilities to raise and record concerns and near misses. The provider submitted data that showed five serious incidents had taken place in the data collection period. These related to a patient breaking furniture, two information governance breaches, one unexpected death and one self-harming attempt.

Reporting incidents and learning from when things go wrong

- The provider had good systems for reporting incidents. Staff knew what and how to report an incident.
- Staff knew the importance of being open and transparent with patients, their carers and family.
- Staff learned from incidents following investigations via monthly forums, supervision, early morning review meetings, handovers and team meetings.
- The provider offered debriefing time and support to staff following any incidents.
- Reported incidents had themes of self-harming behaviour such as cutting and aggression towards others.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 15 care records and seven positive behaviour plans across the wards. Doctors and ward managers completed pre admission assessments that included a review of historical and current information. Staff completed care plans that addressed a range of needs and included specific interventions such as how to manage aggressive behaviour. Staff reviewed care plans regularly in the ward rounds every month. While lengthy, these positive behaviour support plans were lacking in depth with information relative to the individual patient.
- All patients had a Health Action Plan and a communication passport.
- Care records showed that a physical examination was carried out when the patient was admitted to the hospital. Staff continued to monitor patient's physical healthcare needs throughout their admission. A GP attended weekly to offer support and advice to nursing staff on the management of physical health illnesses such as diabetes. Patients could choose to see a male or female doctor. The provider employed a full time physical health nurse. Staff accessed the ambulance service for medical emergencies.
- Staff carried out a comprehensive assessment of patient's needs when they were admitted and on an on going basis. Staff completed detailed and holistic assessments. Care plans included the views of the patients and the findings of the initial assessment, including physical healthcare needs.
- Families were involved in planning the care of their relative following the patient giving consent.
- The provider used an electronic recording system. They also kept some basic information in paper records that was quick and easy to refer to for staff unfamiliar to the patient.
- Patients completed a personalised file containing a care plan, activity schedule and other important information relating to their care and treatment. During their

Wards for people with learning disabilities or autism

individual care review, a member of staff recorded what was discussed and agreed in an easy read booklet for the patient to keep. Patients told us that they were involved in completing their care plan. Patients were given copies of their care plans and signed them to say they agreed with them.

Best practice in treatment and care

- Psychology staff used a variety of therapeutic interventions recommended by the National Institute for Health and Care Excellence (NICE). These included cognitive behaviour therapy, cognitive analytical therapy and dialectic behaviour therapy.
- The staff used a variety of nationally recognised rating scales to monitor patient's progress including the Health of the Nation Outcome Scales. The Health of the Nation Outcome Scale was an assessment and outcome measurement tool used to score the behaviour, impairments, symptoms, and social functioning people with learning disability and mental health problems.
- NICE guidance was embedded within the policies of the organisation to ensure that all staff followed recommended best practice.

Skilled staff to deliver care

- The provider employed a range of staff disciplines. These included nursing staff, occupational therapists, a social worker, a speech and language therapist, psychologists, activity co-ordinators, a designated physical health nurse and doctors. All nurses were either qualified Learning Disability or Mental Health nurses apart from the practice nurse.
- All healthcare workers had completed the care certificate. The care certificate covers a national set of standards that unqualified staff should achieve during a period of induction to care work.
- Newly qualified nurses had access to the preceptorship academy for further support on entering their roles.
- The provider held an intensive two-week induction for all staff prior to them being allowed to work on the wards.
- The psychology team offered specific training for learning disabilities and autistic spectrum disorder to staff.
- There was a full time speech and language therapist in post. In addition to this, each ward had an allocated

speech and language therapy assistant, who was allocated one day per week to support the speech and language therapist, and to deliver training to other staff disciplines.

Multi-disciplinary and inter-agency team work

- Staff worked in a multi-disciplinary way. Each morning the senior management and nursing team had a morning review meeting where staff discussed risk, referrals and any issues on the wards. Podiatrists attended the hospital monthly. A specialist dysphagia nurse was available to support staff.
- Ward managers kept in touch with the community care teams from the patients' local areas to prepare and promote discharge.
- The hospital's social worker had a positive working relationship with the local area safeguarding boards.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- Ninety nine per cent of staff had completed mandatory training on the Mental Health Act (MHA).
- The provider had accessible information MHA leaflets on display for patients. We saw in the care records that staff read patients detained under the MHA their rights on a monthly basis.
- Staff completed MHA documentation correctly, including Section 17 leave forms.
- Second opinion approved doctors had assessed patients where appropriate and the necessary documentation was completed.
- The provider had undertaken an audit of the MHA documentation.
- The provider had photographs of the patients in the care records and medicine administration records as required by the MHA code of practice. We found consent forms for photographs in the care records.
- Patients had access to independent mental health advocates. The provider had arrangements with a local organisation that provided the independent advocacy service.
- Staff obtained consent to treatment from the patients. This was held in the clinical records. Staff attached consent to treatment forms to medication administration cards.

Good practice in applying the Mental Capacity Act (MCA)

Wards for people with learning disabilities or autism

- Staff we spoke to had limited knowledge of the Mental Capacity Act. Staff knew that further information could be found on the provider intranet.
- Staff recognised that patients had capacity to make some decisions for themselves and took a multi-disciplinary approach in assessing patients' capacity to make complex decisions. Doctors completed comprehensive decision specific assessments.
- Records from care reviews showed that staff supported patients to make decisions where they lacked capacity. Families and carers were also involved in supporting patients to make decisions if needed.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- The majority of patients were complimentary about the care of staff towards them. They said staff were sensitive to their needs and were encouraging and supportive. Patients said they got regular time to speak with their nurse.
- Interactions we observed between staff and patients were calm and respectful. Staff treated patients with dignity and were responsive to their needs.

The involvement of people in the care they receive

- Patients told us that they were involved in completing their care plan. Patients were given copies and signed to say they agreed with them. The provider had implemented training for patients in the Care Programme Approach (CPA) so that they could chair their own CPA meetings.
- Carers said they were invited to Care Programme Approach reviews and that the psychiatrist kept them fully informed. They said staff provided good quality care. For one carer we spoke with, communication between the hospital and themselves had been unsatisfactory.
- The provider held regular community meetings. We reviewed the minutes of these meetings and saw that staff followed up actions and gave patients updates at the following meeting. Staff gave patients the

opportunity to discuss various topics such as activities they would like to do and what food they would like on the menu. Patients accessed a variety of activities including trips out and sports.

- Patients were able to assist in staff recruitment by being part of interview panels.
- Each ward had a patient representative who took the views of patients to a wider monthly meeting.
- Patients were fully involved in their individual care reviews (ICRs). We saw how the ICR was run, what it covered and how the patient was included throughout. An accessible information record was kept of all that was discussed in the review and any outcomes and then given to the patient to keep until the next ICR.

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

Good 

Access and discharge

- St John's House had 49 beds and admitted patients from across the country and via the Ministry of Justice system.
- Staff completed a comprehensive risk assessment of patients prior to admission to the hospital. This included both historic and current risks.
- Patients were assessed and admitted to the appropriate ward according to their needs and not moved from that ward unless there was a clinical reason for doing so.
- The average length of stay was 18 to 24 months on all wards. This represented the complexity of the patient's needs. Staff began planning for discharge at the point of admission. Due to the complex presentation of some patients, it was not always easy to find appropriate placements to discharge to in their local communities. Staff told us this could potentially delay discharge. However, there were no patients whose discharge had been delayed on the wards.
- Wards were running at 90% capacity.

The facilities promote recovery, comfort, dignity and confidentiality

Wards for people with learning disabilities or autism

- There was a full range of rooms to support treatment and care. There were therapy, quiet and activity rooms including kitchens where supervised patients could cook meals. The clinic rooms were fully equipped with an examination couch and physical health monitoring equipment.
- Patients had individual activity schedules as part of their care plan. This included educational needs as well as physical activity.
- There were no restrictive blanket restrictions. Patients could access outside space on request and healthy snacks and drinks were available throughout the day.
- Patients could personalise their rooms and held their own recovery folders with information to support them in their rooms.
- The Recovery College encouraged patients to design and lead on specific courses that were of interest to them and others. An example included a female patient identifying, implementing and leading on a 'cooking from scratch' course that she was running across both St John's House and a sister hospital.
- Full time activity co-ordinators were employed on each ward. There was a large variety of meaningful activity available as well as basic activities such as board games and music. There was an on-site gym, hair salon and large outside spaces that could be used for sports and social events. The occupational therapist and activity co-ordinators told us they provide a variety of activities both on and off the ward. These include sporting activities and trips off the ward to various activities chosen by the patients. A pat dog came to the hospital once a week.
- There was a Recovery College on site. Patients were encouraged to create and deliver courses for the Recovery College. There were chickens and a fishpond in the grounds, vegetable plots and a gym, and a life skills, education and vocational opportunities service (LEVOS) to provide educational opportunities for patients.
- Patients and staff told us that on occasion, and most likely at weekends, activity provision was sometimes reduced.
- Patients had good access to a variety of outside areas.
- Patients were given support according to their particular needs with personal grooming and nutritional advice.
- The provider did not admit people with a physical disability as the wards did not have the facilities required for this patient group.
- There were various notice boards on the wards containing information on care and treatment. The leaflets were available in accessible information format and other languages.
- The catering team produced a variety of food including food to meet dietary requirements of religious and ethnic groups.
- There were two multi faith rooms on site. In addition, the provider invited faith leaders onto the wards for patients without Section 17 leave to attend religious services.

Listening to and learning from concerns and complaints

- The hospital's complaints lead led on managing complaints. When staff received a complaint, they wrote to the complainant to acknowledge receipt of the complaint and explain the process. Other staff we spoke to said that they knew how to support patients to make complaints. The hospital had produced a poster for patients about how to complain that was displayed on the wards and in individual information packs.
- Staff received feedback from complaints via supervision and staff informed patients via one to one meetings and if appropriate at patient forum meetings.
- No second stage complaints under the NHS complaint procedure had been to the Public Health Service Ombudsman in the past 12 months.
- In the 12 months covered by data collection, there had been 13 complaints, two of which were upheld and two partially upheld. These complaints related to patient-to-patient disputes, delay in seeking appropriate medical intervention and patient weight gain.

Meeting the needs of all people who use the service

- All bedrooms on the medium secure wards had en-suite facilities as well as bathrooms for use by all patients on the wards. Bedrooms on the low secure wards all had a washbasin and shared bathrooms or showers.

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

Vision and values

Wards for people with learning disabilities or autism

- All new starters received a staff handbook that included the vision and values of the organisation. We saw evidence of staff working to the provider's values when interacting with patients.
- The senior management team of Priory Healthcare had visited the site and had spoken with a number of staff of all disciplines and roles. Staff told us that the immediate senior team often visited the ward areas and interacted with staff and patients.

Good governance

- Clinical staff participated in clinical audits and addressed any concerns arising from the audits. Audits for the past 12 months included a physical health check audit. Other audits undertaken not related to NICE guidance were mattress, ligature point, infection control, seclusion and positive behavioural support audits. The hospital manager shared the results of these with the local clinical governance meeting and the specialist clinical governance group.
- A positive behavioural support audit included such aspects as involving patients in decisions, assessment and planning of support for behaviours described as challenging for staff and how the provider helped patients influence policy and practice.
- Staff had supervision although the frequency varied from staff member to staff member and managers ensured staff received an annual appraisal. Each Friday both teams (the A shift and the B shift) held a joint meeting to hand over and learn from each other.

- The manager had developed peer review audits. Part of this plan was for staff from other wards to walk the ward in order to peer review it. This gave staff a fresh insight into the care they provided so they could continuously develop services.

Leadership, morale and staff engagement

- Staff we spoke to told us that they were able to raise concerns and complaints and were aware of the whistle blowing process. Some staff told us that they had raised concerns and that the manager had responded appropriately. Staff said they had no concerns of bullying or harassment. The staff welcome pack contained an independent advice and counselling service and concern line for staff to raise issues anonymously.
- Staff turnover was 38% as at October 2016.
- Most staff felt the merger offered more opportunities for development and learning and were positive about the changes. Staff morale was good.

Commitment to quality improvement and innovation

- The provider was using the quality network for inpatient forensic standards as a benchmarking tool. The provider also participated in national service accreditation and peer review schemes.
- The provider undertook two peer reviews in the past 12 months. The outcomes showed that the quality of service in relation to Quality Network for Inpatient Forensic Mental Health Services (QNIC) standards continued to improve.

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 reduce the number of patient restraints including those in a prone position.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve:

- The provider should ensure that all clear panels in doors to seclusion suites are obscured to maintain the privacy and dignity of patients in the seclusion areas.

- The provider should ensure that all staff receive regular documented clinical supervision.
- The provider should ensure that each positive behaviour support plan is specific and relevant to the individual patient.
- The provider should ensure that staff understand the issues of capacity for this patient group following the additional training attended.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding service users from abuse and improper treatment: <ul style="list-style-type: none">• The provider had not ensured that the numbers of patient restraints including those in a prone position were reduced in timely manner. This was a breach of regulation 13