

# Yew Trees

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

We rated Yew Trees as good because:

- Clinical areas were clean with appropriate equipment to ensure safety. Cleaning records were up to date and staff followed infection control principles. Staff completed health and safety risk assessments of the environment and carried personal alarms, which were tested regularly.
- Staffing levels were safe. The provider used regular bank and agency staff who were familiar with the hospital. The manager adjusted staffing levels according to the needs of the patients and staffing ratios were one staff to three patients.
- Staff analysed incident data and used this to review and update individual risk assessments and behaviour support plans. Staff held twice daily de-briefs to review the day and incidents. The hospital responded to incidents, complaints, patient, and relative feedback and shared lessons learnt.
- Staff read patients their legal rights and assessed patients' capacity to make individual decisions. Staff made best interest decisions for patients who did not have capacity to do so.
- The provider had good medicines management practices with safe prescribing and administration. Staff completed consent to treatment and capacity requirements and staff attached forms to medication charts.
- Staff recorded patient and staff contact with relatives in a communication book and patients used skype to contact families. Staff invited families to a yearly family forum and patients attended local and regional service user forums. The hospital were visited by patients from other hospitals within the Danshell group as 'experts by experience', to provide feedback about Yew Trees.
- All staff were up to date with training in the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 (MCA), safeguarding, physical restraint and other mandatory training. Staff had regular clinical supervision, team meetings, annual appraisals and had opportunities for professional development.
- Staff completed holistic nursing assessments, annual and on-going physical health monitoring. Staff created person centred care plans, completed and signed by all patients. These were all in easy read versions. Staff

followed the framework of the care programme approach (CPA) and invited community teams and families to attend and provide input. The hospital discussed discharge planning and had comprehensive discharge care plans, which involved patients.

- Staff had recently built a practice kitchen to enable patients to develop their cooking skills. Patients had access to hot drinks, snacks on request, pictorial menus, private telephone calls and could access fresh air in the garden when they wanted to. Patients could personalise their rooms and some patients had keys to their bedrooms.

However:

- The hospital building was a house across two floors that had blind spots where staff could not observe all areas of the environment. Staff managed this by carrying out regular observations of patients and used mirrors in corridors.
- The hospital's ligature risk assessment was out of date. Staff did not identify some ligature points (anything that can be used to self-harm with) in bedrooms, the disabled toilet, in the administration corridor and the garden on their ligature risk assessment. Staff mitigated this risk with increased observations for all patients or supervising high-risk patients in areas with ligature points. We observed items on the ligature risk assessment that were no longer on site. We raised these issues with the provider who acknowledged that the assessment was inaccurate and they would address this.
- The provider observed all patients at least every 15 minutes. Observation levels were not necessarily linked to individual risk assessments and were, therefore restrictive.
- There were no nurse call alarms in patient bedrooms or in corridors. Staff mitigated this risk by regularly observing patients.
- The lift had been broken for over a year although this did not currently affect any patients. Staff told us they were waiting for this to be repaired.

# Summary of findings

- Staff kept resuscitation equipment and ligature cutters in a locked cupboard in the nursing office, which could cause a delay accessing these in an emergency. Staff addressed this when we raised it with them by moving the equipment in to the nursing office.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Good	

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# Summary of findings

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Good 

# Yew Trees

## Services we looked at

Wards for people with learning disabilities or autism

# Summary of this inspection

## Background to Yew Trees

Yew Trees, part of the Danshell Group, is an independent mental health hospital for women between 18 and 65 with a learning disability. This service is a locked rehabilitation hospital with ten beds over two floors for patients who may be detained under the Mental Health Act 1983 (MHA) and may have challenging behaviours.

There were eight patients at Yew Trees on the day of our inspection. Six patients were detained under the Mental Health Act, one patient was safeguarded under a deprivation of liberty (DoLS) authorisation and the provider was waiting for the outcome of a DoLS application for one patient. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible. People can only be deprived of their liberty to receive care and treatment only when this is in their best interests and legally authorised under the MCA.

Yew Trees is registered with the Care Quality Commission for:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury.

The registered manager and controlled drug accountable officer is Tercy Bheka.

Yew Trees was registered with the Care Quality Commission on 27 November 2012. There has been one inspection carried out at Yew Trees, conducted on 10 July 2013. The hospital was compliant with the regulations inspected at that time.

## Our inspection team

The inspection team lead was Nese Marshall, inspector of mental health hospitals for CQC.

The team that inspected the service comprised three CQC inspectors.

## Why we carried out this inspection

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

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

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

# Summary of this inspection

- spoke with six staff members, including doctors, nurses and a psychologist
- reviewed in detail eight care and treatment records of patients
- examined eight medication charts of patients
- carried out a specific check of the medication management and clinic room
- reviewed policies, procedures and other documents relating to the running of the service
- spoke with an independent advocate.

## What people who use the service say

Patients told us they felt safe and happy at Yew Trees. Patients told us they liked the staff and said they were nice to them.

Patients told us they liked the food and enjoyed the range of activities available. Patients told us they went out every day to different and varied places and that they often went to events in the community.

Patients showed us their bedrooms and said they liked that they could personalise their bedrooms.



# 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:

- The hospital did not have an up to date ligature risk assessment. Staff did not identify some ligature points (anything that can be used to self-harm with) on their ligature risk assessment and included items no longer on site such as toilet cisterns, handles and soap and towel dispensers. We found ligature points including taps in all en suite bedrooms and door handles in bedrooms. Staff mitigated this risk with increased observation levels of all patients regardless of individual risk assessments and supervising high-risk patients in areas with ligature points. We raised these issues with the provider who acknowledged that the assessment was inaccurate and they would address this.
- The garden, which had potential ligature points, was not included on the ligature risk assessment. Although patients could access the garden, the provider risk assessed and supervised patients for this area.
- The provider observed all patients at least every 15 minutes. Observation levels were not necessarily linked to individual risk assessments and were, therefore restrictive.
- The hospital building was a house across two floors that had blind spots where staff could not observe all areas of the environment. Staff managed this by carrying out regular patient observations and used mirrors in corridors.
- There were no nurse call alarms in patient bedrooms, bathrooms or in corridors. Staff mitigated this risk by regularly observing patients and continuously observing high-risk patients.
- Staff kept resuscitation equipment and ligature cutters in a locked cupboard in the nursing office, which could cause a delay accessing these in an emergency. Staff addressed this when we raised it with them by moving the equipment in to the nursing office.

However:

- The hospital was clean and well maintained. The clinic room was equipped with emergency drugs and an examination couch. Staff adhered to infection control principles and managed medication well, prescribing, storing, and dispensing appropriately.

Requires improvement



# Summary of this inspection

- The hospital had enough staff to maintain staff to patient ratios, give patients one to one time, and support with escorted leave. When managers needed to increase staffing they could and only used bank or agency staff who knew the service
- We reviewed eight patient records. Staff risk assessed patients and regularly updated records. Staff analysed incident data, and used this when developing and reviewing patient behaviour support plans.
- Staff managed incidents by mostly using de-escalation and physical restraint would only be used as a last resort. Managers shared lessons learnt from incidents with staff and staff held twice daily de-brief sessions to review the day and any incidents that occurred.

## Are services effective?

We rated effective as good because:

- Staff completed comprehensive and timely assessments of patient need on admission. Patients had annual holistic nursing assessments including ongoing physical healthcare monitoring. Patients had health promotion care plans and easy read health action plans. Care records contained up to date, personalised and holistic care plans, which staff reviewed regularly. Patients had access to various easy read documents.
- Staff had access to appropriate training, supervision, and professional development. Support workers were encouraged to complete the Qualifications and Credit Framework (QCF), the care certificate and nurse training courses.
- Psychological therapies were available to patients.
- Staff followed NICE guidance when prescribing medication.
- All staff received training in the Mental Health Act 1983 (MHA) and the Mental Capacity Act, 2005 (MCA). Staff read patients their legal rights regularly. Patients had access to advocates. Staff had completed various decision specific capacity assessments for patients and made best interest decisions for patients lacking capacity.

Good



## Are services caring?

We rated caring as good because:

- Staff interacted with patients in a helpful, supportive, and responsive way. Four patients told us that staff listened to them and treated them with respect and kindness. Staff were passionate about their work and had a good understanding of their patient's individual needs.

Good



# Summary of this inspection

- Staff completed person centred care plans with patients. These included person centred statements, behavioural support plans, individual activity programmes and information about interests, health action plans, life star, communication passports and Care Programme Approach documents. These were all in easy read versions.
- We saw a family and carer communication logbook where staff recorded patient contact with relatives and updates to families on their relative's progress at Yew Trees. Family and carers had the option of using skype to contact their families. Relatives could attend a yearly family forum at Yew Trees.
- The provider held weekly local service user meetings and regional 'Talk Shop' meetings every month where a patient representative attended. Patients from other Danshell services gave feedback to Yew Trees as 'experts by experience' on improving the décor of the service, which had been redecorated as a result.

## Are services responsive?

We rated responsive as good because:

- The hospital had patient discharge care plans and clearly defined goals for patients' to work towards discharge.
- The hospital had recently joined Asdan, a curriculum and awarding body, offering programmes and qualifications to support patients improve skills for learning, employment and skills for life.
- The hospital maintenance staff had recently built a practice kitchen for patients to be able to cook in. Staff supported all patients to develop their cooking skills.
- Patients were able to personalise their bedrooms.
- Patients had access to a variety of group and individual activities.
- The maintenance staff had built a bespoke flat for a patient with complex needs and challenging behaviours.
- Patients had access to easy read documents in a vast range of topics so that they could understand information given to them.

However:

- The lift had been broken for over a year. Although no patients currently relied on the lift to move around the hospital, patients with mobility difficulties may require a lift to be able to move around independently. Staff told us they were waiting for this to be approved for repair.

Good



# Summary of this inspection

## Are services well-led?

We rated well-led as good because:

- Staff knew who senior managers were and said they visited the hospital regularly.
- The hospital used staff feedback including exit interviews to learn and improve staff retention.
- The registered manager monitored and followed up complaints. Patients told us they knew how to complain if needed.
- Staff had yearly appraisals, regular supervision and team meetings and we saw minutes of these recorded.
- Staff shared information from regional and national service user representative groups at clinical governance meetings to develop the service.
- The hospital completed quality development reviews and the regional audit and governance officer completed regular audits.

Good



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

- All staff had training in the Mental Health Act 1983 (MHA).
- Staff had a good understanding of the MHA and the Code of Practice.
- Consent to treatment and capacity requirements were completed and staff attached forms to medication charts.
- Staff knew how to contact their Mental Health Act leads for advice when needed. Staff advised patients of their legal rights under section 132 of the MHA and advocates were provided when required.
- Staff held mental health review tribunals and manager hearings being for patients.
- Staff recorded section 17 leave for patients detained under the MHA and legal advice on the mental health act was available to staff and patients.
- Staff kept mental health act paperwork up to date and stored appropriately.
- Information was available to patients on how to access advocacy services.
- The provider completed audits to ensure that the mental health act was applied correctly.

## Mental Capacity Act and Deprivation of Liberty Safeguards






- All staff had training in the Mental Capacity Act, 2005 (MCA) and demonstrated a good understanding of the MCA.
- There was one approved and one outstanding Deprivation of Liberty (DOLS) application made in December 2015. The provider was able to show us records of contact between them and the local authority in chasing this up. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment only when this is in their best interests and legally authorised under the MCA.
- Staff had completed various decision specific capacity assessments and where patients did not have the capacity to make decisions; these were made in the best interest of the patient, with family involvement. For example, one patient had a best interest decision made for physical health. The MDT held best interest meetings where necessary and family and carers were invited.

## 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	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

# 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 hospital building was a house across two floors that had blind spots where staff could not observe all areas of the environment. Staff managed this by carrying out regular patient observations and by using mirrors in corridors.
- The hospital's ligature risk assessment was out of date. Staff did not identify some ligature points (anything that can be used to self-harm with) on their ligature risk assessment and included items no longer on site such as toilet cisterns, handles and soap and towel dispensers. We found ligature points including taps in all en suite bedrooms and door handles in bedrooms. We found multiple ligature risks in the disabled toilet in the administrative corridor, which was accessible to patients. We found a wire mesh over an electrical point in room ten, which belonged to a high-risk patient and could be used as a ligature point. Staff mitigated this risk by maintaining constant observations for this patient in their bedroom. We raised these issues with the provider who acknowledged that the assessment was inaccurate and they would update this.
- The garden, which had potential ligature points, was not included on the ligature risk assessment. Although patients could access the garden, the provider risk assessed and supervised patients for this area.

- The provider observed all patients at least every 15 minutes. Observation levels were not necessarily linked to individual risk assessments and were, therefore restrictive.
- The clinic room was equipped with emergency drugs, an examination couch and staff completed all equipment checks regularly. Although, resuscitation equipment and ligature cutters were kept in the nursing office in a locked cupboard, which could cause delay in an emergency, staff addressed this when we raised it with them by moving the equipment into the nursing office so that it could be easily accessed.
- There were no nurse call alarms in patient bedrooms or in corridors. Staff mitigated this risk by regularly observing patients.
- The unit was clean, well maintained with appropriate furnishings.
- The hospital had a housekeeper who kept cleaning rotas that were up to date.
- Staff adhered to infection control principles including handwashing and had appropriate equipment to adhere to this.
- The hospital was compliant with guidance on same sex accommodation.
- Health and safety risk assessments were completed and updated regularly.
- Staff assessed risk to the environment daily and ensured that any identified actions were completed.
- Staff and visitors had access to personal alarms although there were no nurse call alarms for patients in their bedrooms, bathrooms or in corridors. Staff mitigated this risk by regularly observing patients and continuously observing high-risk patients. Staff checked alarms regularly and recorded this.

### Safe staffing

# Wards for people with learning disabilities or autism

- Staffing levels were sufficient at Yew Trees. There were five registered nurses and three of these were regular agency nurses who knew the ward and patients well. Yew Trees, therefore, had three nursing vacancies, which they were actively trying to recruit in to whilst using agency nurses in the interim until these posts were filled. There were 22 support workers in post with one vacancy, which the provider was currently recruiting in to. There was also one activity co-ordinator in post.
- The hospital was staffed safely with one registered nurse and four support workers present during the day shift and one registered nurse and three support workers present during the night shift. Staffing ratios were one staff to three patients. The provider used regular bank and agency staff who were familiar with the hospital. The provider determined staffing levels centrally according to the number of patients at the hospital and observation levels.
- Staffing levels were sufficient to facilitate regular one to one time with patients. Staff rarely cancelled escorted leave and activities due to staff shortages. Managers increased staffing levels for patients leave and appointments where necessary. We saw staff facilitate a group trip out during the inspection for three patients.
- There were enough staff to carry out physical interventions if required.
- There was adequate medical cover at day and night and a doctor could attend the hospital in an emergency.
- All staff were up to date with mandatory training.
- Staff sickness between 12 January 2015 and 11 January 2016 was 48%. The manager explained this was due to two complex patients at the hospital from November 2015 to January 2016 whose challenging behaviours led to increased staff sickness. Data showed that staff sickness was for a short period and had since reduced significantly. We reviewed staffing rotas, which showed minimal staff sickness.
- All medications were stored and monitored appropriately. All medications and disposable medical equipment were in date. We reviewed eight prescription charts. Staff managed medication well, prescribing, storing, and dispensing appropriately.
- The provider had not used rapid tranquilisation in the last twelve months.
- We reviewed eight patient records which showed up to date patient risk assessments.
- Staff observed patients appropriately based on the level of risk presented.
- The psychologist completed the Historical, Clinical Risk-20 (HCR-20), a recognised risk assessment tool, for every patient on admission with regular reviews of this. We reviewed eight patient records and all had a HCR-20 completed.
- Staff regularly analysed incident data for each patient to identify reasons for incidents. Staff used this data to manage incidents and inform the development and review of positive behaviour support plans. For example, analysis of incident data for one patient showed that they would become agitated at specific times throughout the day. Staff provided this patient with staff support specifically during these times to minimise incidents occurring and record this in their positive behaviour support plan.
- Patients had detailed and individualised positive behaviour support care plans enabling staff to manage challenging behaviours at various levels of intensity.
- Staff managed incidents using de-escalation and physical restraint would only be used as a last resort.
- All staff had received training in the use of safe physical restraint.
- All staff were trained in safeguarding, showed an understanding of abuse and knew how to report safeguarding concerns. The hospital had regular meetings with the local safeguarding lead.
- Staff followed procedures for children visiting the ward and used a specific room for this purpose.

## Assessing and managing risk to patients and staff

- There were 22 incidents of restraint between 01 September 2015 and 31 January 2016. Restraint was used on six different service users when dealing with aggressive behaviour and none of these were incidents of prone restraint (face down).
- There were no recorded incidents of the use of long-term segregation in the last twelve months and the hospital did not have a seclusion room.

## Track record on safety

- There was one serious incident between 01 September 2015 and 31 January 2016 involving the process of a patient discharge. Staff told us learning from this had been discussed with staff.
- Managers documented and discussed all actions and lessons learnt with the staff in health and safety meetings, governance meetings and team meetings.

# Wards for people with learning disabilities or autism

## Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and reported incidents on an electronic system, which automatically alerted senior staff to the incident.
- The manager investigated incidents using a root cause analysis approach and this informed lessons learnt.
- We reviewed the hospital's health and safety report. This included an action plan to improve the safety of the hospital. The hospital monitored and had completed all identified concerns.
- We saw records of staff holding twice daily de-brief sessions to review any incidents.
- Staff received individual de-briefing after incidents if required.
- Staff used incident data to review challenging behaviour and update behaviour support plans.

## 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 eight patient records. Staff completed comprehensive and timely assessments of individual patients within a week of admission.
- We reviewed eight care records which contained up to date, personalised and holistic care plans, which staff regularly reviewed.
- The hospital used the Danshell group's 'Personal PATHS' model of care using five key principles including positive behaviour support plans, appreciative inquiry, therapeutic outcomes, promoting healthy lifestyles and providing safe services.
- All care records viewed had individualised and comprehensive personal support plans including easy read versions for each patient. Staff reviewed and updated these regularly with patients' involvement.
- All information was stored securely, and was available and accessible to staff in both electronic and paper formats.

## Best practice in treatment and care

- Staff followed NICE guidance when prescribing medication. We reviewed eight prescription charts and all medications were prescribed within British National Formulary guidelines.
- Psychological therapies were available to patients including individual low-level cognitive behavioural therapy sessions, group work and analysis of incident data to develop and review behaviour support plans with patients.
- The hospital had an occupational therapist and activity co-ordinator in post who worked closely with patients to develop their activities of daily living. We saw activity plans and easy read activity information for each patient.
- Patients had an initial physical health examination upon admission and regular ongoing physical healthcare monitoring. Patients had health promotion care plans and easy read health action plans. Patients were registered with a local general practice. The general practitioner would come to the hospital once a week and patients could attend appointments at the surgery when required.
- Staff would source a dietician to meet nutritional needs of patients when required.
- Staff completed outcome measures including the Health of the Nation Outcome Scale (HoNOS) for Learning Disabilities, the 'Life Star', and the Historical, Current Risk 20 (HCR-20) risk assessment for each patient.
- Staff completed internal service reviews where they would audit each other's hospital sites in the Danshell group.

## Skilled staff to deliver care

- The team included registered mental health and learning disability nurses, support workers, a consultant psychiatrist, an occupational therapist, an activity co-ordinator, a psychologist and a speech and language therapist.
- Staff had access to appropriate training, supervision, team meetings and professional development. Records showed that staff had undertaken training relevant to their role in a variety of topics. For example, all staff had completed positive behaviour support training and one staff member was completing a diploma in this. The hospital planned to train all staff in Makaton sign language.



# Wards for people with learning disabilities or autism

- One hundred percent of staff received an appraisal at the time of our inspection?
- All staff completed an induction to the service. The hospital manager ensured new registered staff completed a competency assessment on the management of medicines prior to administering medication.
- Support workers were encouraged to complete the Qualifications and Credit Framework (QCF), the care certificate and to complete nurse training courses.

## Multi-disciplinary and inter-agency team work

- The provider held multi-disciplinary team ward round meetings every three weeks to discuss patients' care and treatment.
- Staff received comprehensive handovers twice a day to keep up to date with patient care needs.
- The provider worked closely with external agencies including local authorities, the GP and local authority safeguarding teams.
- The provider followed the framework of the care programme approach (CPA). Community teams and care managers were encouraged to attend hospital-based meetings and to maintain contact and involvement with the patient.

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

- One hundred percent of staff had training in the Mental Health Act 1983 (MHA).
- We interviewed six staff who had a good understanding of the MHA and the Code of Practice.
- Consent to treatment and capacity requirements were completed and staff attached forms to medication charts.
- Staff knew how to contact their Mental Health Act leads for advice and informed patients of their legal rights under section 132, monthly.
- We saw records of patients having mental health review tribunals and manager hearings.
- Staff recorded section 17 leave for patients detained under the MHA and legal advice on the mental health act was available to staff and patients.
- Staff kept mental health act paperwork up to date and stored appropriately.
- Information was available to patients on how to access advocacy services.

- Staff completed audits to ensure that the mental health act was being applied correctly and there was evidence of learning from the audits.

## Good practice in applying the Mental Capacity Act

- One hundred percent of staff had training in the Mental Capacity Act, 2005 (MCA) and demonstrated a good understanding of the MCA.
- The hospital had a policy on the MCA including DoLS which staff were able to refer to.
- One patient was safeguarded under a deprivation of liberty (DoLS) authorisation and the provider was waiting for the outcome of a DoLS application for one patient. The provider was able to show us records of contact between them and the local authority in chasing this up.
- Staff had completed various decision specific capacity assessments for patients who did not have the capacity to make these decisions. Staff made decisions in the best interest of patients for consent to treatment and activities of daily living. Staff recorded patient's wishes, feelings and cultural preferences as required.
- The multi-disciplinary team (MDT) held best interest meetings where necessary and family and carers were invited.

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

## Kindness, dignity, respect and support

- We observed staff interacting with patients and found staff were helpful, supportive, and responsive to patients.
- Four patients told us that staff listened to them and treated them with respect and kindness.
- We observed good relationships between patients and staff.
- Staff were passionate about their work and had a good understanding of their patient's individual needs. They knew how to re-direct patients to more meaningful activities during periods of agitation and how to distract and support them with any distress they were experiencing.

# Wards for people with learning disabilities or autism

- We observed staff engaging patients in activities and patients being encouraged to attend a trip out.

## The involvement of people in the care they receive

- We reviewed eight patient records. Staff completed care plans for patients and person centred plans were completed with and signed by all patients in easy read versions.
- We saw person centred plan folders completed and signed by all patients. These included person centred statements, behavioural support plans, individual activity programmes and information about interests, health action plans, life star, communication passports and Care Programme Approach documents. These were all in easy read versions.
- Patients were actively involved in their Care Programme Approach (CPA) meetings and staff supported patients to complete a 'My CPA' document prior to the meeting documenting their views, questions, and input to the meeting. Families and carers were invited to these meetings and to give their input.
- Regular community meetings were held and patients were encouraged to attend and share their views.
- The provider held weekly local patient forum meetings and regional 'Talk Shop' meetings every month where a patient representative attended. We saw minutes of these.

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

(for example, to feedback?)

Good 

## Access and discharge

- Yew Tree had ten beds and eight were occupied at the time of the inspection. All of the patients were near to their home areas.
- NHS clinical commissioning groups referred patients to this service. Clear clinical admission criteria were in place for assessing the suitability of all new referrals including patients having a learning disability diagnosis. The manager selected admissions carefully and considered the impact a new patient may have on the other patients.

- All patients had a care co-ordinator who was involved in the CPA process.
- The hospital planned for all new admissions by assessing all new patients and using this information to develop their treatment plans.
- The average length of stay was eighteen months although two patients had been at Yew Trees longer than this due to locating suitable placements. However, the staff actively worked with commissioners to identify appropriate placements for patients.
- The hospital had six monthly clinical treatment reviews (CTR) to review discharge plans for patients. All patients had a CTR within the last six months.
- The hospital had patient discharge care plans and clearly defined goals for patients' to work towards discharge. Four patients had comprehensive discharge documents which were sent to commissioners and care managers to enable sourcing of appropriate placements for patients. Patients were involved in the completion of these documents and included their views, preferences, histories, triggers, goals, future plans and preferences for places to live.
- Staff identified placements for patients with their involvement and this was facilitated gradually to enable successful transition from Yew Trees.
- Staff facilitated home visits for patients where appropriate.
- Patients could transition to a nearby residential facility which was part of the Danshall group to continue with their recovery.
- The hospital had recently joined Asdan, a curriculum and awarding body for, offering programmes and qualifications to improve skills for learning, skills for employment and skills for life. Patients were encouraged and supported to participate in these.

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

- The hospital maintenance staff had recently built a practice kitchen for patients to be able to cook in. This was risk assessed by occupational therapy staff and staff supervised patients to use the kitchen. All patients were supported to develop their cooking skills.
- The hospital had a full range of rooms including separate activity rooms, quiet lounges, interview rooms and a clinic room.
- Patients could access and make telephone calls in private.

# Wards for people with learning disabilities or autism

- The hospital had a computer room supervised by staff for patients to use where they could access a computer.
- Patients could make hot drinks whenever they liked and staff provided snacks on request.
- Patients had pictorial menus and could request for dishes of preference. Patients with religious or dietary requirements were provided with appropriate meals.
- Patients were able to personalise their bedrooms and were able to choose the colour they would like their bedroom painted on admission.
- Some patients had their own bedroom door keys and had access to a key to lock away belongings in cupboards in their bedrooms.
- Patients could access the garden for fresh air when they wanted to.
- The lift had been broken for over a year. Staff told us they were waiting approval for repair. However, the hospital did have a bedroom on the ground floor that a patient with mobility difficulties could use if required.
- Patients had access to a variety of activities available throughout the week, including attending a sensory park, a dance group, animal therapy, football for people with learning disabilities, music therapy, arts and crafts, day trips and other individual activities.
- The maintenance staff had built a bespoke flat for a patient with complex and challenging needs to support independent living. The number of incidents for this patient had dramatically reduced since admission to Yew Trees.

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

- Staff referred to the ground floor toilet as a disabled toilet but it did not have the facilities such as rails to support a person with mobility difficulties to use. We raised this with staff who acknowledged this.
- Information leaflets were available in different languages upon request.
- Patients had access to easy read documents in a vast range of topics so that they could understand information given to them. This included how to complain, rights, the CPA and treatments.
- Patients had access to interpreters or signers if required.
- Patients could access relevant spiritual support in the community if required. The hospital
- did not have a faith room.
- The hospital had a sign on the wall leading to the exit for all informal patients wanting to leave, which outlined

their legal rights as an informal patient. However, patients were risk assessed for this purpose and supervised if considered vulnerable and requiring support.

- All patients had access to advocacy services who visited the hospital regularly. Staff told us they assisted patients, where necessary, to access these services.

## Listening to and learning from concerns and complaints

- Systems were in place for managing and dealing with complaints with information provided to staff and patients. Staff were aware of the complaints procedure and knew how to escalate if necessary.
- The hospital had one complaint relating to a patient complaint between January 2015 and January 2016 which was not upheld.
- Staff received feedback on the outcome of complaints in staff meetings.
- Patients were aware of how to complain.

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

Good 

## Vision and values

- Most staff we spoke to knew and agreed with the organisations values.
- Staff knew who senior managers were and said they visited the hospital regularly. We saw evidence of this during the inspection and observed that patients were familiar with the senior managers when they attended the hospital.

## Good governance

- The hospital held unit led regional and national clinical governance meetings.
- The hospital used staff feedback including exit interviews to improve staff retention.
- The hospital had a range of current policies in place. The policies we looked at were appropriate, in date and reviewed regularly.

# Wards for people with learning disabilities or autism

- Yew Trees had a service strategic development plan, which was used to highlight and plan for improvements to the service. This included their kitchen and bespoke flat which were completed.
- Managers had access to key performance indicators including training, sickness and appraisals to gauge the performance of the hospital and compared against other hospitals run by this provider.
- Systems were in place for reporting and recording incidents. All incidents within the organisation were cascaded to senior staff via email, discussed at governance and ward meetings.
- The provider responded to incidents, complaints, patient, and relative feedback. The hospital manager shared lessons learnt with staff.
- Staff had regular supervision and team meetings and we saw minutes of these recorded.
- One hundred percent of non-medical staff had completed an appraisal within the last twelve months.
- Staff completed internal clinical audits of other hospitals within the Danshell group.
- Senior staff highlighted safety concerns on the risk register, identified actions to resolve these with timeframes for completion and identified on-going risks.
- Staff followed safeguarding, MHA and MCA procedures.
- Sickness and absence rates had reduced and were monitored and managed well.
- Staff knew how to and felt able to raise concerns without fear of victimisation.
- The registered manager said that they felt supported by senior managers, and they had sufficient authority to make prompt changes to the hospital when needed, for example promptly increasing staffing levels to meet the enhanced observation needs of patients.
- Staff enjoyed their jobs, had good morale and job satisfaction.
- There were no reported bullying and harassment cases and staff said they worked well as a team.
- There were opportunities for staff to engage in further development, for example leadership courses.
- Staff were open and transparent with patients and we saw that duty of candour was exhibited when the service had made mistakes.

## **Commitment to quality improvement and innovation**

- The hospital completed quality development reviews and regular audits were completed by the regional audit and governance officer.
- The hospital was not part of any external accreditation scheme.
- One patient attended a learning disability conference in London last year.

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

# Outstanding practice and areas for improvement

## Outstanding practice

- The hospital built a bespoke flat specifically for a patient with complex needs and challenging behaviours. The number of incidents for this patient had dramatically reduced since using the flat at Yew Trees compared to their last placement.
- The hospital used detailed and comprehensive discharge plans, which included patient histories, preferences, likes, and dislikes, interests, triggers, individualised behaviour support plans on how to manage agitated or challenging behaviours, patient goals, and patient views on future potential placements.
- The hospital used numerous easy read documents including care plans to enable patients to be able to understand their care and treatment.
- Patients from other Danshell services attended Yew Trees as 'experts by experience' to give feedback on the service. A recent visit provided feedback on improving the décor of the service which had recently been redecorated as a result.

## Areas for improvement

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

- The provider must ensure that when managing risks from ligature points with observation levels, patients are individually risk assessed and not subject to restrictive practice.

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

- The provider should consider nurse call systems for patients to summons assistance if required.
- The provider should ensure the lift is repaired to enable patients with mobility difficulties to move freely around the building.
- The provider should ensure resuscitation equipment and ligature cutters are easily accessible to all staff.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment <b>The provider observed all patients at least every 15 minutes. Observation levels were not necessarily linked to individual risk assessments and were, therefore restrictive.</b> This was a breach of Regulation 13 (4) (b)