

Newbus Grange

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated Newbus Grange Independent Hospital as good because:

- Patients we spoke with told us staff treated them with dignity and respect and were caring.
- Staff assessed patients' needs before admission and reviewed these regularly. Staff undertook physical health checks and registered patients with a local GP who visited the hospital regularly.
- All the care records we reviewed had individual, up to date risk assessments that clearly highlighted risks and steps in place to manage these. Care plans were holistic and reviewed regularly.
- Patients were involved in planning of their care and evidence of their involvement was recorded in these care plans.
- Staffing levels in the hospital were appropriate to the needs of the patients and were reviewed regularly.

- There was a complete multi-disciplinary team in place who met regularly and reviewed patient care.
- Staff we spoke with felt supported by the management team and received regular supervision.
- Clinical governance systems were in place that helped the provider ensure the quality of care was kept to a good standard.

However:

- Although staff told us they received regular supervision, this was not always documented. This meant the hospital was not able to prove compliance with the provider's policy.
- The template for recording multi-disciplinary meetings was not always completed fully. Although we found the information in other areas of the care record this meant staff were not always able to find relevant information easily.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Newbus Grange	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Information about Newbus Grange	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	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Overview of ratings	9
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

Good 

Newbus Grange

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Newbus Grange

Newbus Grange is a 17-bed independent hospital that provides 24-hour support for men aged 18 years and upwards who are living with autism, a learning disability and have complex needs. The hospital is registered with the Care Quality Commission to provide the following regulated activities:

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

The service also supports individuals who are detained under the Mental Health Act and those who have behaviour that challenges or have difficulties with social engagement.

At the time of our inspection there were 12 men receiving care and treatment at the hospital.

The hospital has a registered manager in place who has managed the hospital for two years. The accountable officer for controlled drugs was also the hospital manager.

The hospital has not been inspected since it was registered in September 2014.

Our inspection team

Team Leader: Carole Mole, CQC Inspector

The team that inspected the service comprised two CQC inspectors, one inspection manager, one occupational therapist who specialised in autism and one learning disabilities nurse.

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 hospital.

During the inspection visit the inspection team:

- Spoke with four patients who were using the service.
- Spoke with one relative of a patient.
- Spoke with the registered manager of the hospital.
- Spoke with 11 other staff members including, a psychiatrist, a psychologist, an occupational therapist, two support workers, three nurses and an activities co-ordinator, a sports co-ordinator and the mental health legislation lead.
- Observed a shift handover.
- Observed a staff flash meeting.
- Carried out a check of the medication management throughout the hospital.
- Looked at the care records of seven patients.

Summary of this inspection

- Looked at documents relating to six deprivation of liberty requests and three mental health act detentions.
- Looked at complaints and compliments received over a period of six months.
- Looked at policies, procedures and other documents relating to the running of the service.
- Observed staff carrying out interactions with patients.

Information about Newbus Grange

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What people who use the service say

Some of the patients we spoke with were not able to communicate answers to all of our questions. However, those that were, told us that the staff were nice and they were treated with dignity and respect. All the patients we spoke with were able to indicate that they felt safe at the hospital but one person thought there were too many staff.

Patients who were able told us the food was good and they had a choice of meals. The patients also told us they were able to access snacks and drinks 24 hours a day.

Patients we spoke with told us the hospital was comfortable and had a relaxed atmosphere.

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 good because:

- Thorough assessments of risk were completed for all patients when they were admitted to the hospital and these were regularly reviewed.
- There was a risk register in place that provided an overview of identified risks and actions taken to manage them.
- Staff showed a good understanding of safeguarding patients from abuse and could explain how and when they would make a safeguarding alert.
- Staffing levels were appropriate to the needs of the patients and were adjusted when required.
- All areas of the hospital were visibly clean and tidy.

Good



Are services effective?

We rated effective as requires improvement because:

- There was no overall plan for implementation of the new MHA code of practice.
- Staff were not trained in how the new MHA code of practice related to people with autism or learning disabilities.
- Staff were unsure of how often capacity assessments should be reviewed
- The policy for MCA and DoLS held on file was out of date
- Staff supervisions were not always documented.

However:

- Comprehensive assessments were carried out to establish patient needs.
- Care records were comprehensive, up to date and stored safely.
- There was access to a range of health professionals who formed the hospitals multidisciplinary team.

Requires improvement



Are services caring?

- **We rated caring as good because:** Patients felt staff treated them with dignity and respect.
- All patients had access to an independent advocate.
- There was clear evidence of patient involvement in planning their care.
- Patients were involved in the running of the service.

Good



Summary of this inspection

Are services responsive?

We rated responsive as good because:

- There was a good range of facilities to support treatment and care, including a sensory room, music and movement room and lounge areas.
- Patients were able to access outdoor space and local amenities to participate in activities.
- Risks to patients were assessed, recorded and adjusted according to their needs.
- There was clear evidence of discharge planning in patient records.

Good



Are services well-led?

We rated well-led as good because:

- Staff were aware of the organisation's visions, values and objectives.
- Staff felt they could discuss concerns with members of the management team without fear of victimisation.
- Regular audits were carried out to ensure the quality of the service and care provided was of a good standard.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings to determine an overall judgement about the Provider.

Staff showed a good understanding of the legislation and all registered nursing staff had received training in the Mental Health Act (MHA). However, this did not include training in the changes to the MHA code of practice.

MHA documentation was complete and up to date.

Consent to treatment for mental disorder was found to be in order.

Patients' rights were explained to them and this was recorded.

There was a central department which provided advice, guidance, training and administrative support to the use of the MHA in the hospital which staff used

Independent mental health advocates came to the ward and patients and staff said they found this service useful.

However,

There was no overall plan for the implementation of the revised MHA code of practice.

There was also little awareness from the management and care staff of the revised Code of Practice in relation to autism or learning disabilities and how this influenced clinical practice.

Training was not specific to learning disability or autism.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the MCA, how to assess capacity, make best interest decisions, how to record these and we saw examples of this in patients records.

Staff had a good understanding of restraint in relation to the MCA and how this affected patients in the hospital.

Records relating to DoLS were kept in individual patient files and all were well ordered and laid out.

Advice and guidance for the MCA and DoLS was received from a central department.

However,

Staff were not sure how often capacity assessments should be revisited and recorded and this was not clear in the policy.

There was a policy for the MCA and DoLS but the copy held in the policy file was out of date.

The policy did not meet some requirements of the MHA code of practice.

One patient's DoLS authorisation had expired and there was no policy or guidance on how to manage this.

Overview of ratings

Our ratings for this location are:

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

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

We spent time looking around the hospital and saw all areas were visibly clean and tidy with comfortable seating and furnishings. All areas of the hospital were decorated in a style that was appropriate for the usage of the room. For example, there were four lounges, two that were primarily used by those who required lower stimulation and two that were used by those who benefitted from a more stimulating environment. The décor in the lounges was adapted with different furnishings and pictures on walls.

All patients had bedrooms with en suite bathroom. Patients were able to personalise their bedrooms and we saw some patients had done this. Other bedrooms had been adapted to ensure they created an area of low stimulus. This helped to ensure a calmer environment and helped patients relax sufficiently to sleep. All bedrooms were well decorated, warm, and clean and had items that made them more personal.

There were multiple ligature points throughout the hospital however, all staff were aware of these and they had been identified in ligature risk assessments. A ligature point is a place where a

patient intent on self-harm might tie something to strangle themselves. We saw ligature risk assessments were reviewed every six months. The last ligature risk assessment had been carried out on 15 December 2015.

We saw staff observation was the main method of mitigating risk although individual risk assessments were carried out for each patient. We found risk assessments for patients formed part of their individual care plans.

There were blind spots throughout the hospital. Blind spots are areas where a person's view is obstructed. We looked at the staffing levels in the hospital and found these levels allowed for the mitigation of these blind spots as patients were nursed on at least a one to one basis. Throughout the night staffing levels were adjusted with some patients continuing on one to one nursing and others reduced to two to one. We also found individual risk assessments had been carried out. We were told by one member of staff that some patients did leave staff's eyesight but this was always for a prearranged short period of time and for a specific reason.

Rooms throughout the hospital were signed with both words and pictures to give patients a clear idea of the purpose of each room. This meant patients who were not able to read could still find their way around the building.

Patients were able to access drinks and snacks throughout the day. Patients had access to hot and cold drinks 24 hours a day. At night, if patients wanted a drink staff either supported them to get their own drinks or would take a drink to them. Patients were encouraged to have drinks either in the dining or café areas but were able to have drinks in their bedrooms if they preferred.

The hospital clinic room was clean and secure with all medication appropriately stored and labelled. There was clear evidence of temperature checks being carried out on both the clinic room and the fridge.

The hospital had equipment that could be used to resuscitate someone. Staff carried out regular checks to

Wards for people with learning disabilities or autism

ensure that this equipment was in good working order. We checked all the resuscitation equipment held in the hospital and found that it had been regularly checked and it was in good condition.

Safe staffing

The hospital had a daily staffing establishment of two qualified nurses and 14 support workers during the day and one qualified nurse and seven support workers at night. Staffing levels were assessed based on the individual needs of patients. Night time staffing levels were reduced in accordance with patient needs and risk assessments. In addition, there were two trained nurses during the day who were supernumerary. One of these was the hospital manager. The hospital also had a small bank of staff and although the use of agency staff was required at times, when possible the hospital used staff who had worked there previously. The number of qualified nurses in post was seven whole time equivalents with one due to start work in the near future. The number of support workers in post was 37.5 whole time equivalents.

Over a 12 month period the hospital had a staff sickness rate of 2.7% and a staff turnover of 20%. Although the turnover of staff was high the manager was able to explain that this was due to losing three staff members at the same time, and that this was not the norm. There were vacancies for one qualified nurse and 10 nursing assistants at the time of our inspection.

All staff we spoke with told us there were enough staff at the hospital and patient activities were rarely, if ever cancelled due to staff shortage. None of the patients we spoke with could recall activities being cancelled due to staff shortages.

A consultant psychiatrist was part of the multi-disciplinary team (MDT), as well as a psychologist and occupational therapist. Arrangements were in place to ensure that a psychiatrist was on call for out of hours cover and that they were able to reach the hospital in a reasonable time.

We were provided with a staff training matrix which showed compliance with mandatory training was 80% overall. We did however find some areas were lower than the 80% requirement set by the provider. At the time of our inspection 69% of staff working at the hospital had

received immediate life support training. 50% of the staff group required had completed food safety training and the hospital was also below the required 80% level with information governance training.

Assessing and managing risk to patients and staff

Information provided by the hospital showed there had been 16 incidents of restraint in the six months prior to our inspection. No restraints involved the prone position; this is when the patient is restrained in a face down position.

Staff working at the hospital received Maybo training. Maybo is a form of conflict management training that helps staff identify the causes and reduce frequency and risk of conflict. Staff working at the hospital were also provided with personal alarms that allowed them to summon help from others if needed.

The hospital did not have seclusion facilities and did not seclude patients.

Some of the patients in the hospital required 'guided holds'. This is where staff hold a patient in order to guide them to different areas. Where this was required, we found appropriate care plans and risk assessments had been carried out. Although staff were aware that this could be considered as restraint, as it was used to assist people to navigate around the hospital it was not recorded as restraint.

We looked at the care record for six patients. We saw clear evidence that all patients had individual risk assessments in place. Care records showed risk assessments were reviewed monthly. We found each identified risk had an appropriate risk management plan in place that was also reviewed monthly.

We found access to some rooms, for example the kitchen, was restricted with doors locked to ensure patient safety due to ligature points or choking hazards.

At the time of our inspection, all of the patients in the hospital either were detained under the Mental Health Act or were subject to a Deprivation of Liberty Safeguard (DoLS) authorisation.

The hospital had an observation policy. The appendix three form was the observation record and should be completed daily. However, a sample of five appendix three records showed only two had been completed and neither was up

Wards for people with learning disabilities or autism

to date. The charge nurse on duty told us they were aware the observation record was not being completed as it should and the hospital were currently looking for ways to improve the form and compliance with completion.

We found all medicines were prescribed by qualified health professionals and reviewed at multi-disciplinary meetings. We saw all patients had appropriate prescriptions and a local pharmacist delivered medicines. We reviewed the medication administration records (MAR) of all the patients. We found all but one of the MARs was completed clearly and accurately. One record had three gaps, which appeared to indicate a prescribed medicine had not been given however this was unclear. We reported this to the charge nurse and an incident form was completed.

All the patients we spoke with, who were able to communicate an answer, told us they felt safe at the hospital.

We reviewed notifications of incidents that had occurred at the hospital. We found staff had acted appropriately and we saw evidence of referrals to the local safeguarding authority had been made.

Track record on safety

All care providers must notify the CQC about certain events and incidents affecting their service or the people who use it in order for us to understand how they have handled the event or incident. During the six months prior to our inspection we received 12 statutory notifications. All but one of these related to alleged incidents involving patients verbally or physically attacking other patients. We compared these notifications with incidents recorded by the hospital over the same period of time. We found the hospital was complying with the statutory requirement to notify CQC of incidents.

Staff showed a good understanding of safeguarding and could explain how and when they would make a safeguarding alert.

Reporting incidents and learning from when things go wrong

Staff we spoke with told us they knew how to report incidents and accidents. Incidents were reported to the charge nurse or a member of the management team.

Reports were completed onto the hospital's electronic system by the nursing team. The hospital manager reviewed all incident and accident reports who then reported the information.

Learning from incidents was shared in staff handovers and staff meetings. We saw evidence of this at the handover we observed and in meeting notes we reviewed. For example, one patient had suffered an epileptic seizure whilst bathing and we were able to see how this risk had been reassessed and staff had been made aware of both the incident and new practices that had been put in place following this.

The hospital manager told us staff who were involved in incidents were given a debrief and additional support if required.

The provider had a policy in place relating to the duty of candour. Staff we spoke with were aware of the duty of candour and we saw evidence of this in operation. Following the incident above we saw details of information being shared with the patient and their relatives.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

Prior to being admitted to the hospital a comprehensive assessment of patient needs was carried out. This helped ensure that the hospital was an appropriate place for patients and that they would be adequately supported.

On admission to the hospital patients were further assessed and care plans formulated. Person centred care plans included information about patient likes and dislikes, communication methods, relationships and key people in their lives. We also found patient records included a 'health passport', which would help if the patient ever needed treatment in an acute hospital. If wanted patients were able to keep a copy of their care plans however, we found these were not in easy read format.

We reviewed the records of seven patients. We found:

- Files were clearly labelled and easily accessible to staff.

Wards for people with learning disabilities or autism

- Patient care records were written in a comprehensive and clear way with detailed information relating to the patient and how best to support them and their treatment needs.
- Care records covered all aspects of care including physical health.
- Care and treatment was regularly reviewed and there was evidence of patient involvement.

Best practice in treatment and care

The hospital used 'Personal PATHS' to support patients. This was a combination of positive behavioural support and the Health Equalities Framework and provided holistic care. Care plans were drawn up using evidence based therapy, care and treatment, practice and research. This included Health of the Nation Outcome Scales, Department of Health guidance and accreditation from the National Autistic Society. Therapies offered included massage, hydrotherapy and work with a sports co-ordinator.

We attended a handover of night shift to day shift. 15 members of staff attended, including three registered nurses and two managers. Information shared included incidents that had occurred during the previous shift, follow up action from these incidents, appointments that patients have that day, staff duties and information relating to patient leave. Staff were also provided with personal alarms and key fobs.

We also attended a daily 'flash meeting' that was carried out at 9.30am every morning. The flash meeting was attended by a member of staff from each area within the hospital, for example nursing staff, domestic staff and kitchen staff. This meeting was used to allow the staff to raise any new issues and to discuss anything that had been raised on previous days. In addition, there was a discussion about planned activities that day and any expected visitors.

Skilled staff to deliver care

Staff working at the hospital had a range of backgrounds including nursing, medical, occupational therapy, speech and language therapy and sport and exercise science. At the time of our inspection the hospital had a vacancy for a psychiatrist but had a locum who was due to start the following week.

Support staff were required to participate in National Vocational Qualifications (NVQ). Both level two and three NVQ had specific autism modules which were mandatory.

This included understanding and supporting people with autistic spectrum disorders and communication in print. There was no requirement for qualified nurses to have this training, however all staff who worked at the hospital received an introduction to autism day and were encouraged to participate in National Autistic Society courses, conferences and networking days, as well as attending conferences relating to autism. We also found that all staff at the hospital were required to participate in training in epilepsy and positive behavioural support (PBS). Attendance for both of these was above the provider's required 80%.

At the time of our inspection there were 61 staff in post. Of these 48 had had an annual appraisal, two were absent from work and 11 had not been in post long enough to have an appraisal. This meant compliance was 100%. The hospital manager told us the company policy on supervision was that each staff member was required to have 10 supervisions per year. All the staff we spoke with told us they had regular supervisions however, we found these were not always recorded.

Multi-disciplinary and inter-agency team work

Members of the multidisciplinary team (MDT) were present at the hospital daily and used this time to carry out treatments and therapies. In addition, a complete MDT meeting was held for every patient receiving treatment each month. We saw evidence of patient involvement at these meetings and patients who were able to communicate a response, told us they were involved in these meetings and in decisions about their care. There were no meetings scheduled during the inspection and therefore we were not able to observe an MDT meeting during our inspection.

The hospital worked closely with other agencies, involving them with care and discharge of patients. This included work with social workers, advocates and other health professionals and ensured that patients would have good care and support when they were discharged from hospital.

All the patients at the hospital were registered with the local GP. The GP managed patients' physical health and made referrals to professionals of other disciplines. Documents relating to MDT meetings showed the GP also attended these meetings where possible. The GP carried out annual health checks on all patients at the hospital.

Adherence to the MHA and the MHA Code of Practice

Wards for people with learning disabilities or autism

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings to determine an overall judgement about the Provider.

Staff showed a good understanding of the legislation and all seven registered nursing staff received training in the Mental Health Act (MHA). The training included the updated MHA code of practice but was not specific to the patient group of learning disability or autism.

Six of the 12 patients were detained under the MHA and documentation relating to the Act was stored in a separate file. Three sets of documentation were reviewed. All were found to be complete and up to date.

Consent to treatment certificates, T2's and T3's were held with the medication cards and were found to be in order. Capacity assessments were completed in relation to treatment for mental disorder and filed in the records.

Patients had their rights explained monthly and this was recorded on a form in the records. One of the three forms had some sections not completed and all three forms referenced the previous code of practice. We saw examples of easy read versions of MHA information leaflets.

A central department provided advice, guidance, training and administrative support to the use of the MHA in the hospital. Staff we spoke with knew how to contact the department and said they regularly used this. The department was updating policies in relation to the revised code of practice with the help of the policy group and had included these policies in the training. However, there was no overall plan for the implementation of the code of practice. There was also little awareness from the management and care staff of the revised code in relation to autism or learning disabilities and how this influenced clinical practice.

We saw evidence of independent mental health advocates (IMHA) in the patients records. IMHA came to the ward and patients and staff said they found this service useful.

Good practice in applying the MCA

Staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training and 50 of the 58 staff had completed it. This was revisited every two years. Staff had a good understanding of the MCA, how to assess capacity, make best interest decisions and how to record these.

We saw completed capacity assessments and best interest decisions in patient's records. However, the staff were not sure how often capacity assessments should be revisited and recorded and this was not clear in the policy. We saw one capacity assessment relating to a care plan which was dated 2014 despite changes in the patient's capacity since this time.

There was a policy for the MCA and DoLS but the copy held in the policy file was out of date. Staff provided a policy from their intranet which had a different date and informed us that the policy folder had not been correctly updated. The policy did not provide details of how to resolve disagreements between eligibility of MHA and MCA DoLS when they occur as required by the MHA code of practice or how to apply for a DoLS authorisation.

Staff had a good understanding of restraint in relation to the MCA and how this affected patients in the hospital.

Five of the 12 patients were subject to DoLS authorisations and one patient's authorisation had expired. The hospital had no policy or guidance on how to manage an expired DoLS authorisation.

Records relating to DoLS were kept in individual patient files and all six sets of documentation were reviewed. The files, which contained reports and records of requests for authorisation, were well ordered and laid out. There had been two requests for DoLS authorisation in the past six months.

Advice and guidance for the MCA and DoLS was received from a central department which also provided the Mental Health Act service. This department also provided the statutory notification to the CQC and we saw completed examples of the notification forms in the patient's records.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

We observed interactions between staff and patients. We saw staff spoke with patients in a kind and respectful manner.

Wards for people with learning disabilities or autism

All the patients we spoke with who were able to communicate and answer told us they were treated with dignity and respect by staff and said the staff were caring. Patients told us “I feel safe here”, “If I need something staff will help me” and “I feel confident here”.

We looked at five bedrooms at the hospital and found they were all personalised according to patients’ needs and wishes. Patients’ bedrooms were locked but all patients were able to access them throughout the day. Either staff or patients, depending on individual risk assessments, held keys to bedrooms. One patient we spoke with told us he was hoping that he would be able to keep his own key after the next MDT meeting.

We spoke with the relative of one patient who told us staff were approachable and made them feel welcome. The relative we spoke with also told us they had been involved in the planning of care for their relative. Care records we looked at showed clear evidence of involvement by both patients and their relatives or representative.

Patients and carers were encouraged and supported to stay in touch with each other. Staff at the hospital helped to facilitate this by assisting patients to telephone and text as well as using facetime and skype for those who were more able.

The involvement of people in the care they receive

All patients were able to access an independent advocate if they wished. We saw information about advocacy services on display throughout the hospital. Patients who were detained under the Mental Health Act had access to an independent mental health act advocate.

Patient files showed clear evidence of patient involvement and these were written from the patient’s point of view.

Patients and family were encouraged to participate in the care they received and in the running of the service. There was a people’s parliament which included both patients and carers from all of the provider’s services. Patients were also involved in selecting staff for recruitment by escorting candidates around the hospital and speaking with them while they did so. This enabled patients to gain a basic knowledge of candidates understanding and communication skills in relation to autism as well as allowing staff to see how candidates interacted with patients.

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

Good 

Access and discharge

Newbus Grange had 17 beds and in the six month period prior to inspection the mean bed occupancy was 71%. The hospital provided care and treatment for men living with autism, a learning disability and complex needs.

All the care records we looked at showed evidence of discharge planning. An initial discharge plan is formulated on or before admission. The discharge plan includes an expected length of stay and the patient’s preferred plans for the future. For example, what support they would like and if they would like to go on to education or employment. At the time of our inspection the average length of time patients remained at the hospital was five years. Three patients had been discharged from the hospital over the twelve months prior to our inspection. Due to the nature of patients’ medical health conditions this was not unusual.

All aspects of the care provided were aimed at encouraging patients to participate in daily activities, managing their feelings and learning about acceptable behaviours. A progress form was used to monitor how patients progressed while at the hospital and this was used to help inform the discharge planning process.

Care records we looked at included details about action that should be taken if a patient relapsed following discharge.

The facilities promote recovery, comfort, dignity and confidentiality

The hospital had rooms that could be utilised as private interview rooms.

Patients had access to various activities and there were dedicated rooms for things like art, music and movement. There was a sensory room within the hospital and there was also access to an external sensory room and swimming pool. In addition, all patients were able to access the extensive gardens where there was a miniature assault

Wards for people with learning disabilities or autism

course and space for cycling. There was outside space which had been designated as a smoking area for patients who wished to access it. The outside areas were secure and well maintained.

Some patients had their own mobile telephones. Patients without mobile telephones were able to use a telephone in the hospital and were able to make private calls.

Patients who were able were supported to plan, prepare and cook meals. Patients we spoke with who were able to communicate a response said they enjoyed the food and had enough to eat.

Patients were able to access a variety of activities including at weekends. Staffing levels at the hospital helped ensure activities were not restricted or cancelled. All patients were given at least one to one care enabling people to participate in individual and group activities. In addition, the hospital had a sports co-ordinator who arranged physical activities including bowling and football. The sports co-ordinator had also arranged a sports day for people in services throughout the providers group.

Meeting the needs of all people who use the service

There was no multi-faith room within the hospital. We asked the hospital manager about this and she told us patients were free to attend local facilities and would be supported to do this.

All food provided was cooked freshly on site and a choice was offered for each meal. All staff and patients we spoke with told us they had access to hot and cold drinks and snacks 24 hours a day.

Patients were given choices at mealtimes and the hospital was able to cater for individual dietary needs if required.

Listening to and learning from concerns and complaints

Easy read posters were displayed on notice boards in the hospital. Posters explained to patients how they could make a complaint about the service.

We reviewed the complaints and compliments book. We found there had been one complaint and four compliments received in the six months prior to our inspection. We also found various thank you cards from carers and patients.

Complaints were dealt with in line with the provider's complaints policy. The manager told us the hospital tried to deal with complaints locally, but that complaints are monitored via the provider's governance team. Complaints that could not be dealt with locally are escalated to the governance team who appoint an investigating officer. We were also told that verbal complaints are dealt with immediately.

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

Good 

Vision and values

The visions and values of the hospital were clearly displayed in the entrance. The hospital values came under the headings of safe, sound and supportive. The values were a reflection of the care provided; person centred, rights based, high quality, appreciative, empowering and transforming. We saw evidence of these values being displayed in care records and through observations during our inspection.

Policy review meetings were held on a bi-monthly basis that assisted the provider to ensure policies and procedures were being carried out in line with best practice and appropriate guidance. The last meeting was held on 4 November 2015.

Good governance

We reviewed the following audits and found them to be thorough and complete;

- health and safety
- fire safety
- medications management
- clinical records
- infection control

All audits had appropriate action plans with timescales and roles and responsibilities for actions being allocated. Information related to audits was forwarded to the provider's head office. We saw evidence that the provider's governance team carried out visits to the hospital and completed further audits as part of the provider's quality assurance process.

Wards for people with learning disabilities or autism

We looked at risk assessments for the hospital and found they were clear and comprehensive with clear evidence of the identified risk, control measures and actions required to manage risk.

The hospital had a risk register in place that included information of potential risks relating to the service and staff members. For example, drains becoming blocked, staff member becoming pregnant and admission of new patient. The risk register allowed them the management team to manage and monitor risk accurately.

Leadership, morale and staff engagement

All the staff we spoke with told us they had good working relationships with other staff members and the hospital manager. Staff told us the hospital manager was very approachable and supportive. The hospital had an on call management rota in place that ensured staff were able to get advice and support whenever it was required.

Staff told us they felt able to raise concerns or issues and were confident they would be supported throughout. The

hospital had monthly staff meetings where staff were able to raise concerns and these were recorded in minutes. If concerns were raised staff told us these were dealt with quickly.

Weekly MDT meetings were carried out to review patient care and treatment. Meetings included the full clinical team and involved the patient and their family or representative. Items discussed at meetings included patient observation levels, medications and activities.

Staff told us the company that owned the hospital held an annual conference. This was an opportunity for the company to recognise staff achievements and celebrate their success. Several members of the Newbus Grange staff were given awards at the last conference and these were on display in the manager's office.

Commitment to quality improvement and innovation

Quality monitoring systems were in place and were used effectively to identify areas for improvement in the service.

The hospital was working toward accreditation with the National Autistic Society and was also Quality Network for Learning Disabilities accreditation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The service provider must:

- The provider must have a plan in place to ensure changes in the revised Mental Health Act Code of Practice are implemented.
- The provider must ensure staff undergo training in relation to autism or learning disabilities and how changes to the Mental Health Act Code of Practice influences clinical practice.
- The provider must also have a system in place to ensure policies are kept up to date.

- The provider must have an up to date policy in place relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Action the provider **SHOULD** take to improve

The service provider should:

- Ensure staff supervisions are fully documented to prove compliance with company policy.
- Ensure the MDT template is completed fully to provide a record of the MDT discussion, review process and emerging actions.

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 The provider did not have an up to date policy in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards. The authorisation relating to Deprivation of Liberty Safeguards was not correctly applied for one patient. The provider did not have systems in place to ensure authorisation was correctly applied. This is a breach of Regulation 13(5)
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have a plan in place to ensure the revised Mental Health Act code of practice was implemented in the hospital. This is a breach of Regulation 17(2)(a).

This section is primarily information for the provider

Enforcement actions

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.