

Good 

North East London NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

NELFT NHS Foundation Trust
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RATY1	Sunflowers Court	Moore ward	IG3 8XJ

This report describes our judgement of the quality of care provided within this core service by NELFT NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by NELFT NHS Foundation Trust and these are brought together to inform our overall judgement of NELFT NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for people with learning disabilities or autism as good because:

- The ward environment was clean and safe. Risks associated with the environment and individual patients had been appropriately assessed. The service had a strong track record on safety, with no serious incidents recorded in the last six months. Staff reported incidents appropriately and there was evidence of sharing and learning from previous incidents.
- The ward was well staffed and had adequate medical cover. Staffing levels were adjusted to reflect the fluctuating needs of the patient cohort and the risk levels present at that time. Any potential impact of staffing vacancies was mitigated by the use of bank staff familiar with the ward and its patients. The ward benefitted from an experienced MDT, including an appropriate level of psychology input. Although there was a reliance on locum professionals, the ward manager had ensured that they were of a high calibre, to safeguard the smooth running of the service.
- Staff received the training and support necessary to perform their roles. Staff received training in positive behavioural support, accredited by the British Institute of Learning Disabilities; safeguarding adults at risk, the Mental Health Act 1983 and the Mental Capacity Act 2005. Selected members of staff from the ward were due to take part in a 'train the trainer' scheme to assist with the training of staff from adult mental health wards in positive behavioural support (PBS). Approximately 90% of staff had received an appraisal within the last 12 months, and staff received support regular supervision and staff meetings.
- All patients had a good quality care plan that was personalised to their individual needs and focused on recovery. The physical health needs of patients were assessed and monitored appropriately. The multidisciplinary team (MDT) used the health of the nation outcome scale for people with learning disabilities (HoNOS-LD) and the Life Star holistic tool, in order to measure the progress of patients on the ward. Clinical staff participated in a wide range of clinical audits to monitor the effectiveness of services provided.
- Patients and carers told us they were highly satisfied with the way staff treated them. We observed consistently high quality interactions between staff and patients on the ward. Staff displayed a great deal of passion for their work and had an excellent understanding of the specific needs and characteristics of each patient.
- Patients and carers were involved in the care planning and risk assessment process. The ward actively sought the involvement of carers. Carers regularly attended weekly ward round meetings to discuss progress and plan for discharge. Staff encouraged patients to attend community meetings and daily planning meetings. Patients and their carers told us they felt able to give feedback on the service. At the time of discharge, all patients and carers were asked to give their feedback on the service provided by the ward, in the form of an exit questionnaire. Patients were involved in the recruitment process for new ward staff. The ward manager told us that a patient was normally part of each interview panel. During the past six months, there had been no complaints about the Ward.
- The ward had a relatively low bed occupancy rate (73% for the period May to October 2015 (inclusive)). Patients' beds remained open for them to return to following leave from the ward. Patients were not moved between wards during an admission episode unless they needed to be transferred on clinical grounds.
- The ward had a range of rooms and equipment to support treatment and care, including a well-appointed sensory room. Patients had access to a choice of activities and outings each day and had the ability to request specific activities during a daily planning meeting.
- The ward had notice boards displaying information on a wide variety of topics and an extensive range of information leaflets in easy-read format. Information

Summary of findings

on medicines was also available as an audio CD. The ward had recently introduced menus in a pictorial and easy-read format to assist patients in making informed meal choices. Patients had access to a culturally diverse range of meal choices that reflected their own cultural and ethnic backgrounds. The ward environment had appropriate adjustments for people with restricted mobility.

- Staff were aware of the trust's vision and values and these were clearly displayed on the wards. The appraisal system used by the ward was based upon the trust's visions and values. The ward manager was able to submit items to the trust's risk register during a monthly health and safety meeting. There was a high level of morale within the multidisciplinary team and the ward staff. Staff told us that the teams operated with a high degree of mutual support. Staff told us they felt able to approach the ward manager to raise any concerns, and were aware of the whistle blowing process. They did not raise any concerns relating to bullying or a fear of victimisation.
- The ward had participated in (and had gained accreditation in) the Quality Network for Inpatient Learning Disability Services (QNLD) accreditation scheme; and, a joint study with the Florence

Nightingale Trust into the benefits of equine facilitated psychotherapy for people with learning disabilities. Ten patients from Moore Ward took part in a six-week course of psychotherapy sessions involving contact with horses, after which it was found that there was a significant improvement on all the domains of the Life Star and a trend towards a reduction in psychological stress.

However:

- Although staff had received most mandatory training, as of March 2016, only 50% of staff were trained in the "manual handling of people".
- One patient and a carer told us they felt that the meal portion sizes were too small and that meal times were inflexible. Both patients we spoke with told us they were not always able to have a hot drink in the late evening.
- Bedrooms lacked any appreciable level of personalisation.
- Access to the ward garden was problematic for people with restricted mobility, due to a protracted route around the perimeter of the Sunflowers Court site.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- The ward layout enabled staff to easily move around in order to observe patients.
- The mixed-gender environment was well managed and met best practice guidelines.
- The ward had a clean and fully equipped clinic room.
- The ward was clean and tidy, and had well maintained furnishings and equipment.
- There was evidence of appropriate environmental risk assessments and audits taking place on the ward.
- The ward was well staffed, and had adequate medical cover. Staffing levels were adjusted to reflect the fluctuating needs of the patient cohort and the risk levels present at that time.
- The potential impact of staffing vacancies was mitigated by the use of bank staff familiar with the ward and its patients.
- Staff received training in positive behavioural support, accredited by the British Institute of Learning Disabilities.
- All patients had a risk assessment in place, which was appropriately updated.
- Staff received training in safeguarding adults at risk.
- There were no concerns relating to medicines management on the ward.
- There was no record of any serious incidents occurring within the last six months.
- Staff reported incidents appropriately. There was evidence of sharing and learning from previous incidents.

However:

- Although staff had in general received mandatory training, as of March 2016, only 50% of staff had received in the “manual handling of people”.

Good



Are services effective?

We rated effective as good because:

Good



Summary of findings

- All patients had a good quality care plan that was personalised to their individual needs and focused on recovery. Each patient also had an easy-read personal profile, which contained a wide variety of information about them and their needs and preferences.
- The physical health needs of patients were assessed and monitored appropriately.
- The ward had an appropriate level of access to psychological input.
- The multidisciplinary team (MDT) used the health of the nation outcome scale for people with learning disabilities (HoNOS-LD) and the Life Star holistic tool, in order to measure the progress of patients on the ward.
- Clinical staff participated in a wide range of clinical audits to monitor the effectiveness of services provided.
- The ward benefitted from an experienced MDT. Although there was a reliance on locum professionals, the ward manager had ensured that they were of a high calibre, to safeguard the smooth running of the service.
- Approximately 90% of staff had received an appraisal within the last 12 months, and staff received support regular supervision and staff meetings.
- Staff had access to the specialist training necessary to meet the needs of the patient group.
- The ward maintained strong links with community services for people with learning disabilities.
- All staff had received training in the Mental Health Act 1983 (MHA) and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- There were no concerns in relation to the ward's application of the MHA or MCA.

However:

- The ward did not have its own speech and language therapist (SALT). The ward's enforced reliance on community SALTs meant that there was a lack of capacity to provide intensive support to patients, for example with Autistic Spectrum Disorder.

Are services caring?

We rated caring as good because:

Good



Summary of findings

- Patients and carers told us they were highly satisfied with the way staff treated them. We observed consistently high quality interactions between staff and patients on the ward.
- Staff had an excellent understanding of the specific needs and characteristics of each patient.
- Patients and carers were involved in the care planning and risk assessment process. The ward actively sought the involvement of carers. Carers regularly attended weekly ward round meetings to discuss progress and plan for discharge.
- Staff encouraged patients to attend community meetings and daily planning meetings.
- Patients and their carers told us they felt able to give feedback on the service. At the time of discharge, all patients and carers were asked to give their feedback on the service provided by the ward, in the form of an exit questionnaire.
- Patients were involved in the recruitment process for new ward staff. The ward manager told us that a patient was normally part of each interview panel.

Are services responsive to people's needs?

We rated responsive as good because:

- The bed occupancy rate for the period May to October 2015 (inclusive) was 73%.
- Patients' beds remained open for them to return to following leave from the ward.
- Patients were not moved between wards during an admission episode unless they needed to be transferred on clinical grounds.
- The ward had a range of rooms and equipment to support treatment and care, including a well-appointed sensory room.
- Patients were permitted unrestricted access to their own mobile telephone and tablet.
- Patients had access to a range of activities and outings each day. Patients had the ability to make requests during a daily planning meeting.
- The ward environment had appropriate adjustments for people with restricted mobility.

Good



Summary of findings

- The ward had notice boards displaying information on a wide variety of topics and had a wide range of information leaflets were available in easy-read format. Information on medicines was also available as an audio CD.
- The ward had recently introduced menus in a pictorial and easy-read format to assist patients in making informed meal choices. Patients had access to a culturally diverse range of meal choices, that reflected their own cultural and ethnic backgrounds.
- Patients had access to spiritual support, via a visiting chaplaincy service.
- During the past six months, there had been no complaints about Moore ward. Carers told us they were confident that they knew how to make a complaint if needed and that the ward manager was approachable, should they want to raise a concern in an informal manner.

However:

- One patient and a carer told us they felt that the meal portion sizes were too small and that meal times were inflexible.
- Both patients we spoke with told us they were not always able to have a hot drink in the late evening.
- According to the ward manager, each patient had the option to personalise their bedroom. However, at the time of our visit, eight of the nine occupied bedrooms showed no level of personalisation. The ward manager told us that the current patient cohort had shown no interest in personalising their room. However, the bedrooms were sterile in appearance and lacked any degree of homeliness.
- Access to the ward garden was problematic for people with restricted mobility, due to a protracted route around the perimeter of the Sunflowers Court site.

Are services well-led?

We rated well-led as good because:

- Staff were aware of the trust's vision and values and these were clearly displayed on the wards. The appraisal system used by the ward was based upon the trust's visions and values.
- Staff knew who the senior managers were in the trust. The Chief Executive Officer of the trust had visited the ward, as had most of the trust's directors.

Good



Summary of findings

- Staff were appraised and received mandatory training. They received regular support via management and clinical supervision sessions.
- Incidents were reported appropriately and we saw evidence that incidents were discussed at regular staff meetings.
- The ward followed safeguarding, Mental Health Act and Mental Capacity Act procedures.
- Shifts were adequately staffed, to reflect the needs of the patient cohort. Although bank staff were frequently used by the ward, the ward manager minimised the impact of this by using staff who were familiar with the ward and its patients.
- The ward used a range of outcome measures to monitor the performance of the service against established guidelines.
- The ward manager was able to submit items to the trust's risk register during a monthly health and safety meeting.
- There was a high level of morale within the multidisciplinary team and the ward staff. Staff told us that the teams operated with a high degree of mutual support.
- Staff told us they felt able to approach the ward manager to raise any concerns, and were aware of the whistle blowing process.
- Managers displayed a great deal of passion for their work.
- Staff we spoke with did not raise any concerns relating to bullying or a fear of victimisation.
- Selected members of staff from the ward were due to take part in a 'train the trainer' scheme to assist with the training of staff from adult mental health wards in positive behavioural support (PBS).
- The ward had participated in a joint study with the Florence Nightingale Trust into the benefits of equine facilitated psychotherapy for people with learning disabilities. Patients from Moore Ward took part in a six-week course of psychotherapy sessions involving contact with horses, after which it was found that there was a significant improvement on all the domains of the Life Star and a trend towards a reduction in psychological stress.

Summary of findings

Information about the service

North East London NHS Foundation Trust has one inpatient ward for people with learning disabilities or autism.

Moore Ward is a mixed gender, 12 bedded short to medium term unit. It provides a specialist assessment and treatment service for adults with a learning disability, that present with mental illness or disorders and/or challenging behaviours. It is based within the Sunflowers

Court complex of mental health inpatient wards on the Goodmayes hospital site in Ilford. Some people who use this service are adults who have been detained under the Mental Health Act 1983.

Our most recent inspection of Moore Ward was carried out in December 2014. There were no outstanding breaches of regulations.

Our inspection team

The inspection team was led by:

Chair: Helen McKenzie, Executive Director of Nursing, Berkshire Healthcare NHS Foundation Trust.

Head of Inspection: Natasha Sloman, Care Quality Commission (CQC).

Team leader: Louise Phillips, inspection manager, Care Quality Commission.

The team who inspected this core service was comprised of six people; a Care Quality Commission inspector; a psychiatrist; a nurse; a Mental Health Act reviewer; a member of the CQC medicines team; and, an expert by experience.

Why we carried out this inspection

We inspected this core 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 these services, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team:

- visited the inpatient ward and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with two patients who were using the service;
- spoke with three carers/relatives;
- looked at six treatment records of patients;
- spoke with the ward manager;
- spoke with 10 other staff members; including doctors, nurses, a psychologist, support workers and occupational therapists;

Summary of findings

- attended and observed a shift hand-over meeting; a community meeting; and, a multi-disciplinary handover meeting.
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with two patients who were using the services and a total of three carers. They told us that they felt safe and that they were very happy with the way staff treated them. In general, they were positive about the food provided and activities on offer.

We collected four comment cards from patients/carers. Three of the four cards had positive comments about the service.

Good practice

- The wide range of information leaflets in easy-read format and information on medicines was also available as an audio CD.
- The plan for selected members of staff from the ward to take part in a 'train the trainer' scheme to assist with the training of staff from adult mental health wards in positive behavioural support.
- The ward's participation in a joint study with the Florence Nightingale Trust into the benefits of equine facilitated psychotherapy for people with learning disabilities. The results of the study are to be presented at an upcoming learning disabilities conference, and there is an aim to publish a report thereafter.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that all staff receive mandatory training in each of the specified topics.
- The trust should seek to reduce (or eliminate) the use of restraint in the prone position and the use of rapid tranquilisation.
- The trust should consider increasing the amount of specialist speech and language therapy input available to the ward.
- The trust should ensure that meal arrangements are flexible to accommodate the needs and wishes of all patients.
- The trust should ensure that patients have access to hot drinks at any time of day.
- The trust should look to actively encourage patients to personalise their bedrooms.
- The trust should seek to improve ease of access to the ward garden for patients with restricted mobility.

North East London NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Moore Ward	Sunflowers Court

Mental Health Act responsibilities

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

All staff had received training in the MHA.

Patients had their rights under the MHA explained to them on admission and routinely thereafter.

Consent to treatment and capacity requirements were adhered to.

Paperwork relating to the detention of patients under the MHA was filled in correctly and was up to date.

100% of staff had received up to date training in the MHA and Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the MCA and DoLS and an awareness of the trust's policies.

During the period June to November 2015 (inclusive), there were a total of 16 DoLS applications.

A core capacity assessment was conducted for every patient, at the time of admission. Thereafter, the capacity of individual patients was decided on a decision-specific basis.

Patients were supported to make their own decisions wherever possible.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The ward layout enabled staff to easily move around in order to observe patients. There were partition doors at the entrance to both bedroom corridors, but they had windows to enable staff to view any potential hazards prior to opening them.
- The ward had identified and assessed the risks associated with potential ligature anchor points (a ligature is something (e.g. a cord or item of clothing) that is tied around a part of the body e.g. the neck)). Most taps, door handles etc installed within the ward were of an anti-ligature design. Any remaining ligature related risks were appropriately mitigated via staff observation.
- The ward admitted both male and female patients. There was a separate bedroom corridor allocated for each gender. Each bedroom corridor had adequate toilet and bathing facilities to ensure that patients did not have to share facilities with those of the opposite gender. The female corridor had a small lounge room, solely for use by female patients. However, internal access to the ward's garden, was only via a door situated at the end of the female corridor. To manage any potential risk associated with male patients walking through the female corridor, they could only do so when escorted by a member of staff. Whilst this arrangement was not ideal, there had not been any reported incidents in relation to it.
- The ward had a clean and fully equipped clinic room. Staff had completed relevant checklists to record that equipment (e.g. fridges, resuscitation bag etc) had been checked on a regular basis.
- There were no seclusion facilities on the ward, which was viewed positively by the staff team.
- The ward was clean and tidy. The furnishings were in good condition and equipment appeared well maintained.
- There was evidence of appropriate environmental risk assessment and audits taking place on the ward. We

observed clinical staff following good practice with regards to hand hygiene. Management of clinical and domestic waste was appropriate to minimise risks of cross infection.

- The ward did not make use of personal alarms. Staffing levels were adequate to appropriately manage risks to patients, staff and visitors.

Safe staffing

- Staffing requirements for the ward were assessed using an established clinical tool. The ward manager was supernumerary.
- The stated minimum staffing levels were a total of four staff on each early shift, four on each late shift and three waking night staff. On the day of our visit, there were a total of seven staff on the early shift, and a total of seven staff on the late shift. Those numbers had been arranged to reflect the needs of the patients on the ward at that time.
- It had been determined that there should be at least two qualified nurses on each shift. However, the ward manager and some staff we spoke with told us that there was occasionally only one qualified nurse on duty. The ward manager had taken the decision to prioritise familiarity with the ward and patients above professional status, when booking staff for the second qualified nurse 'slot' for any shift. They would therefore book an extra unqualified worker who was familiar with the ward and patients, rather than a qualified agency nurse who was not familiar with the ward or patients. The ward manager believed that the approach held a positive benefit for patients.
- The ward manager and staff we spoke with told us that the staffing levels were adjusted to reflect the fluctuating needs of the patient cohort and the risk levels present at that time.
- There was regular use of bank and agency staff on both wards. However, the ward manager and staff we spoke with told us that it was rare for the ward to use bank or agency workers who were unfamiliar with the ward or its patients. The ward manager had created their own pool of learning disability specific bank staff, from which to

Are services safe?

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call upon in the first instance. It was only when they could not fill a shift from that body of staff that they contacted either the trust's generic pool of bank staff or a nursing agency. During the month of March 2016, a total of 252 shifts were filled by bank staff (65 qualified; 180 unqualified; and, seven administrative); 12 shifts were filled by agency staff (two qualified and ten unqualified). Only one shift during the month of March 2016 remained unfilled.

- As at 31/03/2016, the ward had a vacancy rate of 13% (representing two whole time equivalent posts).
- The sickness rate on the ward during the period October 2015 to March 2016 (inclusive) was 1%. The staff turnover rate for the same period was 5%.
- Staff we spoke with told us that cancellation of escorted leave and activities due to staff shortages happened rarely. This claim was positively reinforced by carers we spoke with.
- The ward had adequate on-call medical cover, provided within the framework of arrangements for the wider Sunflowers Court complex, in which it was situated.
- Staff on the ward had received adequate mandatory training. As of March 2016, there was one topic in which the completion rate was less than 75% (according to the ward's "Quality and Performance Reporting Template", dated March 2016): "manual handling of people", which had a completion rate of 50%.

Assessing and managing risk to patients and staff

- In the five month period from October 2015 to February 2016 (inclusive), there were 22 instances of restraint on Moore Ward, involving six different patients. There were two instances of restraint in the prone position and eight instances of restraint that ended in the use of rapid tranquilisation, which was reasonable given the presentation of some members of the patient cohort.
- Staff received training in positive behavioural support, accredited by the British Institute of Learning Disabilities. They also received training in the prevention and management of violence and aggression. Staff we spoke with told us that they employed proactive de-escalation techniques to avoid the use of restraint wherever possible, and that restraint was only used as a last resort. Electronic incident records we examined cited the use of de-escalation techniques prior to

instances where restraint, prone restraint or rapid tranquilisation were used. The ward employed the trust's policy for the use of rapid tranquilisation, which included arrangements for appropriate physical monitoring of patients who had been subject to that intervention.

- We examined the care records of six patients, all of which contained an assessment of risks at the time of admission (using the tool embedded within the electronic care recording system employed by the ward), which was updated appropriately thereafter.
- Informal patients were able to leave the ward at will. They were obliged to ask a member of staff to unlock the door to the ward, before being able to leave. We observed this happening in practice, without delay to the patient in question.
- We observed staff maintaining appropriate observation levels for each patient, based on their identified needs.
- Staff received training in safeguarding adults at risk. Staff we spoke with had an satisfactory understanding of relevant safeguarding processes. There had been two safeguarding alerts raised by the ward during the six month period from October 2015 to March 2016. The first related to an issue where the manager of Moore ward had raised a concern about care provided by an acute mental health ward, before the patient had been transferred to Moore ward. The second related to an allegation by a patient that they had been physically assaulted by a member of staff. It later transpired that the patient had fabricated the allegation because of their own negative mood state at the time.
- We found that the pharmacy team provided a clinical service to ensure people were safe from harm from medicines. The ward manager told us that the pharmacist was seen as part of the ward team. There was a pharmacy top-up service for ward stock and other medicines were ordered on an individual basis. This meant that patients had access to medicines when they needed them while in hospital. We saw that pharmacy staff had made comprehensive records on the prescription charts to guide staff in the safe prescribing and administration of medicines, for example, marking the dates when weekly medicines were to be given, alerting staff to possible side effects such as drowsiness and noting when blood tests were due. We looked at the

Are services safe?

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prescription and medicine administration records for nine patients. We saw that patients' allergies were recorded and medicines were administered as prescribed.

- A policy was in place not to allow child visitors onto the ward. However, patients were able to have contact with child visitors within the grounds of the main Sunflowers Court complex.

Track record on safety

- There was no record of any serious incidents occurring within the last six months.

Reporting incidents and learning from when things go wrong

- Staff reported incidents via an electronic recording system. Staff we spoke with demonstrated a good knowledge of what incidents required reporting and how to do this. Staff told us that everyone on the team had the ability to record incidents and refer to details of previous incidents on the electronic system.
- We examined records of recent incidents on the electronic system used by the ward. We noted evidence of information sharing with the ward's multidisciplinary team and relevant managers within the organisation.

- Staff we spoke with told us that they discussed incidents in handover sessions and team meetings. They told us that as well as discussing incidents from Moore ward, they also discuss serious incidents from other wards, including learning from ligature related incidents on acute mental health wards within the trust.
- We observed an afternoon shift handover session, during which staff discussed events that had occurred during the morning, including two incidents involving the same patient. Staff shared relevant information about the circumstances and outcomes.
- We reviewed the minutes from three recent learning disability governance meetings. There was a standing agenda item about incidents, where information was shared and future practice was informed by the lessons learned. An example of this was discussion about how to avoid stressful situations for one patient, in which they had a tendency to self-harm. The resulting action point was to increase the use of the patient's personal pictorial charts to explain the routine of the day to them in advance, to reinforce their level of understanding.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We examined the care records of six patients. Each set of care records contained a care plan of good quality, showing that staff had carried out an appropriate assessment of needs at the time of admission.
- Each care record held details of an assessment of physical health needs at the time of admission. The identified needs of each patient were appropriately addressed in their care plan and necessary monitoring checks were conducted at identified intervals.
- In addition to their computerised care records, each patient also had a set of paper files, which were presented in an easy-read format. Each patient had a personal profile, which contained their personal details; the details surrounding their admission; their personal goals; information about their carers; a summary of their diagnoses, allergies, medicines etc; their likes and dislikes; and, a health action plan (containing information regarding cardiac health, epilepsy, diabetes etc). The files also contained a communication passport, to provide clear information on their preferred mode(s) of communication; and, how to interpret their body language, facial expressions, vocalisations etc.
- All information was stored securely and was available to staff when needed. There was a clear differentiation between the roles of the electronic and paper records.

Best practice in treatment and care

- The ward had an appropriate level of access to psychological input. Psychologists took part in regular multidisciplinary team (MDT) meetings and facilitated both individual and group therapy sessions on the ward. This was in line with NICE guidelines (e.g. cognitive behavioural therapy, mindfulness, and e).
- Patients had access to appropriate access to physical healthcare, including from their own GP, dentist etc.
- The MDT used the health of the nation outcome scale for people with learning disabilities, which uses scales covering a variety of health and social care domains, to enable the clinicians to build up a picture over time of their patients' responses to interventions. Each patient also had a "Life Star" chart in place, to measure their

personal progress on the ward. toin place. The Life Star is a holistic tool developed for people with learning disabilities, that covers 10 key areas of life, such as 'living skills', 'feeling good' and 'your health'.

- Clinical staff participated in a wide range of clinical audits to monitor the effectiveness of services provided. The areas covered included medicines, safety, environment and care planning.

Skilled staff to deliver care

- The ward benefitted from an experienced MDT. Although there was a reliance on locum professionals, the ward manager had ensured that they were of a high calibre to safeguard the smooth running of the service.
- The ward did not have its own speech and language therapist (SALT). Patients who had an identified need for SALT input had to be referred to the SALT from the community team in their home area. The impact of this arrangement was that the high workload of community SALTs only allowed them to concentrate on certain types of work, such as support for dysphagia (swallowing difficulties). There was insufficient capacity to allow the community SALTs to undertake other valuable forms of work, such as intensive support for patients with Autistic Spectrum Disorder.
- Most staff (approximately 90%) had received an appraisal within the last 12 months. Only two staff were still awaiting their appraisal at the time of our visit.
- Staff we spoke with told us they received regular supervision, at least once per month.
- Staff had access to the specialist training necessary to meet the needs of the patient group. The ward had an extensive program of training planned for 2016, including, meeting the physical health needs of people with a learning disability; palliative care in learning disability services; meeting the needs of people with a personality disorder and a learning disability; and, a 'train the trainer' program for positive behavioural support (PBS).
- The ward held monthly staff meetings. We looked at four sets of meeting minutes, which contained evidence of discussions about patients, staffing issues and service updates.

Multidisciplinary and interagency team work

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The ward MDT met once weekly and additionally, there were two ward round meetings each week.
- Staff we spoke with reported having strong links with community services for people with learning disabilities. The ward aimed to ensure that care co-ordinators from the community teams visited their respective patients at least once per week.
- We observed one daily MDT handover meeting and one afternoon shift handover meeting. Both meetings were well structured, containing open discussion about a variety of topics, such as therapy planning, community engagement, discharge planning, medicines changes and recent incidents.

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

- All staff had received training in the Mental Health Act 1983 (MHA). All members of the MDT had a good understanding of the MHA, the Code of Practice and the guiding principles.
- The ward had access to centralised MHA administrative support and legal advice.
- Patients had their rights under the MHA explained to them on admission and routinely thereafter.
- Consent to treatment and capacity requirements were adhered to.
- Paperwork relating to the detention of patients under the MHA was filled in correctly and was up to date. Electronic copies of MHA forms were accessible on the ward. Original paper copies of MHA forms were held centrally by the MHA administrative team.

- The central MHA administrative team carried out regular audits of MHA paperwork.
- The ward sought the involvement of carers in all cases, and patients had access to specialist support via an IMHA (Independent Mental Health Advocate) when needed.

Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Members of the MDT and shift staff we spoke with had a good understanding of the MCA and DoLS and an awareness of the trust's policies.
- During the period June to November 2015 (inclusive), there were a total of 16 DoLS applications.
- A core capacity assessment was conducted for every patient, at the time of admission. This core assessment centred on their understanding around being admitted to a locked ward and their capacity to consent to treatment. The capacity of individual patients was discussed on a decision-specific basis at MDT and ward round meetings. Patients were supported to make their own decisions wherever possible.
- Ward staff had access to specialist support on MCA and DoLS from the trust's safeguarding team.
- The ward sought the involvement of carers in all cases, and patients had access to specialist support via an IMCA (Independent Mental Capacity Advocate) when needed.

Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- The patients and carers we spoke with told us that they were highly satisfied with the way staff treated them. We observed consistently high quality interactions between staff and patients on the ward, in which they blended social interaction with provision of practical and emotional support. Staff also demonstrated a caring, respectful approach when speaking to/about patients and their carers during an afternoon shift handover; a morning MDT handover; and, a community meeting that was attended by ten members of staff and six patients.
- Staff we spoke to and who we observed carrying out their work, demonstrated an excellent understanding of the specific needs and individual personality of each patient.

The involvement of people in the care they receive

- Two carers we spoke with said they were given relevant information prior to admission. However, one carer said they did not know about the ward prior to admission. The ward manager told us that they try to arrange a pre-admission visit where possible, but where it is not (e.g. in the case of an emergency admission), they try to arrange for carers to accompany their relative when they are admitted. The ward issues a welcome pack to all patients and carers at the time of admission.
- Patients and carers we spoke with told us that they had been involved in the care planning and risk assessment

process. The ward actively sought the involvement of carers, including requesting that they attend weekly ward round meetings to discuss their relative's progress on the ward and to plan for future discharge.

- Ward staff actively encouraged patients to attend daily planning meetings and community meetings. The daily planning meeting took place every morning. It was used as a forum for staff and patients to collectively decide on the plan for that day, including planning for activities and outings. Weekly community meetings were well attended by staff and patients alike. A variety of issues were discussed, including ward maintenance; discussing ideas for future events; suggestions or concerns; menu planning; and, time for open discussion.
- Patients from the ward had access to Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services when necessary.
- Patients and their carers we spoke with told us they felt able to were able to give feedback on the service. There were posters giving details of how to provide feedback, compliments and complaints on the ward notice boards. At the time of discharge, all patients and carers were asked to give their feedback on the service provided by the ward, in the form of an exit questionnaire.
- Patients were involved in the recruitment process for new ward staff. The ward manager told us that a patient was normally part of each interview panel.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The bed occupancy rate for the period May to October 2015 (inclusive) was 73%.
- Patients' beds remained open for them to return to following leave from the ward.
- Patients were not moved between wards during an admission episode unless they needed to be transferred on clinical grounds and it was deemed to be in the patient's best interests.
- The ward's goal was that admission should not exceed 3 months. This was generally achieved. During the past six months, there had been one delayed discharge from the ward. The delay was due to the complexities of that individual case.
- During the past six months, there had been one instance where a local person had been admitted to an acute mental health ward, rather than Moore ward. This was due to a lack of space on the female corridor. The patient was kept on the acute ward for 19 days, until a bed became available on Moore ward.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a range of rooms and equipment to support treatment and care. There was a well-appointed sensory room, used for therapy and relaxation sessions; a quiet room, used for meeting visitors and relaxation; a group meeting room; a clinic room, with the equipment necessary for physical examinations and treatments; an activity room, equipped with games, a computer for patient use, DVDs, art equipment and an assortment of puzzles; a dining room; and, two communal lounges.
- Patients were permitted unrestricted access to their own mobile telephone and tablet.
- Every bedroom had a small combination safe. Patients also had the option of keeping valuables in the ward's safe.
- Patients and carers we spoke with did not raise any concerns about the quality of food on offer. However, one

of the patients we spoke with expressed that the meal portion sizes were too small and that meal times were inflexible (this view on the inflexibility of meal times was also raised by one carer we spoke with).

- Patients did not have access to the ward kitchen. Patients had to ask staff to make them a drink or snack, or to access the kitchen on their behalf (where each patient's personal snack box was stored). Both patients we spoke with told us they were not always able to have a hot drink in the late evening.
- Patients had access to a range of activities and outings each day. A daily planning meeting took place every morning, during which patients and staff discussed the activities for that day. Examples of outings included shopping, bowling and trips to a local farm.
- Patients had access to outside space in the ward's own garden, and the main courtyard for the Sunflowers Court site. The ward garden could be reached via two routes. The first was via a staircase at the end of the female corridor. The second was by leaving the ward, then walking round the outside of the perimeter to the Sunflowers Court site, before reaching a side gate to the garden. The ward garden was a relatively bare lawned space, with little to stimulate patients. According to the ward manager, there were plans to develop the garden space and commence a patient gardening group.
- According to the ward manager, each patient had the option to personalise their bedroom. However, at the time of our visit, only one of the nine occupied bedrooms had any personalisation at all (this was only a selection of small stickers on one wall). The ward manager told us that the current patient cohort had shown no interest in personalising their room. However, the bedrooms were sterile in appearance and lacked any degree of homeliness.

Meeting the needs of all people who use the service

- The ward was situated on the first floor within the main Sunflowers Court building. There were stairs and a lift between the ground and first floor levels. The environment within the ward was suitable for people with restricted mobility, with level access throughout. There was one male and one female bedroom designated for patients with restricted mobility. Those two rooms had accessible showers within their en suite facilities. However, access to the ward garden was

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

problematic for people with restricted mobility. For anyone who was unable to negotiate the stairs at the end of the female corridor, the route to the ward garden was protracted.

- The ward had notice boards displaying information on a wide variety of topics, including details of how to complain, patients' rights and advocacy services available. There was also an extensive range of leaflets on physical and mental health conditions, types of therapies/treatment, patients' rights and how to complain. These were all available in an easy-read format. We saw that information on medicines was available in easy read and picture formats and as an audio CD.
- The ward had recently introduced menus in a pictorial and easy-read format to assist patients in making informed meal choices. Patients were asked to make

meal choices a day in advance, to fit in with the kitchen systems on the Sunflowers Court site. Patients had access to a culturally diverse range of meal choices, that reflected their own cultural and ethnic backgrounds.

- Patients had access to spiritual support, via a chaplaincy service, that visited the ward three to four times each week.

Listening to and learning from concerns and complaints

- During the past six months, there had been no complaints about Moore ward.
- Carers of patients we spoke with told us they were confident that they knew how to make a complaint if needed. They also told us that they felt the ward manager would welcome them approaching him directly if they wanted to raise a concern in an informal manner.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and these were clearly displayed on the wards. The appraisal system used by the ward was based upon the trust's visions and values.
- The ward manager was familiar with the management structure above ward level and attended regular operational management meetings.
- Staff knew who the senior managers were in the trust. The Chief Executive Officer of the trust had visited the ward, as had most of the trust's directors.

Good governance

- Staff were appraised and received mandatory training. They received regular support via management and clinical supervision sessions.
- Incidents were reported appropriately and we saw evidence that incidents were discussed at regular staff meetings.
- The ward followed safeguarding, Mental Health Act and Mental Capacity Act procedures.
- Shifts were adequately staffed, to reflect the needs of the patient cohort. Although bank staff were frequently used by the ward, the ward manager minimised the impact of this by using staff who were familiar with the ward and its patients.
- The ward used a range of outcome measures to monitor the performance of the service against established guidelines (e.g. those of the National Institute for Health and Care Excellence (NICE)). For example, they monitored the duration of admissions to the ward, with a target of minimising their length. They also employed a quality dashboard to display performance in factors such as recording of incidents.
- The ward manager was able to submit items to the trust's risk register during a monthly health and safety meeting.

Leadership, morale and staff engagement

- There was a high level of morale within the multidisciplinary team and the ward staff. Staff told us that the teams operated with a high degree of mutual support.
- Staff told us they felt able to approach the ward manager to raise any concerns, and were aware of the whistle blowing process.
- Staff displayed a great deal of passion for their work.
- Staff we spoke with did not raise any concerns relating to bullying or a fear of victimisation.
- Some members of the team had undertaken leadership training to support them in their roles.
- Selected members of staff from the ward were due to take part in a 'train the trainer' scheme to assist with the training of staff from adult mental health wards in positive behavioural support (PBS).

Commitment to quality improvement and innovation

- The ward was one of four units across England who piloted the first cycle of the Quality Network for Inpatient Learning Disability Services (QNLD) accreditation scheme. They conducted a self-review, then had a peer review visit, the final report for which was issued in January 2014. The ward manager told us they planned to commence the QNLD accreditation process during 2016.
- The ward had taken part in a joint study with the Florence Nightingale Trust into the benefits of equine facilitated psychotherapy for people with learning disabilities. Patients from Moore Ward took part in a six-week course of sessions, after which it was found that there was a significant improvement on all the domains of the Life Star and a trend towards a reduction in psychological stress. According to the ward manager, the results of the study are to be presented at an upcoming learning disabilities conference, and there is an aim to publish a report thereafter.

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.

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.