

Field House

Quality Report

Field House
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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 Field House as good because:

- it provided a homely environment that promoted the safety and wellbeing of patients
- patients' bedrooms were personalised to reflect the taste and preference of individual patients
- staff supported and encouraged friends and relatives to be involved in their relatives' care
- the Department of Health "Positive and Safe" (2014) programme had been adopted and implemented, nursing staff carried out regular physical health monitoring, and set out any identified physical health needs in detailed care plans
- patients were registered with a local GP and were able to be seen by the GP at the local surgery or at Field House
- patients had access to a speech and language therapist (SALT) who assessed needs and planned care accordingly
- the cook ensured that all patients' dietary needs were met, and nursing staff provided any support required for eating and drinking safely
- the multidisciplinary team (MDT) assessed actual or potential risks using recognised risk assessment tools
- staff measured patients' progress using a recognised outcome measure called the health of the nation outcome score for learning disability (HoNOS LD)
- patients received input from a psychologist who helped them with any communication difficulties and contributed to the multidisciplinary team (MDT)
- medicines were managed safely
- managers supported and encouraged staff to attend specialist training relevant to the patient group
- staffing levels were safe and the use of temporary staff was low
- staff raised safeguarding alerts appropriately, knew how to record and report any risk incidents or near misses, and there was evidence of learning lessons from incidents
- patients had regular access to an independent mental health advocate (IMHA).

However:

- Mental Health Act documentation was not always accurate, and Mental Capacity Act documentation did not always contain sufficient detail
- it could sometimes be difficult to access specific key information quickly because the care record system was in the process of transition from paper records to an electronic record system
- ligature risks were not recorded on the risk register
- the narrow corridors made it difficult for wheelchair users to navigate independently.
- the narrow corridors could not accommodate three people walking abreast in the event of a patient being re-located under physical restraint
- psychiatric cover consisted of attendance at the fortnightly multidisciplinary team (MDT) meetings, and on-call or telephone cover at all other times.

Summary of findings

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Good 

Field House

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Field House

Field House Hospital is owned and run by Lighthouse Healthcare Group. The hospital is a 10-bedded locked rehabilitation facility that provides step-down services and rehabilitation support for adult males with learning disabilities, autistic spectrum disorders and mental health problems.

Field House has a registered manager and provides the following regulated activities:

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

There were eight patients in residence on the day of our visit. Five patients were detained under the Mental Health Act (MHA), and three patients were subject to a Deprivation of Liberty Safeguard authorisation (DoLS).

Some of the patient group were older adults, and many of the patients had significant physical health needs associated with ageing. Many of the patients also had issues relating to challenging behaviour. One of the patients had dementia.

There were no seclusion facilities at Field House.

The house felt relaxed and welcoming when we arrived. The registered manager was on duty on the day of our inspection.

Field House Hospital registered with the CQC on 7 January 2011. They have had four previous inspections, the latest of which took place on 12 November 2013, and found Field House Hospital compliant with the relevant standards.

The last MHA monitoring visit took place on 11 December 2013 and raised a number of issues. None of the issues raised had been satisfactorily resolved by the time of our inspection and all required further action. We found that:

- record keeping was confusing and it was difficult to locate key information quickly
- the recording of section 17 leave did not meet the MHA Code of Practice guidance
- the presentation of patients' rights under section 132 was inconsistent.

Our inspection team

Our inspection team was led by:

Surrinder Kaur, Inspection Manager, Care Quality Commission (CQC).

The team that inspected the service comprised five inspectors. The team included an inspection manager, an inspector, a mental health act reviewer, an expert by experience and his personal assistant, and a specialist professional advisor who is a psychologist.

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?

Summary of this inspection

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from carers.

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eight patients who were using the service
- spoke with the registered manager for Field House as well as the service manager for the provider, Lighthouse Healthcare
- spoke with eight other staff members; including the consultant psychiatrist, registered nurses, support workers, a psychologist, the speech and language therapist and the cook
- received feedback about the service from commissioners
- spoke with an independent mental health advocate
- attended and observed one nursing handover meeting
- looked at eight care and treatment records of patients
- carried out a specific check of the medicine management on the ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Eight patients were able to tell us about their experience of Field House. Their views were very different. Five patients were satisfied with their care but one wished to leave because he was unhappy. He wanted to go and live in a house in the community on his own. Six patients told us the food was good at Field House, and we saw all eight patients enjoying their lunch on the day of our inspection.

All eight patients told us they felt safe at Field House, and all the carers we spoke with told us they felt their relatives were safe at Field House. Carers told us that staff were caring, open, honest, and shared information in a helpful way. They told us they felt involved in decisions.

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:

- all staff had personal electronic alarms, which meant they were able to summon assistance quickly if they needed to.
- all staff understood their responsibilities to raise concerns, and to record and report incidents, concerns and near misses.
- there were a number of ligature points in the building but staff were positioned so that they could see all parts of the ward at all times
- patients' risk assessments and risk management plans were thorough and detailed - all areas of actual and potential risk had been assessed, and any risks identified had clear strategies for the reduction of the risk
- managers shared any learning from risk incidents or near misses with staff at handovers, staff meetings and through individual supervision
- most staff were up-to-date with their mandatory training with the exception of staff who had been absent from work due to illness or maternity leave
- staff used physical interventions to manage violence that did not rely on any deliberate application of pain or discomfort, nor the use of the prone (face-down) position
- nursing handovers were detailed and addressed any identified risks as well as any changes in health and wellbeing
- all hoists and assistance equipment were well maintained and fully operational
- the clinic room was clean and well organised
- medicines were safely managed and stored correctly
- clinical waste and sharps, such as syringes, were correctly disposed of, and sharps bins were not over-filled
- alcohol hand gel was freely available in staff areas and in food preparation areas, and we observed staff following good practice regarding hand hygiene
- staffing levels were adequate to safely provide for all the patients' needs, and there was infrequent use of temporary staff.

However:

- we found out-of-date emergency airway tubing in the emergency medical bag, which nursing staff removed immediately when we pointed it out
- ligature risks had not been recorded on the risk register

Good



Summary of this inspection

- the narrow corridors made it difficult for wheelchair users to navigate some parts of the building independently
- the narrow corridors meant that three people could not walk abreast if re-locating a patient under physical restraint.

Are services effective?

We rated effective as requires improvement because:

- Mental Health Act (MHA) documentation was not always accurate and current, for example, there was a risk that two patients could have received medicine without the correct detention paperwork being renewed in time
- the recording of section 17 leave did not meet MHA Code of Practice guidance, and the reading of patients' rights under section 132 was inconsistent
- some staff found it difficult to quickly locate accurate, up-to-date information because of the lack of coordination between records during the transition from paper to electronic systems
- staff were unable to tell us which specific national institute of health and care excellence (NICE) guidance was used to inform care provision
- evidence of patients' views in their care plans, and of patients being offered copies of their care plans, was inconsistent.
- there was no independent mental capacity advocacy service (IMCA) available to patients
- psychiatric cover consisted of two consultant psychiatrists alternating attendance at the fortnightly multidisciplinary team (MDT) meetings, and providing on-call or telephone cover at all other times.

However:

- patients' care plans were thorough, holistic and detailed, and addressed all aspects of an individual's identified care needs
- staff used recovery-oriented practice - 'recovery star'
- staff supported individualised and person-centred care and discharge pathways by using 'my shared pathway'
- staff measured outcomes for patients using the health of the nation outcomes score for learning disability (HONOS LD)
- patients' care records contained all the relevant documentation required to care for patients safely and effectively
- patients received regular physical health checks from staff and visited the local GP surgery when they needed to
- one patient received care from a Macmillan learning disability nurse

Requires improvement



Summary of this inspection

- the cook provided a varied menu of food that he knew the patients liked, while ensuring the nutritional value of the meals was good
- food was provided in a form that met the needs of patients with identified difficulties with swallowing, which helped ensure patients were well nourished
- staff supported and assisted any patients requiring assistance with eating and drinking at meal times
- all staff had received annual appraisals of their work performance
- support workers were encouraged to work towards national vocational qualifications (NVQ) in healthcare, and additional specialist training was available to staff through Derby University
- poor or variable staff performance was managed using the organisation's capability policies and procedures
- we reviewed a number of staff human resources (HR) files, which were comprehensive and showed valid Disclosure and Barring Service (DBS) and up-to-date professional registrations
- there was good multidisciplinary team (MDT) working evident from the specialist input from the MDT members into patients' risk assessments and care plans
- patients had their capacity to consent to treatment assessed and recorded where appropriate, staff made Deprivation of Liberty Safeguard (DoLS) applications to the local authority
- patients had weekly visits from mental health advocacy services and were able to contact advocacy services whenever they wished between these visits.

Are services caring?

We rated caring as good because:

- staff treated patients with kindness, dignity, respect and compassion
- staff and patients demonstrated positive and friendly relationships with each other
- staff were encouraging and supportive of patients who were engaged in tasks
- staff interacted warmly with patients and were respectful of their wishes
- a new staff nurse on her third shift impressed us with how much knowledge she already had about each individual patient in the house.

However:

Good



Summary of this inspection

- not all care plans had patients' views recorded in them, and it was not clear if this was because patients had not offered any views.

Are services responsive?

We rated responsive as good because:

- patients were supported and encouraged to pursue hobbies and interests in the local community
- the building had been modified to accommodate people using wheelchairs and people with mobility difficulties
- patients' friends and families were invited to the regular social events held at Field House, and carers and staff told us that these social events provide a focal point for visits, and facilitated a more interactive visit
- the multidisciplinary team sourced specialist care for patients with additional medical needs outside of their mental health
- patients could access mental health advocacy services at any time for their mental health issues or for any complaints they had about the service
- Field House had a large, well-maintained garden, and some patients had been involved in the design of the planting scheme
- there was a comfortable and spacious gazebo in the garden for patients to use
- spiritual input from local spiritual leaders was available to all patients.

However:

- the white board in the dining room did not have an easy-read menu, however, the cook was in the process of developing a catalogue of patients' meals, which would be used to create an easy-read menu.

Good



Are services well-led?

We rated well led as good because:

- staff morale was good, all staff said they felt comfortable in approaching the registered manager with any issues or concerns
- the staff team was a long-standing team, and staff told us they stayed in post at Field House because they were happy in their work and achieved high levels of job satisfaction
- staff and patients told us they felt safe at Field House
- there were robust governance systems in place to monitor risks and incidents

Good



Summary of this inspection

- staff had access to additional training specific to the patient group, and support workers were encouraged to achieve NVQs
- managers had good knowledge and understanding of their patient and staff groups
- managers had good awareness of the strengths and weaknesses of the service
- the registered manager was enthusiastic about the service and had many ideas about how to improve it further in the future.

However:

- Mental Health Act documentation was not always accurate and current.
- staff found it difficult to locate information quickly because the service was in transition from paper records to an electronic care record system, with poor coordination between the two systems.
- few staff were able to tell us about the organisation's values in any detail.

Detailed findings from this inspection

Mental Health Act responsibilities

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

The last MHA monitoring visit took place on 11 December 2013. None of the issues raised had been resolved and all required further action.

- Record keeping was confusing and it was difficult to locate key information quickly.
- The recording of section 17 leave did not meet MHA Code of Practice guidance.
- The reading of patients' rights under section 132 was inconsistent.

In addition, findings from our inspection showed:

- One patient at Field House required authorisation from the Ministry of Justice to enable him to take escorted section 17 leave. The last authorisation from the Ministry of Justice was dated 2010 and issued whilst the patient was at another hospital. We could find no

evidence to suggest that there had been any consideration given to whether the Section 17 leave entitlement had been reviewed when he moved to Field House.






- Where appropriate, the relevant documents from the Ministry of Justice authorising transfer between hospitals were included in the patient's notes.
- Two patients could have received medicine without the correct detention paperwork being renewed within the legal time frame. We did not find any evidence to suggest this had happened but the risk had existed.
- "Asist" provided the independent mental health advocacy service in this area. Patients could refer themselves but often required support of staff.
- Restrictive practice was compliant with Chapter 26 of the Mental Health Act Code of Practice (2015).
- Patients' files contained satisfactory reports prepared for appeals to the Tribunal and Managers' Hearings.
- Records of the capacity to consent to treatment did not contain all the detail set out in the MHA Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

There were three patients subject to the Deprivation of Liberty Safeguards at Field House. All staff we spoke with understood that capacity fluctuated and was decision specific.

However, there was no independent mental capacity advocacy service (IMCA) available to patients. Most staff were not familiar with the role of the independent mental capacity advocacy service (IMCA) even though there were three patients subject to DoLS authorisations.

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

- The ward environment was clean and free from clutter. The ward cleaning rotas were up to date.
- Staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins. These bins were not over-filled.
- The clinic room was clean and tidy. There was no examination couch but there were weighing scales and blood pressure monitoring equipment. Patients could be examined on their bed in their bedroom if they needed to lie down for an examination.
- The resuscitation equipment was stored in the ward office. Records showed staff checked it regularly but we found out-of-date emergency airway tubing in the emergency medical bag. Nursing staff removed this immediately when we pointed it out. We were told the tubing was not part of the equipment used by staff and should not have been in the emergency bag at all.
- Emergency medicines were present, in-date and regularly checked. The medicine cupboard and fridge were clean and tidy. The pharmacist audited medicines and medicine management every six months. The pharmacist was available between these times for advice and information.

- Staff checked clinic room and clinic fridge temperatures regularly. We saw records of daily checks of the temperature of the medicine fridge and the clinic room. The records showed that they had been consistently within safe limits for medicine storage.
- All eight patients we spoke with told us they felt safe at Field House. All the carers we spoke with told us they felt that their relative was safe at Field House.
- There were a number of ligature points in the building but staff were positioned around the building so that they can see all parts of the area at all times. At the time of our inspection, there were no patients at Field House with an identified risk of harming themselves with a ligature.
- There was a blind spot near the clinic room but staff positioned themselves to enable them to observe the general area around the clinic room. We saw this happen consistently during our inspection.
- There were no 'blanket restrictions' in place although staff kept the exterior doors locked for safety reasons because the unit opened out onto a busy road. Patients with mobility issues needed staff to support them when they went outdoors to keep them safe. Patients were not kept waiting when they wanted to go outdoors.

Safe staffing

- Staffing levels were set at six support workers and one registered nurse on day shift. On night shift, there were three support workers and one registered nurse. Field House nursing staff worked 12-hour shifts.
- Sickness absence levels were 6.7% and there was one full time nursing vacancy for a Deputy Manager that was due to go to advert for recruitment.

Wards for people with learning disabilities or autism

- In the period from 1 March 2015 to 31 May 2015, 182 shifts used temporary nursing staff, and eight unfilled shifts. Some patients had required enhanced levels of nursing observation; this accounted for the bulk of temporary staff usage.
- The registered manager could recruit additional staff as she saw fit.
- Temporary staff were provided with an induction to the hospital to orientate them to the environment.
- There was evidence in care records of patients being offered regular 1:1 time with staff.
- Section 17 leave was rarely cancelled due to insufficient staff.
- Staffing levels did not adversely affect planned ward-based activities. Field House was working towards achieving a CQUIN (Commissioning for Quality and Innovation) on activities offered to patients. The CQUIN payment framework enables commissioners of services to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. The terms of the CQUIN were for Field House to provide 30 hours of activities each week for each individual service user. Staff consistently provided the 30 hours of activities but uptake of the offered activities was sometimes variable.
- Staff had received mandatory training relevant to their role. This included safeguarding children and adults, fire safety, manual handling, life support techniques and the use of physical interventions (physical restraint). Records showed that most staff were up-to-date with statutory and mandatory training with the exceptions being staff who were off on maternity leave or long-term sick.
- The local GP provided out-of-hours medical cover. All patients were registered with the local GP service.

Assessing and managing risk to patients and staff

- Staff had received training in safeguarding vulnerable adults and children. All staff we spoke with knew how to recognise a safeguarding concern. Staff were aware of Lighthouse Healthcare's safeguarding policy and could name the safeguarding lead. They knew whom to inform if they had any safeguarding concerns.
- We saw evidence of safeguarding referrals made appropriately and in a timely manner.
- There were 63 incidents of restraint at Field House in the six-month period between 1 December 2014 and 1 May

2015. These incidents involved four patients and none of the incidents ended in prone restraint or rapid tranquilisation. Staff confirmed that they did not use prone restraint.

- All staff were up-to-date with training to deal with aggression and violence, apart from those staff on maternity leave or sick leave.
- There was an incident of aggression during our visit. The staff present swiftly and effectively responded to it.
- All eight sets of care records we looked at contained up-to-date risk assessments, risk management plans and care plans.
- The multidisciplinary team carried out risk assessments using HCR 20. The Historical, Clinical Risk Management - 20 (HCR-20) is an assessment tool that helps mental health professionals estimate a person's probability of violence.
- Nursing staff used the in-house risk assessment tool, which supported a thorough and comprehensive assessment. It included gathering information about patients' triggers and early warning signs. Risk management plans were positive behaviour support (PBS) plans which is the recommended practice found in the revised Mental Health Act Code of Practice and 'Positive and Safe' (DH 2014).
- Staff screened all patients for their risk of falling. Some patients had mobility difficulties that could increase their risk of falls. Care plans reflected any additional support required by patients to minimise the potential of them falling without adversely affecting their independence.
- We reviewed the medicine administration records of all eight patients at Field House and found them to well written with no missing signatures.
- Within the medicine card file there was a document to inform staff of any allergies a patient might have. There was also information about what foods or drinks would interact badly with prescribed medicine.
- Risk management plans and care plans were not in easy-read accessible format. This meant that not all patients would be able to understand them easily.

Track record on safety

- There had been no serious incidents reported in the period 01 December 2014 to 01 May 2015.

Reporting incidents and learning from when things go wrong

Wards for people with learning disabilities or autism

- Staff we spoke with at Field House knew how to recognise and report incidents on Lighthouse Healthcare's incident recording paperwork. The ward manager reviewed all incidents and forwarded reports to Lighthouse Healthcare's clinical governance team. This system ensured that senior managers within Lighthouse Healthcare knew about the incidents promptly, and could monitor the investigations and responses to these.
- The service manager told us how she assured herself that she knew what was happening on the ward and how she knew staff and service users were safe. She advised that she visited Field House frequently, and supervised the ward manager. She received copies of all the incident forms and discussed them with the ward manager.
- Staff were able to provide examples of learning from incidents. They described changes made to individual patients' care plans because of learning from incidents.
- We saw evidence of managers planning environmental changes in response to lessons learned.
- Managers gave staff and patients support and time to talk about the impact of significant incidents on the ward. We saw this following an incident that had occurred during our visit. Managers recorded debriefs on the incident reporting form.

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

Requires improvement 

Assessment of needs and planning of care

- We looked at care records for eight patients. We found that care plans and risk assessments were thorough and holistic but it was sometimes difficult to find the most up-to-date versions in the care records. We looked at the care plans of two patients with complex physical health needs. Staff had considered these in the care plans and the plans were detailed and thorough.
- The service facilitated recovery-based practice by using the 'recovery star' tool. Many mental health care providers are using recovery star as a tool for optimising individual recovery and gaining the information to create a recovery-focused care plan. The patient, in

partnership with staff, co-develops their 'star chart', which covers ten life domains. These include managing mental health, self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem, trust and hope.

- The service adopted 'my shared pathway' to support discharge planning. 'My shared pathway' is a way of working together with patients. It is a way of sharing responsibility, and it is also about sharing choices. It supports a way of working that uses everyday language. It is structured to help people to achieve their goals, and is a way of helping people to live the life they want. Its aim is to make recovery as important as security. It supports discharge by being focused on making sure people stay "not a day more" than they need to. It helps staff to think about people as individuals, and to make sure that people keep thinking about the outside world.
- Staff assessed and care planned for patients' risk of falls.
- Staff measured patients' progress using a recognised outcome measure called the health of the nation outcome score for learning disability (HoNOS-LD). The HoNOS-LD measures global outcomes rather than inputs. It is not a rating for disability alone. The scale has items designed to measure areas of functioning that are relatively stable, and items measuring more temporary conditions that are more likely to change in response to treatment.
- Care plans were not available in 'easy-read' formats but the speech and language therapist (SALT) and the psychologist were devising alternative tools to support communication and information sharing for patients with communication difficulties.
- The speech and language therapist (SALT) carried out assessments on patients' risks associated with eating and swallowing. She then devised care plans for nursing staff to use to help meet patients' needs without incurring any of the identified risks.
- The SALT also carried out assessments of patients' communication needs and devised plans for staff to follow. The plans ensured patients' were able to understand and participate in information sharing.
- The cook explained that he provided meals in solid, mashable and pureed form so that patients with risks associated with swallowing could eat safely. He tried hard to ensure that patients were able to have the same food options as each other regardless of how they needed to have their food prepared.

Wards for people with learning disabilities or autism

- There were two systems in place to record patient care records. The service was in transition from paper records to an electronic care record system. There was a lack of coordination between the two systems. This could make it difficult to find accurate, up-to-date key information quickly.
- Care records were stored securely in the nursing office and the clinic room.

Best practice in treatment and care

- Field House had implemented the 'Positive and Safe' (DH 2014) programme. The Positive and Safe programme aims to reduce the use of restrictive practices in mental health and learning disability settings. It came into being following a report into the use of physical restraint in mental health and learning disability settings by the charity Mind in 2013.
- Staff implemented fully Chapter 26 of the revised Mental Health Act Code of Practice, which is about the use of restrictive practices (physical restraint).
- The service used the national institute of health and care excellence (NICE) guidance GD10 to inform care provision for addressing incidents of violence and aggression. NICE GD 10 provides evidence-based guidance on the short-term management of violence and aggression in healthcare settings. It emphasises the need for early recognition of aggression and the use of de-escalation as the first response to aggression or violence wherever safe to do so.
- We saw staff routinely use de-escalation skills and distraction to defuse challenging or aggressive behaviour to good effect.
- Relational security was the main way in which staff managed patients' security risks. Relational security is about staff's knowledge and understanding of individual patients, and the positive, professional relationships formed by staff with patients.
- Nursing staff offered 30 hours of activities to patients each week.
- The MDT used the 'recovery star' to ensure that practice was recovery-focused and fully involved the patient.
- Discharge was supported by the use of 'my shared pathway' which focuses on collaborative working with patients and ensuring that they do not remain in inpatient accommodation any longer than necessary.
- The MDT used HoNOS LD to measure patients' outcomes.
- Transforming Care (NHS England 2015) supports patients being fully involved in their care and for there to be a focus on discharge to less secure settings throughout a patient's admission. Field House demonstrated adherence to the philosophy of Transforming Care.

Skilled staff to deliver care

- The staff working at Field House came from a range of professional backgrounds including nursing, medical, speech and language therapy and psychology. The pharmacist from a local pharmacy provided medicine management for Field House. She had not highlighted any problems related to medicines management.
- All patients were registered with a local GP. The GP attended to all aspects of patients' health care needs apart from their mental health and cognitive needs. The MDT at Field House supported mental health needs and cognitive needs.
- A pharmacist attended Field House every six months to check medicine management and storage. The pharmacist was also available between these times for advice or information.
- The provider assessed nursing staff for their ability to dispense medicines safely before permitting them to do so without supervision.
- Recruitment procedures were effective. The provider had ensured that all staff were of good character and safe to work with patients before they started work in the service.
- Staff with professional registrations with bodies such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) were up-to-date with their registration.
- There were two consultant psychiatrists allocated to care for the mental health needs of the patients. Neither of the psychiatrists were based at Field House full-time, instead, each attended for the multidisciplinary team (MDT) meeting on alternate meeting days. The MDT met once every two weeks.
- Some staff had accessed specialist training on autism, epilepsy, diabetes, dementia awareness, mentorship and leadership training, provided by Derby University. In addition, 17 out of 30 support workers had achieved NVQ level 2 or 3.
- All the staff we spoke with received supervision every month where they were able to reflect on their practice and the incidents that had occurred on the ward.

Wards for people with learning disabilities or autism

Supervision records for the ward showed this to be the case for many staff but there were some gaps for other staff. This was noted on the risk register and the gaps attributed to the deputy manager having left Field House. There was a plan in place to address the gaps in supervision provided.

- At the time of our inspection, the provider had suspended one member of staff from work. Another member of staff had been subject to disciplinary processes and an investigation by the police. A member of staff had left the service and lodged a grievance with the provider. Human Resources for Lighthouse Healthcare managed the grievance process.
- Staff were unable to tell us which specific NICE guidance was used to inform care provision. The registered manager told us she believed there should be increased awareness of relevant NICE guidance in staff training.

Multi-disciplinary and inter-agency team work

- MDT members had good relationships.
- The local GP and the local pharmacy had good relationships and communication with MDT staff and the managers at Field House.
- There was little evidence of inter-agency teamwork. There were no representatives from any community teams or other community agencies routinely present at MDT meetings. Staff invited relevant outside agencies to the MDT meetings if there were plans to change a patient's care package.

Adherence to the MHA and the MHA Code of Practice

- Staff recorded section 17 leave on a standard form. Each patient had only one form covering leave for all purposes.
- Staff informed the family of one patient of his leave arrangements, including the number of escorts and other conditions.
- The presentation of patients' rights under section 132 was inconsistent. We found forms recording how staff told patients about their rights under section 132 in both the legal and nursing folders. None of the forms in the legal folders recorded whether the patient had understood their rights when first detained. However, staff had made a note of this when they reminded patients of these rights.

- There was good evidence that risk management plans followed a positive behaviour support model as recommended in the MHA Code of Practice (2015, 26.15). Risk management plans were thorough and up to date.
- The physical interventions (restraint) model used at Field House emphasises the use of de-escalation, distraction and diversion as strategies to use before resorting to physical interventions (restraint). This did not include the use of prone restraint or the deliberate use of pain or discomfort to encourage compliance. This was in line with the Positive and Safe programme (Department of Health 2014), the MHA Code of Practice (2015) and NICE GD10 (2015).
- Patients' files contained satisfactory reports prepared for appeals to the mental health tribunal and managers' hearings.
- Where appropriate, the relevant documents from the Ministry of Justice authorising transfer between hospitals were included in the patient's notes.
- One patient at Field House required authorisation from the Ministry of Justice to enable him to take escorted section 17 leave. The last authorisation from the Ministry of Justice was dated 2010 and issued whilst the patient was at another hospital. We could find no evidence that there had been any consideration given to whether the Section 17 leave entitlement had been reviewed when he moved to Field House.
- Mental Health Act documentation was not always accurate and current. Two patients could have received medication without the correct MHA detention paperwork being renewed within the legal time frame. We did not find any evidence to suggest that this had actually happened but the risk had existed.
- Patients had weekly visits from MHA advocacy services. "Asist" provided the independent mental health advocacy service. Patients could refer themselves but often required support of staff.

Good practice in applying the MCA

- Records of capacity to consent to treatment did not contain all the detail set out in the MHA Code of Practice.
- There was no independent mental capacity advocacy service (IMCA) available to patients. Most staff were not

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familiar with the role of the independent mental capacity advocacy service (IMCA) despite the presence of three patients subject to DoLS authorisations at Field House.

- All staff we spoke with understood that capacity fluctuated and was decision specific.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to people in distress in a calm and respectful manner. They de-escalated situations by listening to and speaking quietly to people who were frustrated or angry about their detention in hospital. Staff appeared interested and engaged in providing good quality care to patients.
- When staff spoke to us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs.
- Staff demonstrated good rapport with complex patients who could present challenges to staff.
- Patients described staff as kind, caring and compassionate.
- A new staff nurse who had only worked three shifts on the ward impressed us with the level of knowledge and understanding she had about the patients in her care. She would have had to make a real effort to accrue that level of knowledge and understanding in such a short time.

The involvement of people in the care they receive

- Patients told us that staff consulted them about their care plans and said they felt involved in their care. However, there was little recorded evidence of patients' involvement in their care plans.
- Carers told us they felt involved in their relative's care.
- Community meetings took place monthly. Patients could raise any concerns they had about the service at these meetings.
- There was little evidence of staff offering patients copies of their care plans.

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

Good 

Access and discharge

- The MDT assessed patients' suitability upon referral to the service. Field House reported that their average referral to initial assessment time was 25 days. Their average time for initial assessment to onset of treatment was 18 days.
- At the time of our inspection, there were two vacant beds at Field House. Field House reported an average bed occupancy of 70% over the last six months and there were no delayed discharges.
- The patients' complex needs meant that it could be challenging to find appropriate placements to discharge patients to. Lighthouse Healthcare had its own community-based services, which could provide specialist accommodation for patients discharged from Field House.
- Managers ensured good practice around discharge. There was liaison and collaborative working practices with the relevant agencies. The patient had a number of orientation visits to the new placement. Staff from the new placement visited the patient at Field House so that they, and the patient, had an opportunity to get to know each other.
- Staff sought specialist care for patients with additional medical needs outside of their mental health.
- Patients could access advocacy services at any time for their mental health issues or for any complaints or concerns they had about the service.
- Patients had good access to the local GP services. Patients were registered with a local GP.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment was not institutional in appearance. It was a large, old house with a comfortably furnished lounge, a dining room, a spacious conservatory and a large, well-maintained garden. Some of the patients had been involved in maintaining and designing the garden.

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as well as choosing plants. There was a comfortable and spacious gazebo in the garden for patients to sit in. There were pleasant views of the local countryside from Field House and its garden.

- Field House was warm, clean, and comfortable. Effort had gone in to make it as homely as possible. Soft furnishings were in good condition and the seating was comfortable to sit on. Brightly coloured cushions provided accents to the overall décor.
- An additional door had been added to the lounge to enable wheelchair users to move around the building more easily. There was an operational lift from the ground floor to the rooms upstairs. This was helpful for patients with mobility difficulties.
- Despite extensive re-modelling of the building to make it accessible for wheelchair users, some challenges remained. The corridors were narrow and it could be awkward for a wheelchair user to turn off the corridor and into the lounge without assistance. This could result in bumped or grazed knuckles if the wheelchair user was propelling themselves through a door. On the day of our visit, a wheelchair user would not accept staff assistance to help manoeuvre his wheelchair. We saw that he had grazes on his knuckles from bumping them while propelling himself.
- There was a large assisted bathroom, which contained all the necessary equipment to lift and support patients with mobility difficulties. All the equipment was in working order and well maintained.
- The narrow corridors would make it impossible for three people to walk side by side. This would mean that if staff were re-locating a patient under physical restraint, they would have to walk at an oblique angle with a potentially resistive patient. This could potentially increase the risks to staff and the patient from slips, trips or falls. It could also potentially affect or compromise the integrity of the physical intervention (restraint hold) being used. We saw no evidence that this had occurred, but staff confirmed they had to negotiate the narrow parts of the corridors by walking at a slightly oblique angle. The clinical commissioning group (CCG) also confirmed that in their view the narrow corridors posed this problem.
- Patients' bedrooms were personalised to reflect their own particular tastes and preferences.

- Patients' visitors could visit with them in their bedrooms or in the various public areas such as the conservatory. There was also a room available away from clinical areas where children could visit.
- There were rooms available for 1:1 time with patients in private.
- All patients had their own en-suite bedrooms. Patients had personalised their rooms to their own tastes and preferences. The maintenance team at Field House put up any pictures patients wanted in their rooms prior to the patient's admission to the hospital. This meant that when the patient arrived their room felt more welcoming to them.
- Patients had access to a kitchen area where they could prepare drinks and snacks at any time. Some patients required more support and supervision with these tasks than others did.
- Patients could access various facilities in the local area and staff in the local cafes and shops knew them well.
- Staff supported and encouraged patients to pursue hobbies and interests in the local community.
- Staff carried their keys on long chains attached to their person. This conveyed a rather custodial feel to an otherwise homely environment.

Meeting the needs of all people who use the service

- One patient received care from a learning disability Macmillan nurse.
- Spiritual input from local spiritual leaders was available for all patients. Staff supported a patient to attend church.
- Staff wrote care plans in the first person but some contained technical language that was not reflective of patients' vocabulary.
- The service met patients' mobility needs, and staff considered these in planning care.
- The service met patients' personal care needs, and staff considered these in planning care.
- Field House was fully accessible to people with disabilities although the narrow corridors in parts of the building presented challenges to wheelchair users.
- The white board in the dining room had no easy-read menu. The cook explained that he was in the process of cataloguing all the patients' meals in photographic form with the aim of using these to provide an easy-read menu. The cook had only been in post for a short time.

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- Staff invited patients' friends and families to the regular social events held at Field House. Carers and staff told us that these social events provided a focal point for visits, which facilitated a more interactive visit.

Listening to and learning from concerns and complaints

- Field House had received no formal complaints since 2012, and had received a small number of informal complaints that had been resolved locally.
- We saw examples of changes made to patients' care plans because of complaints received from the patient.
- Patients raised complaints about the service at community meetings, and most were satisfactorily resolved at this stage. Staff passed some complaints to the registered manager for further consideration, and she fed back any outcomes to the patient.
- Staff received learning and feedback from complaints at handovers, staff meetings and in individual supervision sessions.

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

Good 

Vision and values

- The provider's vision for the service comprised a three-year plan with a completion date of April 2016. The year one building blocks of "dignity in care," "engaging with friends and families," and improving "standards of practice" were evident on the day of our visit. The year two goals of a focus on "patient needs and progress" and "increased occupancy and adhering to service specification" could be seen from the focus on patient care and the provision of evidence-based, individualised care plans. The year three goal of a proposed "community residential service" had yet to come to fruition. The provider had purchased a property next door to Field House with a view to it becoming part of the proposed community residential service.
- Few staff were able to tell us what the provider's values were. The values were 'positive', 'persistent', 'personal' and 'progressive'. We saw staff working with patients in a positive and personal manner. Staff were persistent and patient in delivering individual care. The registered

manager was passionate about progressive care such as 'Positive and Safe' (DH 2014). Essentially, despite being unable to recite the company values on request, staff were living the values with the patients.

- Staff said they felt supported by the registered manager and that she was a visible presence.
- All staff said they knew who the senior managers in the company were and that they saw them when they came to Field House.

Good governance

- The risk register was up-to-date and provided an accurate reflection of most of the current risks at Field House along with strategies to address them. However, the narrow corridors and their potential to cause increased risks to wheelchair users or to staff re-locating restrained patients were not on the risk register. Ligature risks were not on the risk register.
- Senior managers in the company had oversight of clinical governance, health, and safety issues related to Field House every three months.
- Incident reporting was good. Staff recorded and reported low-level incidents and significant incidents. The registered manager and senior managers in the organisation analysed reported incidents to identify any emerging themes or trends.
- Safeguarding reporting was appropriate and timely.
- Some MHA documentation was not accurate, and some MCA documentation did not contain sufficient detail.
- Human Resources files were up-to-date and contained all the relevant information.
- There was appropriate performance management of any staff identified as under-performing.
- Staff appraisals were up to date but there were gaps in supervision provision for some staff because the deputy manager had left Field House. The manager had added this issue to the risk register for Field House. The service intended to recruit a new deputy manager.
- The service offered support workers NVQ level 2 and 3 training, and many support workers had achieved NVQ level 2 and NVQ level 3 standards.
- Staff meetings took place every two months.
- The paper care records and the new electronic care record system were in a transition phase. During this transition, there was poor coordination between the paper records and the electronic records. Some key information, such as physical health assessments on admission, was archived in paper records and could not

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be readily accessed. The registered manager and the service manager were aware of challenges in coordinating the two systems during the transition phase and were trying hard to progress the transition as quickly and effectively as possible.

Leadership, morale and staff engagement

- All staff we spoke with described their morale as being good.
- All staff said they could approach the registered manager with any concerns.
- The registered manager delivered a presentation to us about Field House. Her pride in the service, and her ambition to improve the service were evident throughout. A patient who was resident at Field House also delivered an excellent presentation to us. He had

written the presentation himself and it was about the experience of the service from a patient's perspective. His presentation gave a very positive account of his life at Field House.

- On the day of our inspection there were activities taking place on the ward to prepare decorations and invitations for a Halloween celebration. Patients and staff were working together and everyone was having fun trying on fancy-dress costumes.
- Additional staff were on duty to support patients during the inspection. This was necessary because our visit was stressful for a number of the patients who were not accustomed to having so many unfamiliar people in their home at any one time.

Commitment to quality improvement and innovation

- Training was available for staff in specialist care specific to the patient group. Many staff had completed additional training in specialist care provision.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider should ensure that all MHA documentation is kept up-to-date and adheres to all legal requirements.

Action the provider **SHOULD** take to improve

- The provider should take action to ensure paper and electronic records are well coordinated and easily accessible.
- The provider should ensure there is a sufficient level of psychiatric cover.
- The provider should ensure that all MCA documentation contains sufficient detail to comply with legal requirements.
- The provider should improve the consistency of the recording of patients' views in care records.
- The provider should ensure that all risks inherent to the environment are documented on the risk register along with any strategies to mitigate the risk.

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 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: <ul style="list-style-type: none">• Mental Health Act (MHA) documentation was not always accurate and current• the recording of section 17 leave did not meet MHA Code of Practice guidance. This was a breach of regulation 17 (2) c