Oaktree Manor

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated this hospital overall as 'good' because:

- governance processes were in place to assess and monitor the quality of the service
- managers had access to dashboards which tracked incidents and other relevant data for their ward and hospital
- daily senior management team meetings took place to review the latest incidents and issues for future planning
- patients had assessments and care plans
- assessments used nationally recognised assessment tools and staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE) guidelines
- most patients were positive about the support they received on the ward
- patients had a range of opportunities to influence the service and their care and treatment
- the provider had identified care pathways
- most admissions were planned and staff assessed patients promptly following referrals
- patients' diverse needs were being met and they had access to a range of hospital on site facilities and were supported as appropriate to have community resources as appropriate
- most staff reported good morale, multidisciplinary team working and support from line managers
- the hospital was a member of the quality network for forensic mental health services and had received peer led reviews to compare themselves with other similar units and national standards
- the provider had considered the needs of patients with a learning disability and autism and identified areas of compliance and improvement in reference to the 'Winterbourne View Interim Report'
- staff conducted care and treatment reviews with commissioners such as NHS England
- education courses had approved ASDAN (a national charity) programmes and qualifications that grow people's skills for learning, employment and for life.

However:

- high and low-level ligature points across the hospital and lack of anti-barricade protection on some patient area doors posed risks to patients with self-harming behaviours
- the service had several staffing issues, including the percentage of female staff working on the women's wards sometimes falling below 50%
- only 68% of bank staff had completed the provider's mandatory training, falling below the provider's target level
- staff did not always detail physical patient observation checks in patients' records after they administered rapid tranquilisation medication
- some Mental Health Act 1983 documents and Mental Capacity Act 2005 were not locatable in patients' records; including an assessment for patient who was having specific staff intervention for a physical health test
- Pine ward seclusion room did not have easy access to a bathroom which could affect patients' privacy and dignity
- the hospital staff survey results for 2015 were lower than the corporate provider's average.

Summary of findings

Contents

Good

Oaktree Manor

Services we looked at:
Wards for people with learning disabilities or autism

Summary of this inspection

Background to Oaktree Manor

The provider for this location is Oaktree Care Group Limited and the corporate provider is Partnerships in Care.

Oaktree Manor has low secure wards with 47 beds and offers inpatient care and treatment for people with a diagnosed learning disability, autism and mental health needs.

This location is registered with the Care Quality Commission to provide the following regulated activities: diagnostic and screening procedures; assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder or injury.

The low secure wards at Oaktree Manor are:

- Cherry and Yellowwood wards – for women with a personality disorder and learning disabilities, with eight beds in Cherry ward and seven beds in Yellowwood ward.
- Maple and Pine wards – for men with autism, with eight beds in both wards.
- Rowan and Redwood forensic wards – for men with learning disabilities, with eight beds in both wards.

The Care Quality Commission previously inspected Oaktree Manor on 17 February 2014. We found no breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 during that inspection.

Mrs Beatrice Nyamande is registered with the Care Quality Commission as the hospital manager and as the controlled drugs accountable officer.

Our inspection team

Our inspection team was led by:

Team leader: Margaret Henderson, inspection manager, mental health hospitals

Lead inspector: Kiran Williams, inspector, mental health hospitals

The team included two CQC inspectors, an inspection manager, a Mental Health Act reviewer, one specialist professional advisor and an Expert by Experience who had personal experience of using services of this type or caring for someone who uses services of this type.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the location.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

During the inspection visit, the inspection team:

- visited all six wards, looked at the quality of the ward environments and observed how staff cared for patients
- visited the Oaktree Centre, a therapeutic activity area within the hospital
- spoke with 17 patients and five patient forum representatives and collected feedback from 16 patients via comment cards
- spoke with six carers
- spoke with 20 staff and held drop-in sessions with 13 staff; conducted interviews with 12 staff members including doctors, nurses, an occupational therapist, a psychologist, a social worker and non-clinicians
- spoke with the registered service manager for the hospital and managers/acting managers for each ward
- spoke with an independent advocate and a pharmacist who were contracted by the provider to deliver a service at this location
- attended a senior management review meeting
- looked at 26 patient care and treatment records
- checked medication management on each of the wards
- checked all patient prescription cards
- looked at 14 staff records
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Most patients were positive about the care and treatment provided by staff and gave us examples of how staff involved them in their care. The comment cards received confirmed this feedback, with 12 out of 16 comment cards being positive. Negative feedback from comment cards included lack of support provided for patients to move out of the hospital.

Two patients told us they had difficulty sleeping at nights. One patient said this was due to the noise another patient made. Three patients told us they did not feel safe on the ward living with others but did not give more detail.

Patient forum representatives told us there were regular opportunities for patients to meet with senior staff to discuss and give feedback on the service. Representatives spoke positively about using dialectical behavioural therapy techniques they had learnt from staff and told us it was reducing patients' self-harm incidents.

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?

Requires improvement 

We rated this hospital as 'requires improvement' for safe because:

- high and low-level ligature points across the hospital and lack of anti-barricade protection on some patient area doors posed risks to patients with self-harming behaviours
- plastic aprons were accessible in Redwood and Cherry wards' laundry rooms, despite the hospital restricting access to plastic bags
- ward layouts did not always allow staff to observe patients with ease
- a sofa blocked a fire exit on Pine ward, which staff removed once we brought this to their attention
- staff did not always detail physical patient observation checks in patients' records after they administered rapid tranquilisation medication
- the service had several staffing issues, including the percentage of female staff working on the women's wards sometimes falling below 50%
- we identified two occasions on which a doctor did not attend a seclusion review within one hour on Cherry ward, breaching the target identified in the Mental Health Act code of practice
- only 68% of bank staff had completed the provider's mandatory training, falling below the provider's target level.

However:

- staff conducted ward and hospital environmental risk assessments, including cleaning audits and daily infection control checklists, to ensure a clean environment
- staff, visitors and patients could use alarms if they required urgent staff assistance
- the provider used a recruitment process to address staff vacancy issues and relied on regular bank and agency staff as an interim measure
- managers had systems to track and monitor safeguarding referrals and ensure the provision of patient protection plans
- incident reporting systems were robust
- staff said they were trained to use prone restraint only when essential, and numbers of prone restraint events at the hospital were low
- risk assessments considered historical risks and identified where additional patient support was required.

Summary of this inspection

Are services effective?

Good

We rated this hospital as 'good' for effective because:

- patients had assessments and care plans to cover topics such as how staff communicated with them
- assessments used nationally recognised assessment tools and staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE) guidelines
- the provider ensured that all patients received physical healthcare examinations
- staff assisted with audits into areas such as health and safety, infection control and care planning
- staff teams were multidisciplinary and staff told us support and training were effective
- staff worked effectively with external agencies
- staff knew how to contact the Mental Health Act office for specialist advice when required
- examples of assessments of patients' capacity to make specific decisions were seen.

However:

- staff had not updated two patient care plans on Cherry and Rowan wards
- some Mental Health Act documents (including consent to treatment documents) for Maple and Cherry wards were not easily accessible on the electronic records systems; this posed a risk that staff would not have access to patients' treatment information
- staff had not detailed assessments in sufficient detail for some patients before or after they had taken section 17 Mental Health Act community leave, which posed a risk that leave was not appropriately planned or evaluated
- staff could not find a Mental Capacity Act 2005 assessment for a patient receiving staff intervention, posing a risk that care and treatment were delivered without appropriate assessment of the patient's ability to make decisions about their care.

Are services caring?

Good

We rated this hospital as 'good' for caring because:

- most patients were positive about the support they received on the ward
- staff investigated patients' concerns and complaints
- we saw good examples of positive staff-patient interaction and provision of individual support
- carers told us staff were caring and kind

Summary of this inspection

- staff were passionate and enthusiastic about providing care to patients with complex needs
- staff demonstrated good understanding of patients' specific care and treatment needs
- patients had a range of opportunities to influence the service and their care and treatment
- patients could become involved in hospital governance, for example through attending the patients' council or clinical governance meetings
- patients had access to advocacy services and the provider displayed information about these services across the wards
- staff told us they had regular contact with individual carers about patients' care (where patients gave permission for this contact).

However

- records on Cherry ward did not always capture patients' involvement in their care and treatment
- two carers told us they would like more updates from staff about the patients' care and treatment.

Are services responsive?

Good

We rated this hospital as 'good' for responsive because:

- the provider had identified care pathways
- most admissions were planned and staff assessed patients promptly following referrals
- staff worked closely with patients' home area community teams to ensure patients received support through their discharge
- staff conducted care and treatment reviews with commissioners such as NHS England
- the hospital had a range of facilities including horticultural and animal husbandry spaces, educational areas and a multi-faith room
- patients could apply for vocational jobs and staff supported patients to access community resources as appropriate
- the provider's patient education courses had approved Award Scheme Development and Accreditation Network programmes and qualifications to grow patients' skills for learning, employment and life
- staff had consulted a local autism group to improve the autism spectrum disorder ward environments
- staff gave most patients information about how to raise concerns and complaints, and the provider had systems for staff to respond to these issues
- maintenance staff were responsive to reported incidents

Summary of this inspection

- staff gave us examples of how they met patients' diverse needs and responded to patients' concerns about food.

However:

- Cherry ward records held limited discharge planning information
- patients said they could not have keys to lock away their possessions and three patients said they had items lost or stolen
- Cherry ward had some damaged decoration
- Pine ward's seclusion room did not have easy access to bath or shower facilities, leaving staff to make alternative arrangements that could affect patients' privacy and dignity
- two carers said there were delays with staff responses to their requests for Skype video conference arrangements.

Are services well-led?

Good

We rated this hospital as 'good' for well led because:

- most staff said senior managers were approachable and had visited their wards
- managers had access to dashboards that tracked incidents and other relevant data for their wards and the wider hospital
- daily senior management team meetings reviewed the latest incidents and issues for future planning
- most staff reported good morale, multidisciplinary team working and support from line managers
- the hospital was a member of the quality network for forensic mental health services and had received peer-led reviews to compare the hospital with similar units and national standards
- the provider had considered the needs of patients with learning disabilities and autism and identified areas of compliance and improvement in reference to the 'Winterbourne View Interim Report'

However

- the hospital staff survey results for 2015 were lower than the corporate provider's average

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. Patients were detained under the Mental Health Act 1983. Some were detained under Part III of the Act due to having committed a criminal offence.

We found some good practice:

- Staff were enabled to meet their responsibilities under the Mental Health Act through training, policies and procedures.
- Overall staff compliance with the Mental Health Act 1983 training was 92% which was slightly less than the provider's target.
- The provider had systems, processes and practices in place to make sure that patients' rights were protected. This includes making sure that their detention was lawful.
- Staff knew how to contact the Mental Health Act office for specialist advice when required.
- The Mental Health Act team undertook checks of section 17 community leave and section 58 consent to treatment documentation.
- Reports were not collated for the hospital management team but individual issues were discussed.

However:

- Staff had not updated two patient care plans on Cherry and Rowan wards.
- Some Mental Health Act documents (including consent to treatment documents) for Maple and Cherry wards were not easily accessible on the electronic records systems; this posed a risk that staff would not have access to patients' treatment information.
- Staff had not detailed assessments in sufficient detail for some patients before or after they had taken section 17 Mental Health Act community leave, which posed a risk that leave was not appropriately planned or evaluated.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Safeguarding training included the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- No patients were subject to a Deprivation of Liberty Safeguards application during our visit.
- Examples of assessments of patients' capacity to make specific decisions were seen.
- Most patients' records seen did not identify that any patients lacked the mental capacity to make decisions. Staff could not find an assessment for patient who was having specific staff intervention for a physical health test. On Cherry ward, staff allowed patients one snack per day if it was considered to be unhealthy. We did not see any capacity assessments identifying that patients lacked capacity to make decisions about snacks they wanted. This posed a risk that staff were delivering care and treatment without appropriately assessing the patient's ability to make a decision about their care and treatment.

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement

Safe and clean environment

- The hospital was not purpose built and ward layouts did not always allow staff to easily observe patients. 'Blind spots' were identified for Rowan ward and staff had requested a mirror outside the kitchen. Maple and Rowan nursing offices were not central on the ward and staff could only observe parts of the corridor.
- There were mirrors in some ward corners and use of closed-circuit television (CCTV) on the women's wards to increase staff visibility of patients in communal areas. Plans were in place to expand use of CCTV to other wards with patients and staff consultation.
- High level ligature points such as on door closers and windows that opened onto gardens were found across wards in communal hall areas. Low level points on taps were identified in bedroom ensuite and communal bathroom areas. Not all wards had doors that could be easily opened if a patient barricaded themselves in the room. These posed a risk where patients with self-harming behaviours could have unsupervised access. A manager told us that no incident had occurred with windows and doors. The provider had an identified action plan which stated a timeframe for completion for updating environments by July and September 2015. This was not achieved at the time of inspection. Their plans also did not detail when windows would be replaced despite a manager telling us it was planned.
- The provider had ligature assessments and had assessed high risk ward areas to be managed by staff with use of observations and individual risk assessments for patients. One Pine staff member was not aware of the ward ligature assessment. Therefore, there was a risk that staff would not be aware of the actions needed to minimise the risk.
- Ward and hospital environmental risk assessments took place. These included checks for sharp objects, fire safety checks and fire drills. One assessment for Redwood and Rowan ward 19/10/2015 did not show that staff had completed a fire drill. The manager stated there had been a drill and they would ensure records were updated.
- A sofa blocked a fire exit on Pine ward. Staff had moved it to gain easier access to support a patient but had not moved it back. Staff removed it once we brought this to their attention.
- Staff completed cleaning audits and daily infection control checklists to ensure a clean environment. High level mould was in two Redwood patient ensuite bathrooms. This had been reported to the maintenance team for action.
- The hospital and a restricted items list for all people which included plastic bags. We found plastic aprons in locked laundry rooms on Redwood and Cherry wards, which patients could easily reach when accessing the room with staff. Staff told us they would take action to move them.
- Staff and visitors were given safety alarms. Patients' bedrooms had alarms to summon staff assistance.

Safe staffing

- Wards had identified nursing staff levels allowing for patients on enhanced observations and systems were in

place to monitor staffing levels across the hospital. A senior manager referred to NHS England safer staffing guidance and stated the provider was exploring whether or not to use a staffing acuity tool.

- Yellowwood and Cherry wards had seven nursing staff planned for the day and five staff at night. Maple and Pine had eight nursing staff planned for the day and five staff at night. Redwood and Rowan had six nursing staff planned for the day and four staff at night. Managers attended daily meetings to review staffing needs.
- Seven staff and seven patients said there was not enough staff and this had impacted on delivering care and activities. However a senior manager told us that staffing levels were increased since 2014 and planned above their numbers. August, September and October 2015 rotas up to our inspection showed planned staffing levels were mostly achieved except a shortfall for Yellowwood and Cherry wards on 16 occasions and Redwood and Rowan on one occasion. However there were a greater number of occasions when wards were above numbers. From January to July 2015 the provider's data showed staff shortages on one occasion for Yellowwood ward.
- Two staff said there was a lack of female staff on the women's wards. The provider informed us that there were 16 female staff for this ward with 10 male staff. Staffing rotas seen for August, September and October 2015 until our inspection, showed the provider had arranged for more than 50% of female staff on duty for most shifts. However 65 shifts had less than 50%, notably at night. This posed a risk that female patients would not have their needs met by a female worker. There were no occasions where a female staff member was not on shift.
- Other wards had a higher male staff ratio for male patients. Fifty percent of nurses employed had a learning disability qualification.
- As of 21/10/2015 there were 12.14 qualified nurse and 6.84 healthcare worker whole time equivalent (WTE) vacancies. Staff told us there were four nursing staff vacancies for Cherry ward. A senior manager identified that recruitment was a challenge and a range of actions had been taken. These included regular job interviews for staff, a bonus for introducing new staff and the provider was also recruiting as appropriate in other countries.
- Across wards there were regular bank and agency staff used. Managers said they were using block contracts for some agency staff to aid consistency of care. Yellowwood and Cherry wards had the highest use.
- For 12 months up to July 2015, 124 (WTE) staff (37%) had left which was significantly higher than the previous year (47 WTE). The provider had systems for monitoring staff reason for leaving and there were no identifiable themes, Overall staff sickness ranged from August 2015, 4.77% which is slightly above the national average to 21 October 2015, 2.04% which is lower.
- Wards had a consultant psychiatrist. Out of hours doctors were on call either on site or within one hour travelling distance. However we found two occasions on Cherry ward where a doctor did not attend a seclusion review within one hour. This is outside the target identified in the Mental Health Act code of practice and staff said they would review this.
- Overall staff mandatory training as identified by the provider was 92% as of 21 October 2015 and overall 68% of bank staff (employed by the provider and shifts planned as needed) had completed training which was below the provider's target. Improvement plans were in place where less than 85% staff attendance was achieved. This showed that there was a risk that bank staff were not getting adequate training for their role.

Assessing and managing risk to patients and staff

- Information from the provider showed from February to July 2015 that there were 116 incidents of seclusion and no incidents of segregation. Cherry ward had the highest (63). There were 779 restraints with Yellowwood ward recording the highest use (280). There were no restraints in prone position or use of rapid tranquilisation.
- More recent data from the provider showed nine incidents of seclusion for September 2015, 77 occasions where restraint was used including one occasion of prone restraint. Staff told that patients would be put into the prone position for a short time in order to administer intra-muscular injections. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines 'Positive and proactive care' produced by the Department of Health in 2014.

Good

Wards for people with learning disabilities or autism

- Patient's physical observations checks were not detailed in seclusion records following staff giving rapid tranquilisation medication for three out of four patient's records checked on Cherry ward. This posed a risk of patients' health not being monitored.
- Patients had individualised risk assessments and these had been reviewed by the multi-disciplinary team (MDT). Risk assessments took into account historic risks and identified where additional support was required.
- The provider used various risk assessment tools including the historical clinical risk (HCR 20) and the patient escort baseline risk assessment as part of their initial and on-going assessment of risk. Staff could refer to 'my positive behavioural support (PBS) plans', management of aggression care plans and risk profiles completed by the psychology team to reduce patient incidents'. A manager told us that the last seclusion for Rowan ward was in November 2014, and using these tools had positively reduced patients' incidents.
- As of 21/10/2015, 96% of staff had completed safe breakaway and 92% had management of violence and aggression training. Some agency staff had received management of violence and aggression training and the provider checked that other agency staff had compatible restraint training.
- 'See, think, act' relational security information was available for staff. Relational, procedural and physical security had been assessed and managed in various ways. The provider had allocated hospital security staff who in addition to clinical staff carried out physical security checks. Procedural security included search policies for people and rooms and key management systems. Policies and procedures were in place regarding risk assessment for patients' access to restricted items such as information technology devices, computers and mobile phones.
- Staff gave examples of positive risk taking. One patient kicked doors as a form of communication and a door on Pine and Maple ward had been updated with toughened glass to ensure patient safety.
- As of 21/10/2015, 80% of staff had completed safeguarding training with 31% compliance with PREVENT training relating to the government's counter-terrorism strategy, which aims to stop people becoming enrolled as terrorists or support terrorism. This was below the provider's target and there were plans for staff to achieve 100% attendance by December 2015.
- Managers had systems for tracking and monitoring safeguarding referrals. Staff were aware of their individual responsibility in identifying any individual safeguarding concerns, reporting these promptly and ensuring protection plans were in place for patients. Recent meetings with the local police and local authority had taken place to ensure effective reporting. Patients' forum representatives were developing posters promoting anti bullying. Three patients told us they did not feel safe on the ward living with others but did not give more detail.
- We found one incident for Cherry ward where a patient made a complaint and safeguarding concern 17/10/2015 other records showed this was not raised with managers until 19/10/2015 and the matter was not reported until 21/10/2015. Senior managers assured us that they had systems to ensure incidents were reported in a timely way and an investigation was taking place.
- Patients told us that there were blanket restrictions regarding patients' access to the telephone after 6pm on Pine ward and across the hospital smoking was limited to five cigarettes a day, but not at specific times. Staff said that patients had individual risk assessments for telephone contact with friends and relatives and we saw examples of these. The provider had developed a 'Smoking reduction strategy' which identified that 33% of patients smoked cigarettes and had a process of moving towards a smoke free environment. Staff had identified timeframes and support systems including consultations with staff and patients. Staff referred to national institute for health and care excellence (NICE) and commissioning for quality and innovation (CQUINs) commissioners contract requirements.
- Staff carried out risk assessments before visits to ensure patients and others were safe. A separate visitors' room was available away from the ward for privacy and visits could be arranged off site if children were visiting.
- We found some good medicine management practice. For example we found that an independent pharmacist visited wards twice a week and undertook audits. There was safe storage for medicines. However a controlled drug record for Yellowwood ward had not been updated. Staff signatures were not available for two patients' records on Yellowwood ward. Most patients

Good

Wards for people with learning disabilities or autism

'prn' as required medication were not reviewed for 14 days to ensure they were still required as ward reviews took place monthly. On Maple and Pine ward medicine cards, the variable doses were not clearly written. The medical device and medicine management policies had expired dates and needed updating which the provider said they would address.

Track record on safety

- The hospital had 26 serious incidents requiring investigation from January to July 2015 with Cherry as having the highest with 11 incidents. The provider had systems in place to investigate these incidents and reduce the risk of recurrence.
- Between 26/08/2015 to 21/10/2015 there were 323 incidents reported. Including 245 violence and aggression and 22 security incidents.
- Senior managers had a local risk register and said they could escalate concerns at regional and corporate management meetings.

Reporting incidents and learning from when things go wrong

- There was an effective way to capture incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Most staff knew how to report incidents and were encouraged to use the reporting system. Staff told us that incidents would be discussed at senior nurse/staff meetings or in ward handovers.
- There was a governance framework which encouraged staff to report incidents. Incidents reviewed during our visit showed that investigations and analysis took place, with actions for staff and sharing within the team. Ward to board reports' tracked themes for the hospital and compared them with other provider hospitals.
- Staff said that they and patients had access to debriefs and support with psychology staff following incidents. A manager told us that where staff member had been injured following a patient's challenging behaviour, they had received support and where required the health and safety executive had been notified.
- Staff received a group wide staff email keeping them updated on events and staff monthly team briefs.
- Examples of learning from incidents were given by staff. For example, several staff referred to staff handover and patient observation documentation being updated and more consistently referred to in daily senior staff early morning review meetings.
- A patient forum representative told us of an occasion when doors did not lock properly. We saw the staff investigation report and noted that it related to one ward corridor door. Staff actions were taken at the time and a contingency plan was in place to prevent further occurrence. Patients' forum representatives spoke positively about dialectical behavioural therapy and learning new coping skills. They told us this had reduced the number of patient self-harming incidents which staff confirmed.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff carried out preadmission assessments before admission. Patients received a comprehensive and timely assessment after their admission. Care plan headings were linked to 'my shared pathway' recovery tool headings.
- Records showed that patients had physical healthcare examinations undertaken. There was evidence of patients receiving ongoing monitoring of physical health needs. A physical healthcare lead was onsite four days a week and a local GP visited regularly for appointments.
- However some records were not updated. One patient's records on Cherry ward did not detail that an asthma peak flow had been taken and reviewed by the GP as identified. One Rowan ward patient's care plan had not been updated regarding staff support to manage relationships. Staff said they would take action to address this.
- Staff used electronic records and some paper records. Progress was monitored in MDT records and teams recorded data on progress towards agreed goals. At ward reviews patients' risks and needs were updated.

Best practice in treatment and care

- Assessments took place using nationally recognised assessment tools, including the 'early warning score' assessment tool, malnutrition universal screening tool (MUST) and the Lester tool. The Lester tool is a guide for health workers to assess the cardio metabolic health of people experiencing psychosis and schizophrenia.
- Staff referred to use of 'clinical therapies' and 'recovery tool kits' and patients use of recovery self-assessment tools, 'my shared pathway'. Staff provided a range of therapeutic interventions in line with national institute for health and care excellence guidelines (NICE) such as dialectical behavioural therapy and offence work such as fire setting and sex offending treatment programmes. Patients care plans also referenced NICE guidance.
- Staff were involved in audits for example health and safety, infection control and care planning.
- Patients had care plans for staff to follow to ensure effective communication. Staff had pictorial information for patients who had difficulty with reading to increase communication.

Skilled staff to deliver care

- Ward teams included nurses, healthcare support workers, consultants, speciality doctor, psychology and therapy staff, occupational therapy staff, and a social worker.
- A sensory therapist, physiotherapist and nutritionist were employed or contracted. The provider was recruiting a speech and language therapist.
- New staff had an induction programme prior to working on the wards. Managers said that checks were made to ensure that agency staff had received the required training prior to being booked to work shifts.
- Staff said that due to their break system, six hours a month was accrued and used for staff meetings and training. They gave examples of other specialist training offered such as for dialectical behavioural therapy and infection control. Managers referred to opportunities for support workers to complete the diploma in health and social care or the care certificate. This is a national certificate to provide staff with the skills and competencies to do their job. Doctors had bi monthly continuing professional development sessions (within the hospital and external). Staff told us there was a monthly 'journal club' where staff presented research articles.
- Staff received 'introduction to learning disability and autism spectrum disorder' training. The highest compliance was 100% for non-nursing staff and lowest was 88% for Pine and Maple staff (as of 21/10/2015). Overall staff compliance with first aid training was 74% and 88% for immediate life support. A senior manager told us this lower number was due to awaiting checks for trainer credentials and there were action plans to ensure 100% attendance.
- Managers referred to systems in place to check staff competency such as a four week standard for receiving supervision and staff receiving annual appraisals. From July to September 2015 there was 97% overall compliance of staff supervision. There was 98% overall compliance with staff appraisals which was within the provider's target.
- Staff referred to weekly reflective practice sessions where they could raise and discuss work issues.
- Some staff were completing nurse mentorship training with a local university to take nursing students.

Multi-disciplinary and inter-agency team work

- Regular nursing staff handovers and multi-disciplinary meetings took place. Handover information was shared between wards and teams in the early morning review meeting.
- Staff worked with external agencies, such as with commissioners, community mental health and learning disability teams, ministry of justice, police and local authority. This included liaison with multi-agency public protection arrangements (MAPPA) and with victims where patients had committed a criminal offence. This ensured a proactive approach to the co-ordinated care of patients.

Adherence to the Mental Health Act 1983 and the Mental Health Act Code of Practice

- Patients were detained under the Mental Health Act 1983. Some were detained under Part III of the Act due to having committed a criminal offence.
- Staff were enabled to meet their responsibilities under the Mental Health Act through training, policies and procedures. As of 21/10/2015 overall staff compliance with the Mental Health Act 1983 training was 92%. Two staff said they had not been trained in revised code of practice. Another staff member said they had updated management of violence and aggression training to incorporate the revised code of practice.

Good

Wards for people with learning disabilities or autism

- The provider had systems, processes and practices in place to make sure that patient's rights were protected. This includes making sure that their detention was lawful.
- Staff knew how to contact the Mental Health Act office for advice when needed. The Mental Health Act team undertook checks of section 17 community leave and section 58 consent to treatment documentation. Reports were not collated for the hospital management team but individual issues were discussed. We found that some Mental Health Act documents were not easily accessible on the electronic records for Maple and Cherry wards, such as consent to treatment.
- Staff had not detail assessments in sufficient detail for some patients before or after they had taken section 17 Mental Health Act community leave, which posed a risk that leave was not appropriately planned or evaluated.

Good practice in applying the Mental Capacity Act 2005

- Safeguarding training included the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. However a senior manager said that due to the new staff e-learning systems, the provider would be able to report on this training separately for the future.
- No patients were subject to a Deprivation of Liberty Safeguards application during our visit.
- Examples of assessments of patients' capacity to make specific decisions were seen relating to engaging in therapy and discharge planning. The social worker told us that most patients had court of protection arrangements for managing their finances. Where a patient's mental capacity to manage their own finances was in doubt, assessments had taken place and an example of this was seen.
- Most patients' records seen did not identify that any patients lacked the mental capacity to make decisions. Staff told us assessments were decision-specific and people were given every possible assistance to make a decision. Two carers said their relative lacked capacity to make decisions and believed staff were making decisions for them. Staff could not find an assessment for patient who was having specific staff intervention for a physical health test. Also on Cherry ward, staff allowed patients one snack per day if it was considered to be unhealthy. We did not see any capacity assessments identifying that individual patients lacked capacity to make decisions about snacks they wanted. This posed a risk that staff were delivering care and treatment without appropriately assessing the patient's ability to make a decision about their care and treatment.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- Most patients were positive about the support which they received on the ward. Where they had concerns we found that staff had investigated or were investigating their complaints.
- We saw good examples of positive staff and patient interaction and individual support. For example staff took time to give information to patients who had difficulty speaking or communicating non verbally.
- Carers told us staff were caring and kind.
- Staff were passionate and enthusiastic about providing care to patients with complex needs. A nurse referenced their work to national nursing guidance 'Compassion in care' and the six 'C's: 'care, compassion, competence, communication, courage and commitment'. They explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of the specific care and treatment needs of their patients.

The involvement of people in the care they receive

- We found various examples of how patients were involved in influencing their care and treatment or the service at the hospital. We saw examples of care plans, PBS plans and advance decisions detailing patients' views. Although on Cherry ward this involvement was not always captured in records seen.
- Patients could proactively chair their care programme approach (CPA) meetings or ward community meetings. They had opportunities to get involved in hospital governance for example in the patients council and a clinical governance meeting. Patients were supported to

Good

Wards for people with learning disabilities or autism

be involved in staff interviews and induction. Newly admitted patients had a 'buddy' to help orientate and welcome them to the ward. Some patients were trained in collaborative risk assessment.

- Patients had access to advocacy services and information regarding these services was displayed across wards. This included access to independent mental health and independent mental capacity advocates.
- The last carers' engagement day was arranged by staff but had no attendance. Staff told us that instead they had regular contact with individual carers about patients' care where patients had given staff permission. Two carers told us they would like more updates from staff in between CPA meetings about their relative's care and treatment.
- The hospital's 'family and friend' care questionnaire for 2015 had six responses out of 44. One hundred percent stated they felt welcomed by staff and overall rated the service four out of five. Additionally the provider carried out carers' audits for preadmission and discharge planning. The provider had action plans with timeframes for any improvements required.

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

(for example, to feedback?)

Good

Access and discharge

- Average bed occupancy from January to July 2015 was highest for Cherry and Maple wards at 100% and lowest for Yellowwood Ward at 92%. This is higher than the average (85%) recommended for adult in-patient mental healthcare which means that staff care of patients could be compromised.
- Care pathways and admissions could be from high secure units, secure units, prison, courts or other inpatient units. Patients were placed from various parts of the United Kingdom due to placements not being available in their home area to meet their needs.
- Most admissions were planned in advance. Following a referral staff carried out assessments in less than five days. There was a waiting list for womens wards.
- A senior manager said the average length of stay patients was for two to three years. This was above the national average (approximately 1.5 years). Staff told us that this was because many patients had complex care and treatment needs.
- From January to July 2015, there were 15 delayed discharges. Senior managers said this was because suitable less secure placements were not available which was beyond their control. The responsibility to identify and fund placements was the patients' home area local commissioners.
- Staff worked closely with the home area community teams to ensure that patients who had been admitted were identified and helped through their discharge. Discharges or transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way. However Cherry ward patient records held limited information on this. Care and treatment reviews took place with commissioners.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff told us soft tone wall colours were chosen for patient areas and the local autism group had been consulted regarding the ASD wards. Staff told us patients had chosen ward pictures.
- Patients told us they were not involved in choosing the decoration. However we found examples of personalised patients' bedrooms. For example patients had individual recreational items.
- Patients had risk assessments for access to bedroom keys and had furniture that was lockable. A manager and patients told us on Redwood ward that staff would lock the furniture if there were risks identified, for example accessing electrical items. It was not apparent that patients could have their own keys to lock their possessions safely in furniture despite the 'baseline restrictive practice audit action plan' (July 2015) identifying this as an action. Three patients said they had items lost or stolen which they had reported to staff.
- The provider had a service improvement practice plan with plans for the future development of the wards. We found examples of maintenance staff being responsive to issues raised. For example regarding a leaking toilet on Redwood ward and a broken electrical socket on Pine ward. However Cherry ward lounge had some damage to decoration with areas of the plaster and the floor covering scuffed and marked.

Good

Wards for people with learning disabilities or autism

- The seclusion room on Pine ward did not have easy access to a shower/bathroom. Staff had to bring in washing equipment or carefully manage access which affected patients' privacy and dignity. Information from the provider showed from February to July 2015 that there were 40 incidents of seclusion.
- Wards were otherwise mostly well equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities. These included quiet areas, activity and meeting rooms and sports areas. Secure courtyard areas included a smoking area. Pine and Maple wards had access to a sensory room and equipment.
- The 'Oaktree centre' (OTC) had a horticultural area, animal care, library, outside gym, social area and designated DBT room. The provider's patient education courses had approved ASDAN (a national charity) programmes and qualifications that grow people's skills for learning, employment and for life. Staff and patients gave examples of vocational work opportunities within the hospital and in the community. Also they could access some community leisure and social clubs. A dog as part of 'pets as therapy' visited weekly.
- Some staff told us that the location of the hospital could make it difficult to interact with the local community. However staff had arranged for some patients local bus passes to make it easier to use public transport.
- A patient forum representative told us more weekend and evening activities were needed and they would be raising this with staff. We saw that this had been raised at a previous patients' forum meeting. Two carers said there were not enough activities for their relative. The provider monitored patients' access to ensure a minimum of 25 hours a week therapeutic activity.
- Ward drink and snacks were available. Patients had opportunities to practice and develop their daily living skills, such as cooking, shopping, budgeting and washing laundry.
- Patients had private telephone access. We saw examples of individual care plans for patients' contact with families and friends.

Meeting the needs of all people who use the service

- Wards were on ground level and were accessible for patients with mobility difficulties.
- There were opportunities to meet patients' cultural, language and religious needs. There was a multi faith room which could be accessed on the hospital site and local faith representatives visited the wards as required and could be contacted to request a visit. An example was given by staff of supporting a patient with Indian heritage to have links with an Indian community to meet their cultural needs.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed.
- A range of information was displayed across wards and the hospital site relating to activities, treatment, safeguarding, patients' rights and complaint information. This included pictorial information available for patients helping to orientate them with ward staff pictures, date and weather details. Some patients' forum representatives told us that 'my shared pathway' folder should be more individualised for patients with non-verbal or written communication.
- Meal choices included options for vegetarian, Caribbean and halal diets and for patients with allergies. One patient told us there had been difficulties getting regular halal meals. We found example of patients being supported to have food they liked.
- Six patients and additionally patient forum representatives told us they had concerns with the food provided. An example was given of not liking the healthy meal options and considering that hospital staff did not consider their views at food taster sessions.
- One carer said their relative was overweight and was not receiving support. Staff told us that patient menus were changed in late 2014 to offer the healthier options as some patients had issues with weight gain. Since the new menus were introduced, weight loss had been positive and the patients recognised that this had been a positive step. A nutritionist reviewed the menus to ensure healthy meal options. Some patients were not happy with the new menu choices so a food and dining survey was completed. This identified that 50% of the patients liked the food.
- Feedback from this was discussed at the patient forum meeting and actions were decided. Patients were given a list of snacks to agree with others on their ward. Patients could buy their own snacks and this would be monitored individually.
- Additionally the provider had changed the main meal to evening instead of lunchtime at the patients' request. This had required getting additional lighting to ensure staff safety when transporting food across to the wards in the evening.

Good

Wards for people with learning disabilities or autism

Listening to and learning from concerns and complaints

- There were systems for processing, monitoring and responding to complaints and we saw evidence of this. Staff told us that any learning from complaints was shared with the staff team and we saw that feedback on complaints and safeguarding issues was a standard agenda item for the patients' forum meeting. Pictorial complaints information was available for patients. Managers referred to opportunities for local resolution of complaints and also mediation.
- Patients effectively raised concerns in ward community and patient council meetings. Hospital patients' council meetings minutes were detailed with actions and timeframes for completion. Patients' forum representatives said they would like more regular staff feedback regarding issues, for example when a ward's smoking shelter was being installed. On Cherry ward, community meeting minutes did not capture actions to be taken by staff or if feedback had been given to patients about issues they raised previously.
- Admission and discharge questionnaires were offered for patients to give feedback. The provider carried out annual surveys to gain feedback from patients and family/friends with detailed action plans to respond to any identified issues.
- From August 2014 to July 2015 there were 23 formal complaints with six complaints upheld. Rowan and Redwood wards had the highest with 14. The provider had systems for monitoring themes and developing actions to reduce the risk of recurrence. There was one upheld complaint regarding Rowan and Redwood that was referred on to the parliamentary and health service ombudsman.
- From the hospital complaints survey 2015, 70% of the patients who made complaints felt supported to raise them. Action plans identified included informing patients of appeals process.
- Patient forum representatives told us they wanted more opportunities to socialise with other patients from other wards and also have opportunities for relationships. This was raised at a patients' forum meeting and staff feedback was given. Managers confirmed that each request was individually assessed and risk assessments and care plans were developed. Examples of staff supporting patient's with friendships and relationships were given.
- Three relatives said they would like more visits or time with their relative and would be confident to discuss this with staff. Two carers said there were delays with staff responding to their request for skype video conference arrangements. One relative said they had raised with staff that they used to be able to visit their relative's bedroom but were not allowed now. They said they were told that this was the hospital policy but were unclear about the reason for change.

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

Good

Vision and values

- Most staff we spoke with were aware of the provider's vision and these were linked to staff appraisals.
- Staff said hospital senior managers were approachable and that other directors external to the hospital visited their areas. Some staff referred to chief executive 'roadshows' where they took time to visit/meet staff from the organisation. Senior staff reported good corporate links to the hospital.

Good governance

- The provider had governance processes in place to manage quality. Managers used these methods, such as completing monthly 'ward quality matters' documents with patients identifying differing themes for their area. The provider had a 'ward to board' tool they used to monitor quality across hospital sites. Managers had access to dashboards which tracked incidents and other relevant data for their ward and hospital.
- Governance meetings took place such as a monthly health and safety and managers meetings and weekly senior nurse resource meetings. Staff gave feedback on risks and good practice. Quarterly meetings were held with the local safeguarding lead and police to review reported incidents. We saw examples of ward business meetings reviewing incidents and safeguarding issues as relevant for their ward.
- The provider had developed an action plan 2015 identifying areas of improvement in reference to the 'Winterbourne View Interim Report'.

Leadership, morale and staff engagement

Good

Wards for people with learning disabilities or autism

- There were three ward managers across the six wards which were adjoined: Yellowwood and Cherry, Rowan and Redwood and Pine and Maple wards. Additionally there were other managers across all the wards and other teams.
- Managers had professional development time and leadership opportunities.
- The hospital staff survey for 2015 had identified a gradual improvement in the overall staff satisfaction. An action plan was in place to improve the rating as it was identified that the average for staff satisfaction was 63% out of 100%. This was lower than the organisations average as a whole.
- However the majority of staff we spoke with said morale was good. Most staff reported good local MDT and ward team working. They said they could approach their managers with any concerns or feedback and felt supported by them. There were out of hours on call rotas for senior nurses, managers and doctors who staff could contact to discuss issues with.
- Staff were aware of external confidential support helplines and whistleblowing processes. Managers identified support that had been given to staff such as access to an occupational health service. Some staff referred to attending a 'physical health and wellbeing group'.

Commitment to quality improvement and innovation

- The hospital were members of the quality network for forensic mental health services and had received peer led reviews to compare themselves with other similar units and national standards. Overall the hospital met 78% of low secure standards. One hundred percent was achieved for admission, physical healthcare, discharge, physical security and procedural security. Service environment, recovery, and equalities were identified as areas in need of improvement
- Other quality initiatives included staff nomination and recognition awards for the hospital, regionally and organisationally.
- Staff told us the collaborative working took place with local autism groups and that they had been consulted in the development of the ward environments.

Outstanding practice and areas for improvement

Outstanding practice

- Patients could proactively chair their care programme approach (CPA) meetings or ward community meetings. They had opportunities to get involved in hospital governance for example in the patients council and a clinical governance meeting.
- A range of diverse activities were provided at the 'Oaktree centre' (OTC) including horticulture animal care, pets a therapy, social and gym activities and education courses had approved ASDAN (a national charity) programmes and qualifications.
- A 'peer plus' scheme gave support to newly admitted patients.
- All patients were offered collaborative risk assessment and safety planning.
- Staff had developed 'easy read' medication ward files for patients.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that Yellowwood and Cherry wards have adequate staffing levels including appropriate gender mix at all times.

Action the provider SHOULD take to improve

- The provider should ensure there is an effective process for identifying, managing and removing ligature risks.
- The provider should ensure that patients receive adequate physical health observation checks following administration of rapid tranquilisation, and records accurately reflect this.
- The provider should review their systems to ensure that Mental Health Act 1983 and Mental Capacity Act 2005 assessments documentation are accessible for all staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider must ensure that Yellowwood and Cherry wards have adequate staffing levels including appropriate gender mix at all times.** Person-centred care The care and treatment of patients must be appropriate, meet their needs, and reflect their preferences. The things which a provider must do to comply with that paragraph include providing opportunities for relevant persons to manage the patients care or treatment; making reasonable adjustments to enable the service user to receive their care or treatment. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9 (1)(a)(b)(c)(3)(e)(h).