Yew Trees

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Yew Trees good because:

- The ward environment was clean, tidy, and well maintained. Cleaning records were up to date and demonstrated that staff regularly cleaned the ward environment.
- The provider maintained safe staffing levels. We reviewed eight weeks of duty rotas which showed that the provider had covered all shifts with sufficient numbers of staff.
- Staff had received, and were up to date with mandatory training. Mandatory training compliance was 99%.
- Staff completed a comprehensive assessment of patients' needs following admission. Staff used the information gained during these assessments to create care plans and risk assessments.
- Staff received regular supervision and annual appraisals. We reviewed supervision and appraisal records which showed staff were compliant with the provider's policy for supervisions per year.
- Patients were involved in the planning of their care. We reviewed four care records that showed staff had documented patients' views on their care plan.
- Staff provided activities seven days a week. Occupational therapist and activities coordinator managed activities during weekdays and care staff would provide activities at weekends.
- The provider had systems in place to monitor staff training, supervision, and appraisals. The manager maintained spreadsheets which they updated and monitored regularly.
- Staff followed the providers safeguarding procedures. Staff made safeguarding referrals when appropriate contact the local authority for updates.

However:

- The provider did not always share lessons learnt from incidents and complaints with staff. We reviewed four team-meeting minutes. Only one of these minutes contained evidence that staff had discussed lessons learnt from incidents and two contained evidence of discussion of complaints.
- The provider had a high rate of agency staff use. This was due to high staff turnover and difficulty with recruitment.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Good

Yew Trees

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

Summary of this inspection

Background to Yew Trees

Yew Trees is an independent mental health hospital for women aged between 18 and 25 who have a learning disability. Based in the village of Kirby-le-Soken in Essex, Yew Trees provides assessment and intervention for challenging behaviour. This service has beds for up to ten women with learning disabilities and additional physical and mental health needs and challenging behaviours. The service mainly serves people from Essex and the surrounding areas but can take referrals from further afield. At the time of our inspection, all patients were detained under the Mental Health Act.

Yew Trees was registered with the Care Quality Commission on 27 November 2012 and is currently registered for:

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

The Care Quality Commission previously carried out a comprehensive inspection of this location on the 5th May 2016. A breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified for regulation 13, safeguarding service users from abuse and improper treatment. At the time of inspection, the service was compliant with this regulation.

The ward manager was in the process of registering with the Care Quality Commission. The controlled drugs accountable officer was Melinda Glover.

Our inspection team

The lead inspector was Andy Bigger:

The team was comprised of three CQC inspectors.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with five carers of patients who were using the service
- spoke with the registered manager
- spoke with six other staff members; including doctors, nurses, assistant psychologist, occupational therapist and activities coordinator
- reviewed four patient records
- reviewed one staff record.

We also:

- looked at ten treatment records of patients.
- carried out a specific check of the medication management on the ward.
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

What people who use the service say

We spoke with four patients and four carers. Patients told us that staff were kind and caring and treated them with respect. They felt that staff supported them to meet their needs. Patients told us good activity programme throughout the week and at weekends. Patients thought the food was of good quality and there was always choice. Carers told us that staff treated patients with dignity and respect.

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?

Good

We rated safe as good because:

- The ward environment was clean, tidy, and well maintained. Cleaning records were up to date and demonstrated that staff regularly cleaned the ward environment.
- The provider had undertaken an environmental risk assessment which included a ligature risk assessment. This included action plans as to how staff would mitigate any risks identified.
- The provider maintained safe staffing levels. We reviewed eight weeks of duty rotas that showed that the provider had covered all shifts with sufficient numbers of staff.
- Staff had received, and were up to date with mandatory training. Mandatory training compliance was 99%.
- Staff completed a comprehensive risk assessment upon admission. Staff regularly reviewed these during care review meetings or if there was a change of risks, such as following an incident.
- The provider had safe medicines management procedures in place. Staff followed the National Institute for Health and Care Excellence guidelines for prescribing and the Nursing and Midwifery Council guidance on medication management.

However:

- The provider had a high rate of agency staff use. This was due to high staff turnover and difficulty with recruitment.
- The provider did not always share lessons learnt from incidents with staff. We reviewed four team-meeting minutes. Only one of these minutes contained evidence that staff had discussed lessons learnt from incidents.

Are services effective?

Good

We rated effective as good because:

- Staff completed a comprehensive assessment of patients' needs following admission. Staff used the information gained during these assessments to create care plans and risk assessments.
- Patient care plans were up to date and covered a range of needs. Staff reviewed these on a regular basis during care review meetings or if there was a change in need.

Summary of this inspection

- Patients' received a physical examination upon admission. Care records showed evidence of ongoing physical health care monitoring.
- The provider offered psychological therapies recommended by the National Institute for Health and Care Excellence.
- Staff received regular supervision and annual appraisals. We reviewed supervision and appraisal records, which showed staff were compliant with the provider's policy.

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with kindness, dignity, and respect. Patients told us that staff were kind and caring and supported them to meet their needs.
- Patients were involved in the planning of their care. We reviewed four care records which showed that staff had documented patients' views on their care plan.
- Patients were able to provide feedback on the service. Staff held monthly community meetings in which patients could share their views on the service provided.

However

- Carers did not always feel involved in their relatives' care. Three carers we spoke to told us they found it difficult to get information from the provider about their relative.

Are services responsive?

Good

We rated responsive as good because:

- The provider had a full range of rooms and equipment to support care and treatment. This included an activity room, a fully equipped clinic room, and a quiet area where patients could meet visitors.
- Patients were able to personalise their rooms. Patients had brought in personal items such as ornaments and posters for their bedrooms.
- Patients told us the food was of good quality and that there was a choice available. The provider was able to meet the needs of patients with different dietary requirements such as vegetarian, vegan, patients with allergies or patients with religious and cultural needs.
- Staff provided activities seven days a week. An occupational therapist and activities co-ordinator managed activities during weekdays and care staff would provide activities at weekends.

However:

Summary of this inspection

- Staff did not always receive feedback from complaints. Staff told us they received feedback during team meetings. However, only one out of the four meeting minutes we reviewed contained evidence staff had discussed lessons learned from complaints.

Are services well-led?

Good

We rated well led as good because:

- Staff were aware of the organisation's visions and values. We observed staffs' interactions with patients, reviewed care records, and saw that they were delivering personalised healthcare that helped patients and made a positive difference to people and families.
- The provider had systems in place to monitor staff compliance with training, supervision, and appraisals. The manager maintained spreadsheets that they updated and monitored regularly.
- Staff were able to maximise time on care activities. We observed staff spending time engaging with patients supporting them to engage in activities and to meet their needs.
- Staff followed the provider's safeguarding procedures. Staff made safeguarding referrals when appropriate and contacted the local authority for updates.
- The provider used key performance indicators to monitor the performance of the team. These included targets for mandatory training, appraisal and supervision as well as financial targets the provider should meet.

However:

- The provider did not have adequate processes in place for sharing lessons learnt from incidents or complaints. We found evidence that these were being discussed at senior management level within the clinical governance meetings. However, senior staff did not always share this information with staff working on the ward.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- All patients were detained under the Mental Health Act.
- Staff compliance with Mental Health Act training was 100%.
- Care records showed that staff read patients their rights upon admission and monthly thereafter.
- Staff had completed Mental Health Act paperwork correctly. This included section 17 leave documentation.
- Second opinion appointed doctors had assessed patients' ability to consent to treatment where appropriate. They completed the necessary documentation and staff attached this to patients' medication administration records.
- Staff were able to access the original copies of Mental Health Act paperwork. The Mental Health Act administrator completed audits of Mental Health Act documentation to ensure that staff had completed all legal documentation correctly. They would highlight any issues identified to staff.
- Staff ensured that there was a photograph of patients within the care records and on their medication administration records as required by the Mental Health Act code of practice.
- Patients had access to an independent mental health advocate. The provider used a local service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training was 100%
- Staff demonstrated good knowledge of the Mental Capacity Act. Staff explained to us how they would assess patient's capacity and support them to make decisions in their best interest. Staff completed these assessments on a decision specific basis. If a patient lacked capacity to make a decision, staff would hold a best interest decision meeting. Staff invited all necessary people involved in the patient's care.
- There were no patients subject to Deprivation of Liberty Safeguards.
- Patients had access to an independent mental capacity advocate. The provider used a local service for this.

Overview of ratings

Our ratings for this location are:

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

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- The layout of the hospital did not allow staff to observe all areas of the ward. The hospital was an old residential property that had been adapted for its current use. The provider had installed mirrors to reduce the risk from blind spots. Staff would increase a patient's observation level, following a risk assessment if they were concerned they were at risk of harm to themselves.
- There were some ligature points throughout the hospital building (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). These included taps in the bathroom and a box on the wall in a bedroom, which was used to cover electrics. The provider had completed a ligature risk assessment and had an action plan for removing ligature points throughout the hospital. Staff had completed a ligature risk assessment for each patient.
- The hospital was an all-female environment. Therefore, they complied with the Department of Health guidance for eliminating mixed-sex accommodation.
- The clinic room was fully equipped with all necessary equipment for monitoring patients' physical health. Staff kept resuscitation equipment in a cupboard in the staff office, so it was easily accessible to all staff when needed.
- The provider did not have a seclusion room and did not use seclusion as an intervention.
- All areas of the ward were clean and tidy. We reviewed the cleaning records. These were up to date and showed that staff were cleaning the ward environment on a regular basis. All furnishings were in good condition and well maintained.
- Staff adhered to infection control principles. There were hand-washing facilities, including alcohol disinfectant gel.
- The provider maintained all equipment. Equipment had stickers stating when it was last serviced and when it was due to be serviced. We checked the cleaning records and saw that staff cleaned equipment on a weekly basis.
- The provider had undertaken an environmental risk assessment. We reviewed this, found that it was up to date, and included an action plan as to how the provider would mitigate any risks identified.
- Patients did not have access to an alarm or nurse call system. The provider stated that since last inspection they had discussed the installation of a nurse call system. However, they felt that with the current patient group, it was not necessary, as patients would be able to summon assistance if necessary.

Safe staffing

- The provider had staffing establishment of five whole time equivalent nurses and 27 whole time equivalent care support workers. The provider had four vacancies for nurses and eight vacancies for care support workers. We reviewed the provider's recruitment plan. This showed the provider was actively trying to recruit staff with social media adverts and using local newspaper adverts.
- The provider had a high use of agency staff. In the three-month period between 1 January 2017 and 31 March 2017, agency staff covered 250 shifts. The

provider told us that this was due to high staff turnover rate of 40% in the past 12 months. The provider used regular agency staff, which they block booked to provide continuity

- The provider was covering shifts with sufficient numbers of staff. We reviewed eight weeks of duty rotas. These showed the provider covered shifts with staff of the right grades. There was a qualified nurse on each shift. The manager told us they were able to adjust staffing levels to take account of daily activity levels and to cover patient observation levels.
- There was enough staff so patients could have regular one-to-one time with their named nurse. Patients told us that staff were always available and would make time to speak to them when required.
- The provider rarely cancelled escorted leave or activities due to lack of staff. Staff and patients told us that they would only cancel leave or activities due to exceptional circumstances.
- There was sufficient staff to safely carry out physical interventions. Staff told us there was always someone available to assist should a patient present in an aggressive manner.
- There was adequate medical cover out of hours and at weekends. The doctor told us that they were available for general enquiries out of hours. However, there was a consultant on-call rota that covered the southeast region. If there was a medical emergency staff would call an ambulance.
- Staff had received, and were up to date with mandatory training. Mandatory training compliance was 99%. There were 18 mandatory training courses and 15 of these were 100% compliant. The lowest compliance rate was 92% for data protection.

Assessing and managing risk to patients and staff

- There were no incidents of seclusion or long-term segregation in the last six months. The provider did not have a seclusion room and did not use seclusion or segregation as an intervention.
- There were 98 episodes of restraints within the past six months. These restraints involved four different patients. There were no episodes of prone restraint (facedown). Staff only used restraint if de-escalation was unsuccessful. Staff documented in patients' positive behaviour support plans information on triggers and de-escalation techniques for use with individual patients as well as information on how patients prefer to be restrained, for example sitting down or on the floor. We saw evidence of this in patients' care records
- Staff undertook a risk assessment of each patient upon admission. We checked four care records which showed that staff were updating risk assessments regularly as part of the patient's care review, following incidents, or if there was a change in the patients' level of risk.
- Staff used a standard risk assessment tool covering a range of risks, such as violence and aggression, suicide, self-neglect and self-harm.
- The provider did not use blanket restrictions and informal patients were free to leave at any time. However, at the time of inspection all patients were under section of the Mental Health Act.
- This provider had a policy on the use of observations. The provider had different levels of observations depending on the level of risks. These range from general observations, intermittent checks and one-to-one observations.
- Staff were trained in safeguarding vulnerable adults and knew how to make a safeguarding referral when appropriate. Staff compliance for safeguarding training was 100%. Staff we spoke to were able to explain how they would identify abuse and what actions they would take.
- There was good medicines management practices in place. Staff kept medication in locked cupboards within the clinic room. Each patient had her own supply of medication. Medication requisition was done through local pharmacy who delivered medication to the hospital. Staff completed regular audits of medication. We reviewed these audits and saw that they were completed correctly. We reviewed the medication records for all patients. Staff had completed these appropriately.
- Children were not allowed onto the ward area. Patients who had children visiting used the conference room in the administration block next to the ward.

Track record on safety

- Staff recorded 12 serious incidents in the past 12 months. These incidents included allegations of abuse by staff and patients, patients absconding, and

medication errors. Managers had investigated these incidents and identified any lessons learned. Managers reported incidents to the Care Quality Commission where appropriate.
- The provider had not recorded any adverse events in the past 12 months.

Reporting incidents and learning from when things go wrong

- Staff knew what they needed to report as an incident. Staff reported incidents on the online reporting system. All staff had access to this, including bank and agency staff. We reviewed incident reports and saw that staff were reporting all incidents appropriately.
- Staff did not always receive feedback from investigations of incidents. Staff told us that following incidents, they would have a debrief, in which they would discuss how the incident was managed and if anything could have been done better. The manager would then investigate the incident. However, we reviewed the minutes of team meetings for the last four months, and only one contained information on lessons learnt from incidents.
- Staff were open and honest when things went wrong. Staff we spoke to understood their duty of candour. The Duty of Candour is a legal duty on hospital, community and mental health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers. Incident forms showed that following incidents, such as medication errors. Staff informed both the patient and the nearest relative of the incidents and what went wrong.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed a comprehensive and timely assessment after they admitted a patient. We reviewed four patients' care records. All of these records showed that patients had gone through a period of assessment. Staff used information gathered during this assessment period to write care plans and risk assessments.
- Patients received a physical examination upon admission. Care records showed that staff completed a physical health check within 24 hours of admission. We also found evidence of ongoing physical health care monitoring.
- Care records contained up to date, personalised care plans. Staff completed care plans and they reviewed these weekly for the first four weeks following admission and then monthly thereafter. Care plans covered a range of needs and explained what staff needed to do to meet these needs.
- Information needed to deliver care was stored securely in a locked cupboard within the staff office. Information was in an accessible format within paper records. This information was available to all staff including bank and agency staff.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidelines when prescribing medication. We spoke with the consultant psychiatrist who told us they followed the guidelines for psychotropic medication monitoring and controlled drugs monitoring. We reviewed the medication charts of patients, which showed that the doctor was prescribing low-dose antipsychotic medication in line with the guidelines.
- The provider was able to offer psychological therapies recommended by the National Institute for Health and Care Excellence. The assistant psychologist offered psychotherapy, and cognitive behaviour therapy. They also told us that they offered specialist insight work to help patients gain insight into their behaviours.
- Staff assessed patients' nutritional and hydration needs. Care records showed that staff had documented nutrition and hydration assessments and there were care plans, which stated how staff should meet these needs. The provider had access to a speech and language therapist who would assist where necessary if a patient had dysphasia (difficulty swallowing).
- Staff used recognised rating scales to assess and monitor patient's progress through the treatment plan. Staff told us they used Health of the Nation Outcomes Scales as well as Health Equality Frameworks, which is

an outcomes framework based on the determinants of health inequalities, and provides a way for specialist learning disability services to agree and measure outcomes for people with learning disabilities.
- Staff participated in clinical audits. Staff told us they completed audits for medication, dispensing, incidents. and physical interventions. We reviewed the clinical audits for the past six months and saw staff completed these appropriately.

Skilled staff to deliver care

- The provider had a full range of staff disciplines to provide care and treatment for patients. These included nurses, care support workers, activity co-ordinators, occupational therapists, assistant psychologist, and consultant psychiatrist. The provider also had access to a speech and language therapist should they require their input.
- All staff had the necessary experience and qualifications for their role. Care support workers undertook National Vocational Qualifications levels two and three. We checked the files of qualified staff and saw that they all had appropriate qualifications for their role.
- Staff received an appropriate induction prior to starting work on the wards. Staff files contained induction checklist. This showed staff had undertaken a two-day corporate induction course, participated in mandatory training, and had to be shadowed for a shift prior to working with patients. Care support workers had access to the care certificate, which they were required to complete within the first three months of employment.
- All staff received supervision and annual appraisal. We reviewed the supervision records for staff. These showed that staff were being supervised in line with the provider's policy. All staff had received an annual appraisal of their performance.
- Staff received appropriate specialist training for their role. Staff were able to access training in positive behaviour support and for working with people with learning disabilities and autism.
- Senior management addressed poor staff performance promptly and effectively. In the past 12 months, two staff were suspended due to poor performance following investigations and they were later dismissed. Senior staff investigated these and dealt with them appropriately.

Multi-disciplinary and inter-agency team work

- There were regular multidisciplinary team meetings. The provider held these on a monthly basis. All staff disciplines were able to attend. We reviewed the minutes of the last four months' meetings. During these meetings staff discussed various issues such as ward activities, training and staffing.
- Staff had handover meetings at the end of each shift. During these meetings staff would provide an update on each patient, such as their presentation and any changes in risks or care plans.
- The provider had effective working relationships with teams outside of the organisation such as local authority and NHS community learning disability teams. Care co-ordinators attended care reviews when necessary.

Adherence to the Mental Health Act and the Code of Practice

- Staff received training in the Mental Health Act, including the code of practice. All staff were compliant with the provider's with Mental Health Act training. Staff we spoke to were able to demonstrate good understanding of the Mental Health Act.
- Staff adhered to consent to treatment requirements. Staff attached a copy of capacity assessments and consent to treatment forms to patients' medication charts.
- Patients had their rights under the Mental Health Act explained to them on admission and thereafter on a monthly basis. We checked patient records and found evidence this was happening regularly.
- Staff had access to a Mental Health Act administrator. The Mental Health Act administrator oversaw the Mental Health Act paperwork and audited this regularly to make sure it met legal requirements, was up to date and stored appropriately.
- Patients had access to an independent mental health advocacy service. The provider used a local advocacy service who attended the ward regularly. Information was displayed around the hospital. Patients also had information in personal folders within their bedrooms.

Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act and the guiding principles. All staff were compliant with the provider's Mental Capacity Act training. Staff we spoke to had a good understanding of the Mental Capacity Act and the guiding principles.

Good

Wards for people with learning disabilities or autism

- The provider had made three Deprivation of Liberty Safeguards applications in the last 12 months. Care records we looked at showed that these applications had been made appropriately.
- The provider had a policy on the Mental Capacity Act and a separate policy for Deprivation of Liberty Safeguards. Staff we spoke to were aware of the policies and knew where to find them should they need to refer to them.
- Staff assessed and recorded patients' capacity appropriately. Staff completed capacity assessments on a decision specific basis and supported patients to make decisions for themselves, where appropriate. If patients were unable to make a decision for themselves, staff held best interest decision meetings. Staff invited all people involved in the patient's care to these meetings.
- Staff knew where to get advice regarding the Mental Capacity Act. Staff told us they could go to the ward manager or Mental Health Act administrator.
- There were arrangements in place to monitor adherence to the Mental Capacity Act. Staff completed audits of the Mental Capacity Act documentation.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- Staff treated patients with kindness, dignity, and respect. We observed staff throughout the day engaging with patients and supporting them to meet their needs. Staff supported patients to engage in therapeutic programmes, and offered one to one time when necessary.
- Patients told us that staff were kind and caring towards them. We spoke to four patients who all said that staff were approachable and supportive and helped them to meet their needs.
- Staff understood the individual needs of patients. Staff we spoke to were able to explain the individual patient's needs, and how they met these. Staff told us that any changes in patients' needs were shared during handovers.

The involvement of people in the care they receive

- Patients were orientated to the ward upon admission. Staff showed patients around the hospital and introduce them to their named nurse. Staff provided patients with information on the ward as well as information on the activity programme, and their rights.
- Patients were involved in the planning of their care. We checked four patients' care records. All care records contained a care plan and a positive behaviour support plan. Staff completed positive behaviour support plans with patients and carers to get as much information as possible. Care plans contained a section where staff would document patients' views. Patients were encouraged to attend their care review meetings in which they could share their views on their care and treatment. We spoke to the manager who told us patients have a personal care profile folder, which contained a copy of their care plan. Staff offered these to patients for them to keep in their room. However, patients often refused these and asked staff to keep them safe for them. Staff did not document this in patient's records.
- Patients had access to an advocacy services. The provider used a local service. Staff displayed information about the advocacy service around the hospital. Patients also had this information in their bedrooms.
- Families and carers were not always involved in patients' care. We spoke to three carers who told us that staff invited them to care review meetings. However, they felt that if they could not attend it was difficult to get information from the provider about patients' care
- Patients were able to give feedback on the service they received. The provider held community meetings on a monthly basis. We reviewed the minutes of three community meetings. These showed that the provider acted on suggestions made by patients, such as changes in the menu and activity programme.

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

(for example, to feedback?)

Good

Access and discharge

Good

Wards for people with learning disabilities or autism

- The average bed occupancy over the last six months was 86%. The average length of stay for patients discharged in the last 12 months was 480 days. This was below the national average of 554 days.
- The provider admitted patients from across the southeast region. The provider did not have any patients they considered out-of-area.
- Staff discharged patients at an appropriate time of day. We reviewed four care records and looked at patients discharge plans. These showed that staff had liaised with other providers and families to plan an appropriate time for them to discharge patients.
- The provider had two delayed discharges in the past six months. One was due to difficulty in finding appropriate placement. The other was due to a patient who was readmitted to the service, following an unsuccessful placement in a less secure environment.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had a full range of rooms and equipment to support treatment and care. The provider had an activity room which contained a pool table and other equipment for activities. There were quiet areas on the ward and a private space where patients could meet visitors. The provider had a clinic room. However, this did not contain an examination couch. If a patient required a physical examination, staff completed this in the patient's bedroom.
- Patients had access to mobile phones so they could make private phone calls. Patients could take their mobile phones to the bedroom, so they could have privacy. Staff kept the mobile phones in a locked cupboard within the staff office to keep them safe. Staff completed a risk assessment for each patient regarding the use of mobile phones.
- Patients had access to an outdoor space. The hospital had a garden area contained swings and a trampoline for patients to use. Staff supervised patients in the garden at all times due to ligature risks.
- The food was of good quality and cooked fresh on site each day. Staff gave patients a choice of food. Patients told us they enjoyed the food provided and there was always a choice on offer. Patients were involved in planning the menus. The chef would attend community meetings and use suggestions made by patients to plan the menus.
- Drinks and snacks were available throughout the day for patients. There was a water fountain in the dining room as well as fruits available for patients. Patients could buy their own snacks, which staff kept in the kitchen. Staff made hot drinks available to patients upon requests.
- Patients were able to personalise their rooms. We reviewed patients' bedrooms and saw that patients had brought in items to personalise their bedrooms. Each room had a locked cupboard where patients could secure personal possessions.
- Patients had access to activities throughout the week including weekends. The provider had an activities co-ordinator and an occupational therapist who managed the activity programmes throughout the week. Staff would provide activities at the weekends that included more leisure social based activities. Each patient had an individual activity programme. Patients kept a copy of this in their bedrooms.

Meeting the needs of all people who use the service

- The provider had made adjustments for patients requiring disabled access. There were ramps leading up to the entrance of the building and the doors were wide enough to support patients in a wheelchair. However, the lift was broken and had been decommissioned. Staff told us if they admitted someone who needed to use a wheelchair, staff would allocate them a bedroom on the ground floor.
- Information leaflets were available for patients. Staff told us they could access information in different languages and easy read if required. At the time of inspection, the provider did not have any patients on the ward that required information in a different language. Information was available regarding treatments, local services, their rights, and how to complain. Each patient had a folder within them room which contained all such information.
- Staff were able to provide food to meet different dietary requirements such as vegetarian or vegan, to meet allergen requirements for patients or to meet the dietary needs of different religious or ethnic groups. Staff informed the chef of patients that had different dietary requirements and they would make provisions to meet these.
- Staff provided access to spiritual support. Staff told us they supported patients to attend church. Staff could access spiritual support for patients of different faiths such as access to a Rabbi or Imam if required.

Good

Wards for people with learning disabilities or autism

Listening to and learning from concerns and complaints

- The provider had received two complaints in the past 12 months. These complaints were in reference to damage to patient possessions and discharge planning. The provider had not upheld either complaint. No complaints were referred to the Parliamentary and Health Service Ombudsman.
- Patients knew how to complain. Staff provided patients with information on how to complain. Patients kept this information within their bedrooms. Staff provided patients with feedback following complaints. We reviewed the two complaints saw the provider had responded appropriately.
- Staff knew how to handle complaints appropriately. Staff we spoke to told us they would refer complaints to the hospital manager who investigated and responded appropriately.
- Staff told us they received feedback on the outcome of complaints during team meetings. We reviewed the minutes of four team meetings. One of these contained information on lessons learned from complaints. This was not a standard agenda item so we could not be sure that staff were regularly receiving feedback from complaints.

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

Good

Vision and values

- Staff were aware of the organisations visions and values. We observed staff interactions with patients, reviewed care records, and saw that they were delivering personalised healthcare that helped patients achieve the things they wanted out of life and made a positive difference to people and families. These values were reflected within the team's objectives.
- Staff were aware of who the senior managers in the organisation were. Staff told us the regional senior managers visited the ward regularly. However, managers at board level did not often visit the ward.

Good governance

- The manager monitored staff compliance with mandatory training. The manager kept a spreadsheet to record when all staff had completed training and when they were due to update their training. The manager monitored this on a regular basis and emailed staff to ensure their mandatory training did not become out of date.
- The manager monitored staff compliance with supervision and appraisals. The manager kept a chart which stated when staff received supervision and updated this on a regular basis. The manager also kept a copy of supervision paperwork within staff files. We looked at staff files and saw that they contained supervision and appraisal records.
- Sufficient numbers of staff with the right qualifications and experience covered shifts. We reviewed eight weeks of duty rotas. These showed that the provider was covering all shifts appropriately. The manager told us they supported staff if they had been unable to cover shifts due to short notice or sickness.
- Staff were able to maximise their time on care activities. We observed that staff spent the majority of their time in communal areas with patients, supporting them to engage in therapeutic activities, and to meet their needs. Staff were given time at the end of each shift to complete paperwork and administrative tasks.
- Staff participated in clinical audits. These included medication dispensing, physical interventions and incidents. Staff gave the information from audits to the manager who decided what action they needed to take.
- Staff reported incidents in line with the provider's policy. The manager would then investigate incidents and identified any lessons learned. However, the provider did not always share lessons learnt information with staff. We reviewed the regional governance meeting minutes. These showed that lessons learnt from incidents was a standard agenda item discussed regularly. However, we also reviewed team meeting minutes, and incidents and staff only discussed lessons learned at one of these team meetings.
- Staff followed the provider's safeguarding procedures. We checked the safeguarding documentation and saw that staff were making referrals where appropriate. Staff also made contact with the local authority to obtain updates for safeguarding referrals.
- Staff followed Mental Health Act and Mental Capacity Act procedures. We saw evidence in patients' care

records that staff had completed documentation appropriately. The Mental Health Act administrator audited the paperwork to make sure that it was filled in correctly and was up-to-date.

- The provider used key performance indicators to gauge the performance of the team. These included mandatory training, supervision, and financial targets. The manager used spreadsheets to monitor compliance with key performance indicators.
- The manager had sufficient authority to perform their role. The manager told us they were supported by the regional director. They had access to administration support.
- Staff were able to submit items to the provider's risk register. Staff told us that if they identified issues they would inform the manager who would then include them on the register where appropriate.

Leadership, morale and staff engagement

- The provider had low sickness and absence rates for the past 12 months, at 3%.
- Staff knew how to use the whistleblowing process. Staff told us they would be confident in raising concerns without fear of victimisation or repercussions.
- There was good staff morale. Staff told us there was good job satisfaction and there was good teamwork amongst the staff.
- Staff were open and transparent and explained to patients when things went wrong. We reviewed incident forms, which showed that staff had explained to patients what happened following incidents, such as medication errors. Staff understood and were able to explain their responsibilities under duty of candour.
- Staff were offered the opportunity to give feedback on services. The provider held empowerment meetings which allowed staff to discuss ideas the service development and improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they have systems in place to share lessons learnt from incidents and complaints with staff.
- The provider should ensure they keep carers up to date with their relatives care.