

Partnerships in Care Limited

Burston House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

SUMMARY

Our rating of this service stayed the same. We rated it as good because:

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.
- People were protected from abuse and poor care. The service had sufficient, appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly and managed safely. People were involved in managing their own risks whenever possible.
- If restrictive practices were used, there was a reporting system in place and there were comprehensive reviews to try and reduce the use of these practices.
- People made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- The service provided care, support and treatment from trained staff and specialists able to meet people's needs. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. A multidisciplinary team worked well together to provide the planned care.
- People were in hospital to receive active, goal-oriented treatment. People had clear plans in place to support them to return home or move to a community setting. Staff worked well with services that provide aftercare to ensure people received the right care and support when they went home.
- Staff supported people through recognised models of care and treatment for people with a learning disability or people with autistic spectrum conditions. Leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.

Summary of findings

Our judgements about each of the main services

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

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Summary of this inspection

Background to Burston House

Burston House provides specialist hospital care to patients with a primary diagnosis of a learning disability both within Low Secure and Rehabilitation and Recovery services

The location is registered by the Care Quality Commission for the provision of:

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

The service has 2 wards:

- Kestrel ward is a 15 bedded low secure ward for males over the age of 18
- Rectory ward is an 8 bedded rehabilitation ward for males over the age of 18

The service did not have a registered manager in post since September 2023 but was actively recruiting to the post and had Hospital Director cover in place.

Burston House has been registered with the Care Quality Commission since December 2010 and was last inspected in February 2019. Following the last inspection, a requirement notice was issued under Regulation 12 for the service to complete medication audits.

We found that the service had fully met this requirement.

What people who use the service say

We spoke with 8 people who told us they sometimes feel unsafe when other people are behaving in an aggressive or challenging way but that they could talk to staff about how they felt.

People told us they had a good range of activities and visits out of the hospital, that the food was of good quality, and they had good support with physical healthcare.

How we carried out this inspection

The team that inspected the service comprised of 2 Care Quality Commission inspectors, a specialist advisor and an expert by experience.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited both wards, looked at the quality of the ward environment and observed how staff were caring for people
- Spoke with 8 patients who were using the service
- Spoke with 2 managers

Summary of this inspection

- Spoke with 12 staff members including a consultant psychiatrist, nurses, healthcare support workers, an occupational therapist, hospital social worker and psychologist
- Carried out a specific check of the clinic rooms, medication management and emergency equipment on both wards
- Reviewed 11 medicine charts
- Reviewed 7 care records
- Looked at a range of policies, procedures and other documents relating to the running of the service including incident data, complaints, safeguarding referrals and ligature audits

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure staff are using appropriate decision-making processes when providing 'when required' medicines to patients, to prevent over sedation and/or dependence. Reasons for use should be clearly recorded. Reg 12 safe care and treatment.
- The provider should ensure they continue to attempt to monitor side effects and physical health for people prescribed high dose antipsychotic therapies (HDAT). Reg 12 safe care and treatment.
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Our findings

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

Wards for people with learning disabilities or autism

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

Is the service safe?

Good 

Safe and clean care environments

People were cared for in wards that were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Both wards had daily housekeeping visits to complete a full clean and were visibly clean in all areas. The furniture was well maintained and comfortable.

People were cared for in wards where staff had completed risk assessments of the environment and removed or reduced any identified risks. Managers displayed 'heat maps' in the staff office on both wards that clearly showed where potential risks were so that staff knew where each potential risk was, including ligature risk points. Ligature cutters were available in designated points throughout the wards in the event of a ligature being tied.

The wards had mirrors in place to mitigate any blind spots and ensure that staff could observe people on the ward. Staff were unable to observe people at night without opening their bedroom door and potentially disrupting their sleep, the service was looking into changing bedroom doors to resolve this.

People had easy access to nurse call systems and staff had easy access to alarms to call for assistance if required. Both wards had a security lead on each shift to respond to alarm calls.

Staff ensured that if people were secluded, they were kept in a clean and safe environment and their basic needs were met, including access to a toilet, food, water and outside space. The service had one seclusion room based on Kestrel ward. The seclusion room had two-way communication and a television sited by the window for people to watch during seclusion.

The service's infection prevention and control policy was up to date, staff adhered to infection control principles and handwashing facilities were available throughout the wards and clinic rooms.

Safe staffing

The service had enough nursing and medical staff, who knew the people and received basic training to keep people safe from avoidable harm. The service had enough staff, including for one-to-one support for people to take part in activities and visits when they wanted.

Wards for people with learning disabilities or autism

Managers accurately calculated and reviewed the number and grade of nurses and health care assistants for each shift, based on occupancy, planned activities and levels of observation needed to keep people safe.

The service had low numbers of vacancies for both nurses and healthcare support workers and had recruitment ongoing to fill the vacancies.

Managers made sure all bank and agency staff had a full induction and understood people's needs before starting their shift. Managers used regular agency staff who knew people's needs and wishes to provide continuity and staff people were familiar with. Every person's record contained a clear one-page profile with essential information so that new or temporary staff could see quickly how best to support them.

People had regular one-to-one sessions with their named nurse which were recorded in care records.

People rarely had their escorted leave or activities cancelled, even when the service was short staffed. People told us that occasionally leave was moved to accommodate staffing levels but not cancelled.

The service had enough staff on each shift to carry out any physical interventions safely and both wards had a staff member allocated on each shift to respond to any incidents.

Staff shared key information to keep people safe when handing over their care to others and held handover meetings at the start of each shift to share updated risks and incidents.

The service had enough daytime and night-time medical cover, and a doctor was available to go to the wards quickly in an emergency. The psychiatrist was based at the hospital during the day and was available within an hour out of hours. The provider had an on-call rota across 3 services locally to provide cover for medical emergencies.

Staff completed and kept up to date with their mandatory training with 92% of staff having completed all mandatory training sessions including safeguarding, working with people with learning disabilities and autism, de-escalation, and life support. The training programme was comprehensive and met the needs of people and staff.

Assessing and managing risk to patients and staff

We reviewed 7 care records and found that staff completed a risk assessment for every person on admission and updated these regularly including after any incident.

People were involved in managing risks to themselves and in making decisions about how to keep safe. Staff involved people in writing positive behaviour support plans and communication plans to avoid or minimise the need for restricting their freedom and to identify their own coping strategies and skills. We reviewed the 18 incidents in the month prior to inspection and saw that staff used positive behaviour support plans effectively when de-escalating behaviour that challenged.

The service helped keep people safe through formal and informal sharing of information about risks. Staff identified changing risk levels and amended observation levels and interaction with people in response to risk.

Wards for people with learning disabilities or autism

People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. We reviewed 18 incidents, 3 of which had resulted in people being secluded and found that seclusion was used only when all other attempts at de-escalation had been tried. Staff followed the Mental Health Act code of practice when secluding people.

The service used the safeguards model to reduce conflict and incidents on the wards.

Staff recognised when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom and keep them safe. The service had recorded 3 uses of seclusion in the year before inspection.

The service had a reducing restrictive interventions policy and held quarterly reducing restrictive practice meetings attended by the multidisciplinary team and ward representatives. Staff reviewed blanket restrictions as part of the meeting and removed any that were overly restrictive, such as removing the restriction on people accessing the outside space one at a time.

The service was part of the Reducing Restraint network who work to reduce unnecessary restrictive practice.

Medicines management

The service had systems and processes in place to safely administer and record medicines use. A new electronic system had just been introduced at the service. Staff told us this was going to further increase patient safety.

Medicines were stored safely and securely. Staff monitored ambient room and fridge temperatures daily. Controlled drugs (medicines with heightened security and record keeping requirements) were stored safely and securely, and stock checks completed regularly.

We reviewed 11 medicine administration records and saw that the service adhered to the principles of STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines) and there were lead nurses who acted as STOMP champions for the people using the service. Where anti-psychotic medications were prescribed there was always a diagnosis to support its use and staff worked to ensure they did not overmedicate people at the service.

"As and when required" medicines (PRNs) for the management of agitation and aggression were used safely by the service. However, records did not always provide adequate detail about why a medicine was needed or if its use had the desired effect. We could not be assured that every use of a PRN medicine was being appropriately recorded. We did see some improvements in records on the new electronic administration system however this was still inconsistent.

When PRN medicines were a variable dose staff usually administered the highest available dose without always justifying its use in relevant care records.

When patients were prescribed high dose antipsychotic therapies (HDAT – where antipsychotic medicines are prescribed alone or in combination above recommended limits) staff had completed baseline physical health checks but had not taken steps to conduct and record follow up monitoring of side effects and physical health.

The service maintained a supply of emergency medicines. The service had trained staff in how to administer adrenaline in the event of anaphylaxis and conducted emergency response simulations to ensure staff could respond to emergency events in a timely manner.

Wards for people with learning disabilities or autism

Track record on safety

People received safe care because staff learned from safety alerts and incidents.

The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

When things went wrong, staff apologised and gave people honest information and suitable support.

Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

The service recorded 185 incidents of restraint in the 6 months prior to inspection, with 154 of these incidents relating to one person whose behaviour that challenges required a high level of restraint to keep them and others safe.

Staff reviewed all use of restraint and used the examples as learning in their restrictive intervention's reduction programme. The service held quarterly reducing restrictive practice meetings where incidents, restraint and seclusion were reviewed and action plans updated from learning.

Is the service effective?

Assessment of needs and planning of care

We reviewed 7 care records and found that staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.

People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together. We reviewed 7 care plans which were all written in the first person and linked to their positive behaviour support plan.

Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Staff provided a copy of easy read care plans and positive behaviour support plans where people required them.

Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.

Care plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. We saw that care plans were updated in monthly care reviews attended by the multi-disciplinary team, people in treatment and their family and carers.

Wards for people with learning disabilities or autism

There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. Staff started discharge planning on admission and care plans reflected goals towards discharge.

Best practice in treatment and care

Staff supported people with their physical health and encouraged them to live healthier lives. This included access to psychological therapies, support for self-care and the development of everyday living skills. The service employed a physical health nurse who delivered health promotion sessions based what people wanted to learn about. Sessions delivered included flu vaccinations, diabetes and healthy eating.

Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. The service offered psychological programmes to address offending behaviour such as fire setting, sexual offending and drug and alcohol work, and these were adapted for people with learning disabilities and autism. Staff also delivered dialectical behavioural therapy, emotional management and mindfulness.

Staff were aware of and followed best practice and the principles of right support, right care, right culture. Most people were detained under a Ministry of Justice section so had to get approval for leave but staff supported people to have as much choice and independence as possible. Staff ensured that where possible people chose their own treatment and activities.

Staff understood people's positive behavioural support plans if they had them and provided the identified care and support. We reviewed 7 care records and 18 incident reports and found that staff had followed positive behavioural support plans.

Staff made sure people had access to physical health care, including specialists as required. The service had weekly visits from a GP for physical health needs and employed a physical health practice nurse to support the GP to complete annual physical health checks including blood tests and electrocardiogram tests.

Staff met people's dietary needs and assessed those needing specialist care for nutrition and hydration. The service employed a dietician to visit once per month who helped people with weight management and worked alongside the physical health nurse to deliver healthy eating advice. As part of the health promotion sessions, staff had produced a 'healthy swaps' booklet advising people on what snacks they could buy with less sugar and salt, such as switching to sugar free fizzy drinks. Staff had also helped people look at the healthier options to choose from the hospital menu.

Staff took part in clinical audits, benchmarking and initiatives including stopping over-medication of people with a learning disability and autism audits, Mental Health Act audits, care records audits and managers completed monthly quality walk rounds.

Managers used results from audits to make improvements. Actions arising from audits were added to the site improvement plan and managers reviewed these to ensure they were completed. Examples of improvements made included the implementation of a physical health tracker to clearly show staff when people had last had a physical health assessment, dentist appointment, vaccinations etc. Staff had also introduced an activity box to use with people on the ward to increase engagement during enhanced observations.

Skilled staff to deliver care

Wards for people with learning disabilities or autism

People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.

Staff received training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role with 92% of staff being up to date with all mandatory training. Induction training for staff included awareness sessions on learning disabilities, autism, personality disorders and trauma informed care.

The service held monthly reflective practice sessions for staff facilitated by the psychology team to reflect and consider where they could improve care.

Staff received support in the form of continual supervision, appraisal and recognition of good practice. This created a positive work culture. At the time of inspection 91% of staff were up to date supervision and all staff had an annual appraisal completed.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. The service employed or contracted a variety of disciplines including doctors, nurses, healthcare support staff, occupational therapists, psychologists, dietician, speech and language therapist and social worker.

The service had effective working relationships with staff from services that would provide aftercare following people's discharge and engaged with them early on in people's admission to plan discharge. Staff engaged with care co-ordinators and social workers from the day of admission and invited them to visit or attend care reviews.

People had health hospital passports that enabled health and social care services to support them in the way they needed when they visited external services.

Multidisciplinary team professionals were involved in or made aware of support plans to improve care. All members of the multidisciplinary team attended monthly care reviews to discuss care and treatment with people and agree any changes to care plans.

Staff shared clear information about people and any changes in their care, including during handover meetings.

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

Staff understood their roles and responsibilities and were able to explain people's rights to them. We reviewed 7 care records and saw that staff explained to each person their rights under the Mental Health Act in a way that they could understand, repeated it as necessary and recorded it clearly in the people's notes each time.

Wards for people with learning disabilities or autism

People had easy access to information about independent mental health advocacy, and people who lacked capacity to make decisions for themselves were automatically referred to the service. The service contracted an independent advocacy service who visited weekly, and information was clearly displayed on the wards of how people could access advocacy services.

Staff made sure people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician or the Ministry of Justice or both.

Staff stored copies of people's detention papers and associated records correctly, and staff could access them when needed.

Care plans included information about after-care services available for those people who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The service employed a Mental Health Act administrator to audit Mental Health Act paperwork and advise on the Code of Practice.

Good practice in applying the Mental Capacity Act

Staff supported people to make decisions on their care for themselves. They assessed and recorded capacity clearly for people who might lack the mental capacity to make certain decisions for themselves.

Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive way.

Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity to make decisions for themselves and they had nobody else to represent their interests.

For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any decisions made on their behalf in their best interests.

Staff followed best practice on assessing mental capacity, supporting decision-making and best interest decision-making.

Staff respected the rights of people with capacity to refuse their medicines and ensured that people with capacity had the option to consent to receiving medicines.

Staff gave people all possible support to make specific decisions for themselves before deciding they did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision.

Is the service caring?

Wards for people with learning disabilities or autism

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated people with compassion and kindness. They respected people's privacy and dignity. They understood people's individual needs and supported them to understand and manage their care, treatment or condition. We spoke with 8 people using the service who told us that most staff were kind and caring.

Staff were patient and used appropriate styles of interaction with people. They were calm, focused, and attentive to people's emotional and other support needs and sensory sensitivities. We observed positive interactions between staff and people using the service where staff engaged people in playing pool or Lego dependent on their choice during an afternoon.

People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff engaged with patients at the learning and education centre to understand what sessions and training they wanted to take part in. Activities were then tailored to people's interests.

People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to try different activities such as swimming and fishing to encourage new interests.

Each person had a care plan that identified target goals and aspirations and supported them to achieve greater independence including skills development.

Staff supported people to understand and manage their own care, treatment or condition. We saw examples of where staff had engaged people in discussions about changes to their medications and asked their preferences.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people. The service had 4 Freedom to speak up guardians from different disciplines so that staff could raise issues or concerns with someone they felt comfortable to talk to.

Staff followed policy to keep people's information confidential.

Involvement in care

Staff involved people in care planning and risk assessment and sought their feedback on the quality of care provided. We reviewed 7 care records and saw that staff involved people in setting goals and agreeing positive behaviour support plans.

People were listened to, given time, and were supported by staff to express their views using their preferred method of communication. Staff allocated one to one support time to talk about their care and treatment.

People were enabled to make choices for themselves. Staff ensured they had the information they needed. We saw an example of staff discussing a medication review and offering a choice of tablets for the person to choose which they preferred.

Wards for people with learning disabilities or autism

Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics – for example, due to cultural or religious preferences.

People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. The service fully involved people in feeding back about care, people were invited to attend community meetings, patient council and representatives attended the site clinical governance meeting. Staff had provided training on interview skills and people using the service were invited to sit on interview panels for recruiting new staff and write their own questions.

Staff supported people to maintain links with those important to them. Staff completed a 'Keeping Connected' care plan with people to identify goals in developing and maintaining relationships.

Staff introduced people to the ward and the services as part of their admission and allocated a 'buddy' to help introduce them to the ward.

Staff informed and involved families and carers appropriately and invited them to care reviews where consent was given.

Staff helped families to give feedback on the service. The service sent out a relatives satisfaction survey and completed an action plan on the feedback, including updating the carer information booklet and setting up a carers drop in call with managers.

Is the service responsive?

Good 

Access and discharge

Staff carefully planned people's discharge and worked with case managers and coordinators to make sure this went well. Staff started planning for discharge on admission to ensure people did not stay longer than needed.

If a person was not from the local area staff supported them, in line with their wishes, to have regular contact with family and friends. Local commissioners visited the service monthly, and managers arranged meetings with commissioners from further away.

The service had a clear admissions policy and did not accept any referrals for people with a severe learning disability, people who required long term segregation or people who used wheelchairs due to the number of stairs in the wards.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported people's treatment, privacy and dignity. Each person had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and people could make cold drinks and request hot drinks and snacks at any time. We spoke with 8 people using the service who told us that the food was generally good, and people on Rectory ward were supported to cook their own food.

Wards for people with learning disabilities or autism

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment that met people's needs.

The service had quiet areas and a room where people could meet visitors in private, with visiting rooms available on and off the ward.

People could make phone calls in private and had access to their mobile phones subject to individual risk assessment.

The service had an outside space that people could access easily.

Patients' engagement with the wider community

Staff supported people with family relationships and community activities outside the service, such as work, education and family relationships. Staff enabled people to broaden their horizons and develop new interests including fishing, sailing, swimming and trips out to the cinema. Some people were able to gain voluntary work in the community.

Staff supported people to take part in their chosen social and leisure activities on a regular basis.

Staff explored current and future interests with people as part of their care planning and encouraged them to try new activities. The service held events requested by people including a festival with music and barbecue in the summer, and parties to celebrate Halloween and Christmas.

Staff gave people person-centred support with self-care and everyday living skills, including cooking.

Staff helped people to stay in contact with families and carers. People who were living away from their local area were able to stay in regular contact with friends and family using the telephone, online voice or video calls, and social media. Staff encouraged carers to attend care reviews either in person or by video call.

Clear plans and placement goals were developed with commissioners to enable people to move back to their local community as soon as possible. Staff started a 'Future planning' document with people on admission to plan for discharge to the community or another service.

Meeting the needs of all people who use the service

The service met the needs of all people using the service, including those with needs related to their protected characteristics.

Staff ensured people had access to information in appropriate formats, which included easy read copies of care plans, positive behaviour support plans and pen portraits.

People had individual communication plans / passports that detailed effective and preferred methods of communication, including the approach to use for different situations.

Staff had good awareness, skills and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Wards for people with learning disabilities or autism

Staff made sure people could access information on treatment, local services, their rights and how to complain and this was displayed on the wards and included in the welcome booklet.

The service provided a variety of food to meet people's dietary and cultural needs including vegetarian options and vegan options could be provided on request.

People had access to spiritual, religious and cultural support. The service had a multi-faith room for people to use.

Listening to and learning from concerns and complaints

People and those important to them could raise concerns and complaints easily, and staff supported them to do so. Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. The service held weekly community meetings where people could raise concerns and complaints and had a patient council where concerns could also be raised.

The service clearly displayed information about how to raise a concern in areas used by people and this was included in the information booklet given out on admission.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service. The service had received 3 complaints in the past year, 2 of which related to staff not knocking before entering bedrooms. Managers reminded staff to respect people's privacy and dignity by knocking before entering bedrooms and this had not been raised as a concern since.

Is the service well-led?

Leadership

Leaders had the skills, knowledge and experience to perform their roles and had a clear understanding of people's needs and oversight of the services they managed. The service did not have a permanent hospital director in post at the time of our inspection but had cover from an experienced hospital director from another service. The service had a director of clinical services in post to maintain quality and safety.

Management and staff put people's needs and wishes at the heart of everything they did.

Leaders worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

Vision and strategy

Wards for people with learning disabilities or autism

The providers values were Striving for Excellence; Being Supportive; Being Positive; Acting with Integrity; Putting People First. Staff were aware of the values and how they applied to their day-to-day work.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Staff told us they felt supported and valued by managers. The service offered a number of staff support and wellbeing initiatives including providing staff breakfasts and events.

The provider invested in staff by providing them with quality training to meet the needs of all people using the service. Staff could access training and professional development opportunities, including nurse apprenticeships, preceptorships and leadership training.

Staff felt able to raise concerns with managers without fear of what might happen as a result. The service had 4 Freedom to Speak up Guardians in post for staff to raise concerns and staff told us they felt comfortable to raise any concerns.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Managers met daily to review staffing levels, planned activities for the day and any incidents from the previous day. Managers held monthly clinical governance meetings to review all incidents, risks and clinical effectiveness.

Staff used recognised audit and improvement tools to good effect, which resulted in people achieving good outcomes. Managers completed action plans resulting from any improvements required from audits.

Management of risk, issues and performance

Staff had access to the information they needed to provide safe and effective care and used that information to good effect. The service used an electronic record system that all staff including bank and agency staff could access to review and update risk assessments, care plans and positive behaviour support plans.

The service had a site wide risk register that was reviewed and updated regularly.

Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Managers reported notifications to the Care Quality Commission as required.

Information management

Staff collected and analysed data about outcomes and performance and engaged in local and national quality improvement activities. The service was part of the Restraint Reduction Network and collected data of restraint and seclusion incidents.

Wards for people with learning disabilities or autism

Engagement

Staff encouraged people to be involved in the development of the service and gave opportunities for people to be involved in the recruitment of new staff. The service held a patient council where people could raise suggestions that staff acted upon.

The provider sought feedback from people and those important to them and used the feedback to develop the service. Staff conducted patient and family satisfaction surveys and gave opportunities for people to feedback through a variety of avenues. The service used comments to improve the service.

The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their health and life outcomes. Staff worked closely with commissioners, advocates and local health services.

Learning, continuous improvement and innovation

The provider kept up-to-date with national policy to inform improvements to the service and was a part of the Restraint Reduction Network and signed up to the STOMP (stopping over medication of people with a learning disability, autism or both) pledge.

The service had a site improvement plan in place that was reviewed and updated regularly.