Good

South West Yorkshire Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

Fieldhead
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXG10	Fieldhead Hospital	Horizon Centre	WF1 3SP

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

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

- The ward environment was autism friendly and supportive of the sensory integration needs of people with autism. There was a sensory room and other quiet, uncluttered areas for patients to use. Bedroom doors had tactile door surrounds to assist with room recognition.
- Staffing levels were appropriate to meet patients' needs. Staff were able to spend 1:1 time with patients.
- There was a person-centred culture in which individual patients' needs were prioritised. We saw that staff identified and met patients' emotional and social needs. There was a range of activities available to patients.
- Care records were holistic, recovery-focussed and up to date. Care plans were very detailed and clearly described interventions, enabling a consistent approach from all staff.
- Patients had comprehensive physical assessments on admission and physical health care needs were being met.
- All patients had a positive behaviour support plan which aimed to improve their quality of life. Plans included details of behaviours of concern, triggers to these behaviours and early warning signs.
- Staff received mandatory training and annual appraisals. There was clear learning from incidents.

However:

- Not all information for patients was accessible. The ward team were aware of this and we saw an action plan for improvements to be made.
- Centrally collated data regarding the use of restraint and seclusion was not accurate.
- Mental Health Act and Mental Capacity Act training was not mandatory but was classed as core training for staff on the ward. The recording and monitoring of what staff had had training at ward level was not effective.
- The ward did not have junior doctor cover and some staff felt access to the medical cover which was provided was a concern.
- Missing medication doses were not always being recorded as incidents.

Summary of findings

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

Are services safe?

Good

We rated safe good because:

- The ward was clean and tidy with a calm environment.
- There was sufficient staff on duty to meet the needs of patients.
- All patients had up to date risk assessments.
- Staff were skilled in de-escalating challenging situations.
- Seclusion records were maintained appropriately.
- Compliance with mandatory training was good.

However:

- Although the ward had medical cover during the day some staff felt that access to this was a concern.
- Centrally collated data on the use of restraint and seclusion was not accurate.
- Some dates to confirm checking of emergency equipment and drugs were missing. Missing medication doses were not always being recorded as incidents.

Are services effective?

Good

We rated effective as good because:

- Patients received comprehensive assessments including physical examinations.
- Care records were holistic, recovery-focussed and up to date.
- Care plans were very detailed and clearly described interventions.
- All patients had a positive behaviour support plan.

However:

- Patient care plans and positive behaviour support plans were not fully person centred. Staff recognised this and we saw evidence of improvements which were being made.
- Mental Health Act and Mental Capacity Act training was not mandatory but was classed as core training. Ward systems to monitor what staff had had training were not robust.
- A medication being used for mental health purposes was not included on a T3 form (the legal authority to administer medication to a detained patient).

Are services caring?

Good

We rated caring as good because:

- Staff were kind and respectful to patients.
- Staff recognised patients' individual needs.

Summary of findings

- Patients had access to advocacy services.
- Patients received copies of their care plans.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The ward had appropriate adjustments for people with disabilities.
- Discharge planning took place.
- There was enough space and rooms for patients to receive therapeutic activities.
- Patients had a choice of food to meet dietary requirements and preferences.

However:

- Not all information leaflets for patients were accessible.

Are services well-led?

Good

We rated well-led good because:

- Staff new who the senior leaders in the organisation were.
- Key performance indictor information was used to monitor quality and performance.
- There was clear learning from incidents.
- There was a commitment towards continual improvement and innovation.

Summary of findings

Information about the service

South West Yorkshire Partnership NHS Foundation Trust provided a specialist inpatient service in Wakefield for people with learning disabilities.

The Horizon Centre was an eight-bedded specialist assessment and treatment service which provided assessment and treatment for both men and women with a learning disability who were over the age of 18. The service looked at the mental health and other associated behavioural issues of patients and cared for people on either an informal basis or those who were detained under the Mental Health Act 1983.

The trust previously had another inpatient unit called 8 Fox View based in Dewsbury. This unit was closed on 10 December 2015. Therefore this inspection includes the Horizon Centre only.

This inspection was the first inspection for the Horizon centre under the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Our inspection team

Our inspection team was led by:

Chair: Peter Jarrett, Retired Medical Director

Head of Hospital Inspection:: Jenny Wilkes, CQC

Team Leaders: Chris Watson, Inspection Manager, mental health services, CQC

Berry Rose, Inspection Manager, community health services, CQC

The team for this core service consisted of one CQC inspector and three specialists: a consultant psychiatrist, a learning disabilities nurse and a pharmacist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at focus groups.

During the inspection visit, the inspection team:

- Looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with two patients who were using the service.
- Spoke with two carers.
- Spoke with the manager of the ward.
- Spoke with eight other staff members, including doctors, nurses, psychologist, occupational therapist.
- Interviewed the management trio with responsibility for these services.
- Attended and observed a hand-over meeting and a patient risk assessment meeting.
- Looked at four care records of patients.

Summary of findings

- Carried out a specific check of the medication management on the wards.
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

During this inspection, we spoke with two patients and two carers who were relatives. We observed two other patients receiving assistance with activities.

Patients told us their room was nice. They had a box to keep their money safe and they told us that staff knock on their bedroom door before entering. One patient felt shy about telling women about his personal hygiene so on each shift they tried to make sure there were men on duty.

Patients were able to make or have a drink when they wanted.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure its planned improvement to provide more accessible patient information is fully actioned.
- The provider should ensure data collected regarding the use of restraint and seclusion is accurate.
- The provider should improve its process for recording non mandatory training such as Mental Health Act and Mental Capacity Act.
- The provider should consider the benefits of providing mandatory Mental Health Act and Mental Capacity Act training to staff.
- The provider should ensure that missed medication doses are reported on the incident reporting system.

The provider should ensure accurate recording of checking of emergency equipment.

South West Yorkshire Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Horizon Centre	Fieldhead Hospital

Mental Health Act responsibilities

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

At the time of our visit all patients were detained. We reviewed the records of the four patients and found all documentation was in order.

We saw evidence of attempts being made to inform patients of their rights on admission and of further attempts being made at appropriate intervals when the patients had not initially understood. An easy read booklet was used for this.

Staff documented section 17 leave (permission for detained patients to leave the hospital) appropriately. Up to date section 17 leave forms were present in all records except one. Leave had been properly authorised by the responsible clinician with conditions attached to the leave.

Risk assessments were consistently completed and up to date for all patients. All patients had an appropriate range of meaningful activities available to them.

Staff learned from incidents and we saw how this had been used to improve the standards of safety for patients. We saw a report of an independent review of a patient in seclusion. This demonstrated that the trust was working towards reducing restrictive practice.

MHA training was not part of mandatory training but was considered core training by the ward. The ward manager confirmed that staff attended update and receipt and scrutiny training (of MHA documentation) every three years. Other items of MHA training such as section 17 leave, was part of induction on the ward for staff. Staff told us they had attended training. The ward manager maintained training records for staff but when we looked at the records we could not accurately identify how many staff had attended training in the past year.

Detailed findings

Ward staff attended a workshop in October and November 2015 on the changes in the new MHA code of practice. The trust had a central MHA department which provided support and legal advice for staff on the MHA. Staff knew how to contact this department.

The ward had access to an independent mental health advocacy (IMHA) service provided by 'Touchstone' and 'Cloverleaf'. We saw information on notice boards displayed about this service. There was a CQC poster highlighting how patients can contact the CQC.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act (MCA) training was not part of mandatory training but was classed as core training by the ward. Staff told us they had attended training. Staff were able to tell us about how they would assess patients' capacity and support patients to make decisions on a daily basis. We saw this happening during our visit during lunch time and activities.

More complex assessments of capacity were discussed in the multidisciplinary team meetings and we saw evidence of this for clinical interventions such as electroconvulsive therapy. MCA documentation and decisions were routinely audited. The use of restraint was reviewed and audited.

Staff were aware of their responsibilities for arranging independent mental capacity advocates (IMCA) and we saw information displayed on notice boards.

Advice and guidance for the MCA and Deprivation of Liberty Safeguards (DoLS) was received from the central MHA department. All staff interviewed knew how to contact this team for support and advice.

There had been no DoLS applications made in the last 6 months for this service.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

The ward was visibly clean with pleasant well-maintained decoration. There was a range of modern furniture that was clean and comfortable. The environment was free from clutter which was important in providing a low-arousal environment so that patients with autistic spectrum conditions were not distracted or over-aroused.

The ward had a central living area with straight corridors giving clear line of sight. There were no blind spots identified for the areas in use. There was an intensive support area on the ward which was free from ligature points. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. We saw that doors, windows, furniture and bathroom suites had been designed to ensure there were no ligature points.

All other areas had minimal ligature points which were identified on a ligature audit. These were mitigated though individual risk assessments and staff observations.

At the time of our visit the patients on the ward were all male. We were told that the ward was able to be adapted to cater for both men and women. This meant that compliance with same-sex accommodation requirements was possible if required. There were sufficient rooms available to cater for separate lounges if required.

All bedrooms were ensuite with shower and toilet facilities meaning that patients did not need to pass other patients' rooms. Rooms had individualised tactile door surrounds to assist with room recognition.

The seclusion room was inspected and one patient was currently staying in that room due to complexities associated with autism and acute anxiety.

Clear observation was possible and there was a two way communication system. The seclusion room was well ventilated, clean and free from odour. Toilet and washing facilities were available and a clock was visible to patients from within the room.

The clinic room was well equipped. Physical health monitoring equipment was available. We saw that staff checked the room and fridge temperatures regularly to ensure the safe storage of

medicines. There was resuscitation equipment and emergency drugs, which staff checked. We saw two daily dates and one weekly date missing when we examined the records for checking this.

Staff wore personal alarms and these were linked into the alarm system.

Safe staffing

The staffing requirement had been estimated as part of the transformation programme and the findings of a recent serious incident investigation. The ward had 15.1 WTE qualified nurses and 15.4 WTE healthcare assistants. Shift patterns consisted of a morning shift from 7am – 2.50pm, a late shift from 1.30pm – 9.20pm and a night shift from 9pm – 7.20am. Six staff were planned to be on each day shift and was made up of two qualified nurses and four healthcare assistants (HCA). Four staff were planned to be on each night staff and was made up of one qualified nurse and three HCAs. As there was one patient in seclusion the staffing levels had been adjusted and at the time of our visit there were eight staff on duty during the day and six on duty during the night. The ward manager confirmed that staffing levels were flexible and were able to be adjusted based on patient need.

Staff sickness had been high on the ward and although it was improving agency staff were still being used to fill gaps in staffing. Agency staff who were familiar with the ward and the patients were used and worked 7am – 7pm or 8am – 8pm. We looked at the staffing rotas prior to our visit which confirmed the staffing as described, including regular agency staff.

Patients had regular 1:1s with staff. Most staff told us that ward activities and escorted leave were never cancelled due to staffing shortages. However, one staff member said that escorted leave was cancelled on occasions. Medical cover was provided by a dedicated consultant psychiatrist two and a half days a week. At the time of our visit the ward did not have a junior doctor. A consultant psychiatrist from community services provided support to the ward when

Good

Are services safe?

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

the consultant was not there. Staff would contact the on call junior doctor for urgent medical assistance. Two staff expressed concern about the access to medical staff during the day.

During the night on call junior doctor and consultant psychiatrist arrangements were in place.

Overall compliance with mandatory training was 87%. This was above the trust's target of 80%.

Assessing and managing risk to patients and staff

We examined the care records of all the patients. We found risk assessments were individualised and up to date in all records. Positive behaviour support plans were in place and recently reviewed. The plans included an understanding of behaviours of concern, triggers to these behaviours and early warning signs.

The door to the ward was locked and a notice was displayed for visitors and informal patient about leaving the ward.

The ward did not have routine searches of patients and staff only searched patients for known risk items.

Information about the use of restraint was provided by the trust prior to our visit. Between May 2015 and January 2016, there were 42 recorded restraint incidents. Prior to August 2015 incidents of restraint using the prone position (this is when the patient is restrained in a face down position) and rapid tranquilisation were not routinely captured as these two items. Staff, however, told us they never used the prone restraint position with patients and that no patients had received rapid tranquilisation for some time.

Information was also provided by the trust on the number of reported incidents of seclusion between August 2015 and January 2016. No incidents of seclusion were reported. At the time of our visit there was a patient in seclusion who had been in seclusion since March 2015. This was clearly recorded by the ward as seclusion. The patient's status was considered not to be segregation due to the fact that they had access to other facilities, however, the circumstances of the patients care could be described as long term segregation as outlined in the MHA code of practice.

The ward was using mechanical restraints (soft cuffs and a restraining belt) as part of the patient's care in seclusion. A mechanical restraint was a method of physical intervention which involved the use of authorised equipment. The purpose was to safely immobilise or restrict movement of part(s) of the body of a patient. In line with good practice guidance the trust had commissioned an independent review to assess whether the use of mechanical restraints were the least restrictive option and whether there were any less restrictive alternatives which were appropriate and proportionate to the risks posed. The review also considered treatment, support given to ensure the patients' rights were respected and examined the welfare of the patient.

A weekly teleconference call took place to discuss the secluded patient's care and treatment. This included directors, consultant psychiatrist, general manager and senior managers. We reviewed the patient's records. Observations were recorded every 15 minutes. An engagement and observation plan clearly identified a low arousal approach which was consistent with good autism practice. An antecedent, behaviour and consequence chart helped identify triggers to behaviours and aid communication.

We saw a care plan in place for the use of mechanical restraints which had been agreed as part of the external review. Staff were skilled in de-escalating challenging situations. There were clear statements of restraint reduction and increasing time out of seclusion.

We observed staff interactions with the patient outside of seclusion whilst undertaking an activity. Staff followed the care plan and ensured the patient was comfortable.

A total of 95% of staff had attended safeguarding training over the past 12 months. Staff were aware of their responsibilities to report and raise any incidents and safeguarding issues. Although staff could only recall one safeguarding concern over the past 12 months they could explain how and when they would make a safeguarding alert.

We reviewed all four medicines charts. We found a missing signature for an anti-epileptic drug in one record and a missing signature for an antifungal cream in another record. These errors had not been reported on the incident reporting system. Reporting missed doses of medications help reduce administration errors.

We found a medication being used for mental health purposes which was not covered on a T3 form. A T3 form was the legal authority to administer medication to a detained patient. We brought this to the consultant

Good

Are services safe?

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

psychiatrist's attention who immediately rectified this. Where clinically indicated, patients who were prescribed antipsychotic medications had received an ECG with the exception of one patient who had refused to have one. We saw attempts by staff to help the patient with their anxiety over having the procedure.

Childrens visiting took place off the ward.

Track record on safety

Between June 2014 and September 2015 the ward had reported one serious incident. This related to an assault of a member of staff by a patient.

The investigation into the incident had concluded and the outcomes from the incident included an increase in staff providing observations and interventions for the specific patient. An improvement was also made to the environment where the incident took place.

Staff had received de-briefing and feedback from the investigation. We saw evidence of this during our visit and heard of support given to the injured staff member.

Reporting incidents and learning from when things go wrong

The trust used an electronic incident reporting system to record all incidents including safeguarding issues. All staff had access to the system and gave examples of the types of incidents that were reported which included the use of restraint.

Feedback on incidents and learning was shared with staff during handovers and team meetings. Additional de-brief meetings were arranged for serious incidents.

Staff were aware of the duty of candour requirements. The incident reporting system captured incidents that fell within the requirements so the process could be followed.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

All patients had a comprehensive assessment after admission which included a physical health examination. Ongoing physical health care was recorded and we saw care plans for specific health issues such as epilepsy, skin problems and weight loss. All patients had a completed 'hospital passport'. This is a document that assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Care plans were up to date, personalised, holistic and recovery focused. Care plans supported positive behaviour planning and covered all areas of the patient's life including needs, preferences, and cultural backgrounds.

Patients had individualised behaviour support plans aimed at increasing quality of life and reducing the impact of behaviours that challenged. These plans provided staff with strategies to prevent or manage behaviours of concern safely. Staff could tell us how they applied these strategies and care records showed that behaviour was proactively being managed.

Patients had highly structured activity timetables with detailed and specific instructions for staff to follow. Some plans had a now and next approach, e.g. "shower now, then relax". This ensured a consistent approach from all staff.

We saw that care plans and behaviour support plans were not fully accessible for patients and staff showed us a new draft template which was being developed which would improve this.

Care records were paper based as well as electronic. They were stored securely in the ward office and accessible for staff.

Best practice in treatment and care

There was a range of psychological therapies available to patients. Care records contained care plans detailing psychological interventions. Staff used positive behaviour support plans and person-centred care in line with guidance from the 'National Institute for Health and Care Excellence (NICE) on challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges'.

We saw clear evidence of access to physical health care specialists. This included a dentist who was visiting the ward for a particular patient and dietician involvement to support weight loss.

The service used the therapy outcome measure (TOM) tool to monitor clinical changes over time.

The service did not currently use the care programme approach (CPA) which is a process used to organise and review patients care. The ward manager told us that the CPA process was to be introduced this year for patients receiving learning disabilities care.

Skilled staff to deliver care

The ward had dedicated occupational therapy, activities co-ordination, speech and language therapy and psychology support.

Staff of various disciplines explained that additional specialist training was available for their specific role. Examples given included epilepsy, positive behaviour support and Makaton training which is a form of sign language. The deputy clinical manager had completed externally accredited positive behaviour support training. Plans were in place to deliver this training to all staff.

All new staff received a comprehensive induction prior to taking up post. Staff were required to receive an annual appraisal and additional managerial supervisions throughout the year as required. All mental health staff were required to receive 12 hours per year (pro rata) minimum clinical supervision.

Staff told us they received regular supervision, often monthly. We reviewed two staff members' supervision records. Eighty seven percent of care staff had received an annual appraisal in the past 12 months.

Multi-disciplinary and inter-agency team work

Multidisciplinary team (MDT) meetings took place weekly and included doctor, nurses, psychologist, occupational therapist and social worker. Speech and language therapist and advocacy staff would attend as required. All members we talked to felt the MDT was effective and worked well together.

We observed a nursing handover which included all staff coming on duty. Information handed over included the patient's legal status, levels of risk, observations and physical and mental presentation. Medication changes and restraint information was also handed over.

Are services effective?

Good

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

There had been an incident that day and we saw staff being informed of that along with the outcome and confirmation of de-brief with staff involved. Staff reflected on patients care and all discussions were patient centred.

All patients had had a care and treatment review. The ward had not yet received feedback from these reviews.

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

MHA training was not part of mandatory training but was considered core training by the ward. The ward manager confirmed that staff attended update and receipt and scrutiny training (of MHA documentation) every three years. Other items of MHA training such as section 17 leave, was part of induction on the ward. Staff told us they had attended training. The ward manager maintained training records for staff but when we looked at the records they were not robust and we could not accurately identify how many staff had attended training in the past year.

Ward staff attended a workshop in October and November 2015 on the changes to the new MHA code of practice.

All patients on the ward were detained under the MHA. MHA documentation was available in the care records. Recording of capacity to consent to treatment was present in all notes. Medicine cards were supported by the appropriate MHA paperwork. This meant that patients were informed of what treatment they were on. One T3 form, which authorised the patient's treatment, had a medicine missing but this was rectified on the day of the inspection.

Patients were informed of their rights on a regular basis in accordance with section 132. We saw easy read material which staff used for this.

The trust had a central MHA department which provided support and legal advice for staff on the MHA. Staff knew how to contact this department.

An independent mental health act advocate (IMHA) service was provided by 'Touchstone' or 'Cloverleaf'. We saw information on notice boards displayed about these services. Patients who lacked capacity were automatically introduced to the IMHA service.

Good practice in applying the Mental Capacity Act

MCA training was not part of mandatory training but was considered core training by the ward. Ward based monitoring of this training was not robust however, staff told us they had attended training. We saw capacity assessments in all patient records. Care records showed that patients were encouraged to make as many decisions as they could for themselves. An example of this included what activities to do or what to wear that day. We saw a best interest decision for a patient which was thoroughly considered and documented.

Advice and support regarding the MCA was available from the central MHA office. All staff knew how to contact this office for support.

There were no DoLS applications made in the last 6 months for these services.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

Staff attitudes when interacting with patients was found to be respectful and supportive. We observed a member of staff supporting a patient to complete a table top activity. The staff member was calm and gave the patient feedback and prompts as he did the task.

A member of staff was observed supporting a person at lunch time; the interaction was sensitive and non-intrusive, enabling the person to eat his meal in a calm environment. The staff member gave prompts to regulate the quantity of food the person was eating and this was done discreetly and respectfully.

Another patient was observed walking into the wrong bedroom, the staff member discreetly and calmly redirected him to another room.

The atmosphere on the ward was calm and relaxed and there was evidence of staff being mindful of different people's needs. One member of staff noticed a person with increasing emotional arousal and distracted him with an activity.

Patients told us staff were "nice" and knocked on the door before they came into their room. One patient said he "liked it here" and "people don't hurt me".

Carers described staff as caring and respectful.

The involvement of people in the care that they receive

Prior to admission to the ward the staff team met with patients and their families to go through what to expect on the ward. Pre-admission visits for patients and families were also offered.

On the ward patients were shown around. A file was available with photographs of the different therapy staff. The ward manager told us that a new welcome pack with easy to read guidance was in development.

We saw that staff worked towards trying to involve patients in their care planning. This included providing patients with copies of their care plans. Patients attended their review meetings and where they couldn't an advocate attended for them. Patients were encouraged to give feedback using a feedback card.

Carers told us they were involved and invited to MDT meetings. They said staff talk to them about their relatives care and kept them informed.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

In the six months prior to our visit, there had been no readmissions within 90 days and no delayed discharges. The average bed occupancy was 60%. One patient required intensive support and due to this a decision had been made that three beds would be 'closed' in order for the ward to be able to meet the needs of this patient.

The average length of stay for patients discharged in the last 12 months was 206 days. The average length of stay for current inpatients (as at 31 January 2016) was 139 days. We were informed that one patient was now ready for discharge and was awaiting a suitable placement. We saw discharge planning within his care record. Records we reviewed were recovery orientated and supported people to consider future moves.

The facilities promote recovery, comfort, dignity and confidentiality

There were several rooms that people could use to engage in therapies and activities. There was additional space within the lounge that people could use so that they were included and supervised without being in close proximity to other patients or staff.

There were other quiet spaces within the ward including a sensory area where people could relax if they wanted to. There was also a quiet room where people could meet their relatives and have access to a ward telephone.

Patients had access to the grounds and there was an enclosed courtyard that provided pleasant outdoor space.

We observed lunch time on the ward. There was a notice board with meals for that day, this was written and staff told us a new picture menu was about to be introduced. The dining room was clean and allowed sufficient space to provide choice of where people could sit. Two people were eating lunch and were able to sit on different tables according to their preferences and needs.

No condiments were on the tables but staff asked patients if they would like them. A choice of drink was offered and a jug was left for patients to help themselves.

Staff asked patients if they needed support and one patient was supported to cut up their meal. Patients were left to eat their lunch quietly with staff present and available if required. The atmosphere was calm and relaxed. The dining room was uncluttered, consistent with good autism practice.

There was a 'buttery' room where patients could make drinks and snacks 24 hours a day. Staff would make patients drinks if they were unable to do so. There was also a kitchen where people were supported to make their own snacks. We saw this happen during our visit.

There was evidence of people's personal possessions, family photos, pictures, posters and cuddly toys in patient's bedrooms. Patients told us they had a box to keep things locked up and secure.

We were told that activities took place at weekends as well as during the week and we saw this in activity plans.

Meeting the needs of all people who use the service

The ward environment was a fully accessible building with disabled toilets, baths and showers.

There were information leaflets available in reception, visitor's room and the ward office. Information was also displayed on notice boards. Not all leaflets and information was accessible. Staff were aware of this and told us that it had been discussed with the communications department and that accessible information would be available in the near future.

There was a feedback form for patients which was accessible.

No patients on the ward currently needed information in another language or an interpreter. We were told that if patients needed an interpreter this could be accessed and had been in the past.

We saw a choice of menu for lunchtimes and staff confirmed that patients' preferences and specific diets could be catered for. We saw an example of this for a patient whose preference was for a Mediterranean diet. Appropriate snacks and meals were provided of his choice.

A chaplain visited the ward weekly and there was access to a multi-faith room in the main hospital site which was a short walk away.

Are services responsive to people's needs?

Good

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

Listening to and learning from concerns and complaints

One patient told us they would tell staff if they were concerned about anything or wanted to complain. Staff told us that patients were informed on admission about raising any concerns. A poster and information about complaining was also given when patients were having their rights given to them.

In addition to this staff told us that advocates support patients to raise any issues they have. Staff also monitored any changes in a patient's demeanour which might indicate something is bothering them.

Carers told us they were aware of how to complain and would not hesitate to do so if they had concerns.

The ward had received one formal compliant over the past 12 months regarding the care and treatment of a patient. The complaint was upheld and the ward manager provided details of changes which had been made following investigation.

Are services well-led?

Good

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

Our findings

Vision and values

We saw information about the trusts mission and values displayed on the ward. Performance information such as friends and family test and audits were also displayed which reflected the values of 'honest, open and transparent'.

Staff knew who their senior managers were and told us they visited the ward. The ward manager reported she felt supported by line and senior managers.

Good governance

The ward manager was able to provide us with information on how the ward was performing and had a good understanding of where improvements were required. These included further development of patient pathways and accessible information for patients.

We observed a dashboard for monitoring incidents and risks. Key performance indicator information such as length of stay and audit information were used by the manager to monitor performance and quality of care.

Most staff had received mandatory training and annual appraisal. Staff told us they were receiving regular supervision. Non mandatory training such as MHA and MCA was taking place but the monitoring of this was not effective. We saw new monitoring forms for training and supervision had recently been put in place.

Although the ward had experienced high levels of sickness they ensured enough staff were on duty to meet the needs of the patients. Staff were aware of safeguarding requirements and ensured incidents were reported.

We saw evidence of audits and reviews being carried out to ensure the ward was being run effectively. These included:

- Annual Health and Safety monitoring Audit report – 2014/15.
- MHA Section 132 Audits – July 2015.
- Trust mental health services clinical record keeping audit – summary report – May 2015.
- Bed Management Report – March 2015.
- Leadership Development Report – July 2015.
- Performance Indicators Report – September 2015.
- Transformation Report – September 2015.

We also saw infection control audits and environmental assessments.

The ward manager confirmed that they had sufficient authority to manage the ward and received administrative support. A weekly teleconference call took place with the senior management trio to discuss operational and governance issues.

The ward was able to escalate risk to the trust's risk register.

Leadership, morale and staff engagement

There was no harassment or bulling allegations prior to our visit. All staff were aware of the trust whistleblowing policy and felt confident to raise concerns without fear of victimisation.

Staff reported feeling valued. They told us that six months ago the ward was struggling but it had now improved considerably. Staff felt there was a very robust management team in place. Staff told us "things are moving in the right direction" and morale was getting better. There was a consistent staff team and agency use was reducing. Staff members of different disciplines gave praise for the manager and deputy manager.

We saw evidence that regular staff meetings took place.

Although some staff felt that things had been difficult following the recent serious incident and formal complaint they felt things were much better. Staff felt listened to and were able to suggest ways to improve services.

Commitment to quality improvement and innovation

The ward was aiming in the future to achieve AIMS accreditation. Their goal was to fully introduce autistic friendly practises.

The use of mechanical restraint for non-urgent, non-emergency reasons, which the ward was using for one particular patient, was felt to be innovative practice as the aim was to support the patient to be able to move away from seclusion.