Bloomfield Court and 5,6 Ivy Mews

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

Overall summary

The previous comprehensive inspection of Bloomfield Court and 5, 6 Ivy Mews took place on 29 September and 1, 7, 8 and 15 October 2015. CQC rated the service as inadequate overall. We told the provider, Sequence Care Limited, to make immediate improvements and the provider agreed not to admit any new patients.

We published the report of that inspection in April 2016 and placed the service in special measures. The aim of placing a service in special measures is to ensure significant and timely improvements are made to the quality of the service in order to reduce risks to patients. The provider developed an action plan to improve the service. The CQC has worked in partnership with stakeholders to oversee the implementation of the action plan.

CQC carried out this unannounced focused inspection to check if the provider has made sufficient improvements to the service and whether further action was required in line with our enforcement powers. As this was a focused inspection we did not rate the service.

At this inspection, we found the provider had made some improvements to the service in response to our previous findings. However, overall these changes were not sufficient for CQC to take the service out of special measures. We were concerned that the provider's governance arrangements were not sufficiently robust to independently identify risks and act swiftly to make improvements.

Since the last inspection, commissioners had arranged for several patients to be discharged from the service. At this inspection the number of patients using the service had reduced to seven from the 15 who were using it at our last inspection. The provider had not significantly reduced staffing levels. Consequently, there was now a higher ratio of staff to patients. Staff had the opportunity to get to know patients better.

Since the last inspection, the provider had made some changes to the premises and improved the appearance of communal areas. However, at this inspection we found that patients' bedrooms and bathrooms were not well maintained or kept clean.

Since the last inspection the provider had undertaken an active programme of recruitment. However, some recently recruited staff, such as a registered manager and a clinical psychologist had since left the service. There was evidence of more consultant psychiatrist input to the service in the two months before this inspection and the frequency of multidisciplinary meetings had increased.

Summary of findings

At this inspection we found some evidence that overall staff were responding more appropriately to incidents of challenging behaviour. However, there were inconsistencies in relation to record keeping about incidents of challenging behaviour. This meant we were unsure about the actual frequency of incidents.

There had been improvements in the completion of training at the service with rates of staff completing courses in managing restraint at 85%, understanding the Mental Capacity Act at and DoLS at 91% and adult safeguarding at 92%. There were sound arrangements to track the progress of safeguarding referrals and the take up of training. Handover arrangements between shifts had improved and records of these showed key issues were noted and acted on. The meals on offer to patients had improved and included healthy options.

Record-keeping processes were complex. There were inconsistencies in the way information was recorded which meant it was unclear what the actual facts were in relation to patients' physical health. Although a GP was now undertaking physical health checks we could not be certain from the information available that these checks were appropriately tailored to each patient and sufficiently comprehensive. Care plans did not always include goals for patients which could be easily measured so it was difficult to monitor patients' progress in the service. The provider had ensured that patients now had discharge plans.

We have taken action in relation to the breaches of regulations found at this inspection.

Summary of findings

Contents

Bloomfield Court and 5,6 Ivy Mews

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Bloomfield Court and 5,6 Ivy Mews

Bloomfield Court and 5, 6 Ivy Mews is an independent hospital for patients with learning disabilities, autism and mental health needs provided by Sequence Care Limited. The service is registered with CQC to provide: assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures, and treatment of disease, disorder or injury.

The service can accommodate up to fifteen patients and consists of: Bloomfield Court a ward for male patients, Jasmine Court, a ward for female patients; Ivy Mews which has six two-storey individual patient units. All the buildings are inside a secure perimeter. Statutory services commission the service.

At the time of the inspection, there was no registered manager in post. However, we met the new hospital manager who advised that she was applying to CQC for registration as the manager of the service.

Our inspection team

The team that inspected the service comprised two CQC inspectors and two specialist advisors: a senior learning disabilities nurse and a consultant psychiatrist in learning disabilities.

Why we carried out this inspection

We undertook this focused inspection to find out whether Sequence Care Limited had made improvements to Bloomfield Court and 5, 6 Ivy Mews since our last comprehensive inspection of the service on 29 September and 1, 7, 8 and 15 October 2015.

When we last inspected Bloomfield Court and 5, 6 Ivy Mews on 29 September and 1, 7, 8 and 15 October 2015, we rated the service as inadequate overall. We rated the service as inadequate for Safe, inadequate for Effective, requires improvement for Caring, inadequate for Responsive and inadequate for Well-led.

Following the inspection on 29 September and 1, 7, 8 and 15 October 2015, we told Sequence Care Limited that it must take the following actions to improve Bloomfield Court and 5, 6 Ivy Mews:

- The provider must ensure that there is an appropriate level of consultant psychiatrist input in the service.
- The provider must ensure that dysphagia, and eating and drinking assessments, are undertaken by a person assessed as competent to undertake such assessments.
- The provider must ensure that there is an appropriate level of direct input into the service from a clinical or counselling psychologist.
- The provider must review the number of registered nurses on each shift.
- The provider must repair or replace the kitchen refrigerator used to store food for patients, as soon as possible.
- The provider must ensure that patients' risk assessments are appropriately detailed. They must contain appropriate primary and secondary strategies and be regularly reviewed.
- The provider must ensure that the level of observation of patients reflects their level of risk. Staff must not provide continuous support and observations for a prolonged period of time.
- The provider must ensure that all patients have an annual physical health check.
- The provider must ensure that all staff are aware of situations which place potentially vulnerable adults at risk. Safeguarding referrals must be made appropriately and without delay.

Summary of this inspection

- The provider must ensure that where patients are deprived of their liberty, that they are lawfully detained.
- The provider must ensure that all staff have appropriate training so that they have the skills and knowledge to undertake their role.
- The provider must ensure that care plans are person-centred and meet all of the patients' needs.
- Patients must be involved in decisions regarding their care.
- The provider must ensure that all staff treat patients with dignity and respect.
- When restrictive interventions are used, the MHA code of practice must be followed. Patients must be afforded privacy to the maximum extent possible.
- The provider must ensure that the service is clean and well maintained. The environment and décor must promote comfort and recovery.
- The provider must ensure that there are effective systems and processes to assess, monitor and improve the quality care. Systems and processes must also effectively assess, monitor and mitigate risks.
- Patients must have a complete set of care and treatment records, appropriately identified and signed.

We also told Sequence Care Limited that it should take the following actions to improve Bloomfield Court and 5, 6 Ivy Mews:

• The provider should implement a restrictive interventions reduction programme as soon as possible.

• The provider should ensure that patients are offered healthy, balanced meals with fresh produce.

• The provider should ensure that there is strong leadership in the service.

We issued Sequence Care Limited with four requirement notices that affected Bloomfield Court and 5, 6 Ivy Mews. These related to:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

How we carried out this inspection

Prior to this focused inspection we read information from the provider and stakeholders in relation to the improvement actions undertaken by the provider to improve the service since it was placed in special measures. This included copies of the provider's action plans and the minutes and notes of safeguarding meetings.

During the inspection visit, the team:

- Looked at the quality of the environment and observed how staff were caring for patients.
- Spoke with two patients who were using the service.
- Spoke with one relative of a patient using the service.
- Spoke with the director of operations, area operations manager and chief executive.
- Spoke with five staff members: a consultant psychiatrist, a nurse, a speech and language therapist, an assistant psychologist, a rehabilitation facilitator and a team leader.
- Read five care and treatment records of patients.
- Read a range of policies, procedures and other documents relating to the operation of the service.

What people who use the service say

The two patients we spoke with told us they liked the staff and were able to go out to activities of their choice. They said they were able to choose what they had to eat.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We did not rate the service at this focused inspection.

We found the following issues that the service provider needs to improve:

- Parts of the service were not well-maintained or clean.
- It was unclear whether all incidents were reported consistently as there was variation between what staff wrote in records, incident reports and behaviour monitoring forms.
- The entrance to Bloomfield Court and Jasmine Court was through two sets of doors with the intention of creating an air-lock and promoting safety. We noted that in practice the outer door closed slowly. The provider told us that a number of repairs had been affected to this door since our last inspection as it had been damaged on a number of occasions by a patient. Staff ensured the door was fully latched when leaving the lobby area.
- At this inspection, as at our previous inspection, we noted that in practice the outer door was often left open and there was no automatic closure on the outer door. This meant that potentially incidents could occur in the area between the doors.

However, we found the following areas of improved practice:

- The staffing situation had improved. Since the reduction in patient numbers at the service there were more staff nurses and rehabilitation staff in ratio to patents.
- Staff followed positive behaviour support plans.
- The average rate of completion of mandatory raining had increased from 67% to 90% since our previous inspection.

Are services effective?

We did not rate the service at this focused inspection.

We found the following issues that the service provider needs to improve:

- There was a lack of overall clinical leadership in the service and patients did not have clear up to date treatment plans.
- There was no clinical psychologist input to the service which meant that psychological assessments were carried out by unqualified staff.

Summary of this inspection

- The GP had undertaken physical health checks of patients. However, the care records were not detailed enough for us to be certain that the physical health checks which had taken place were sufficiently comprehensive and had been appropriately tailored for the specific needs of each patient.
- Patient records were complex and there were inconsistencies in the recording of information. For example, there were discrepancies in regard to two patients records as to whether they were currently being treated for epilepsy or not.

However we found the following areas of improved practice.

- There was evidence of improved consultant psychiatrist input in the two months preceding this inspection.
- The frequency of MDT meetings had improved.
- Staff understanding of the Mental Capacity Act had improved.
- The filing of documents in patient records had improved.

Are services caring?

We did not rate the service at this focused inspection.

We found the following areas of improved practice:

- Staff said they were able to get to know patients better since the number of patients using the service had reduced.
- Patients said staff were kind to them and we observed positive interactions between patients and staff.

However, we found the following issue that the service provider needs to improve:

- In most instances it was not clear from patient records how staff had attempted to involve the patient or those who knew them best in care planning. We could not be certain that patients care plans reflected their views and wishes.

Are services responsive?

We did not rate the service at this focused inspection.

We found the following areas of improved practice:

- Patients had more options in relation to healthy eating.
- Patients had discharge plans in place.

However, we found the following issue that the service provider needs to improve:

- Patients did not have the opportunity to use curtains to enhance their comfort and darken their rooms.

Summary of this inspection

Are services well-led?

We did not rate the service at this focused inspection.

We found the following issue the service needs to improve:

- The provider's arrangements to monitor the quality of the service in relation to the quality of patient records and the quality of the environment for patients were not sufficiently robust.

However we found the following areas of improved practice:

- The provider had arrangements in place to ensure staff received mandatory training.
- The provider monitored the progress of safeguarding alerts to ensure there was effective and timely follow up.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. This focused inspection did not look in detail at how the provider carried out its Mental Health Act responsibilities. We found that staff knowledge of the Mental health act had increased since our last inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

This was a focused inspection which did not look in detail at the implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards. We found that staff knowledge of the Mental Capacity Act had improved since our last inspection. The service had appropriately made applications to the Local authority in relation to potential deprivations of liberty.

Wards for people with learning disabilities or autism

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are wards for people with learning disabilities or autism safe?

Safe and secure environment

- The provider had made some improvements to the security of the premises. Following our previous inspection, the provider took action to make the street entrance to the service more secure. At this inspection we confirmed that the outer gateway was closing properly. The provider had undertaken action to remove fixtures which were considered a ligature risk.
- At the last inspection we noted that the entrance to Bloomfield Court and Jasmine Court was through two sets of doors with the intention of creating an air-lock. At this inspection, as at our previous inspection, we noted that in practice the outer door was often left open and there was no automatic closure on the outer door. This meant that potentially incidents could occur in the area between the doors.
- At the last inspection we noted that general environment was unkempt and appeared institutional. At that inspection we found that the service was not clean or well-maintained. There were stains on walls, dirty mirrors, and surfaces around sinks, baths and toilets required replacement. At this inspection we found that some parts of the service had been refurbished and were clean. However, the service was not clean and well-maintained throughout. For example, when we went to Jasmine Court we found that the bathrooms had dirty sinks, baths and mirrors. There was a broken toilet seat and a smell of urine in one bathroom. Paintwork was flaking in some places and grouting between tiles appeared dirty. There were no curtains in the lounge or bedrooms. The furniture in the bedrooms was not suitable; there was a desk used for storing a patient's underwear which had a broken drawer. There was a worn chair in one room. The wardrobes used did not have doors. The garden area was unkempt with weeds throughout and the AstroTurf had not been hoovered or swept. Two of the eight windows overlooking the female garden area were boarded up. The provider had processes in place to repair the broken windows. We also entered a male patient's accommodation. The bathroom had mould around the sink.
- At the last inspection we found that food was not always stored at the correct temperature because the kitchen refrigerator was not working effectively. At this inspection, we confirmed there had been an improvement. The fridge was effective and fridge temperatures were monitored to ensure safe food storage.

Safe staffing

- At this inspection we found there were enough staff on duty. At the last inspection of the service, we found that there were not enough qualified nurses to ensure safe care. At that time, 15 patients were using the service and there were two qualified nursing staff on duty during the day and one during the night. During this inspection, the hospital director told us that since May 2016, the number of qualified nurses on duty was set as one during the day and one at night. Since May 2016 the number of patients using the service has been seven. At this inspection we found that the ratio of staff to patients had increased and there were enough staff on duty.
- The service used bank nurses to cover some shifts as there were vacancies for nurses. The provider told us following the last inspection that they were recruiting six qualified nurses. At the time of the inspection three new qualified nursing staff had started with two more due to start in September.

Wards for people with learning disabilities or autism

- Nurses were supported on each shift by rehabilitation facilitators, senior rehabilitation facilitators and a team leader. At the last inspection, there was a minimum of nine in total of these rehabilitation staff supporting the qualified nurse during the day and six at night. At this inspection, the hospital director told us that since May 2016, rehabilitation staff levels had been set as a minimum of eight during and six during the night.
- We checked staff rotas which confirmed that this staffing level had been maintained in the three weeks preceding the inspection. When staff had called in sick the provider had used bank staff to cover. On the day of the inspection there were also additional rehabilitation staff on duty to support patients to go out of the service for activities of their choice.
- We read an audit report commissioned by the provider which highlighted the fact that on the day of the audit in July 2106, the sole nurse on duty was very stretched in terms of their responsibilities in relation to managing the medicines round and providing clinical support. The nursing and rehabilitation staff we spoke with confirmed that the ratio of staffing to patients had increased since May 2016 which meant they were able to give more attention to patient needs. We saw evidence of the input of qualified nurses at handover meetings and in patient records. The qualified nurses we spoke with said that at times they were very busy, but generally they could manage their role effectively.
- At the last inspection, we found that level of psychiatrist input was very limited. At that time, three consultant psychiatrists worked in the service one day every four weeks. There were no other doctors in the service. At this inspection we found psychiatric input to the service had improved.
- The provider had recruited an additional consultant psychiatrist in April 2016 to work at the service with the aim that they will take on the clinical responsibility for all patients. At the time of the inspection this psychiatrist was working two days per week in the service. It was evident from case notes that psychiatrist input at the service had increased in the two months preceding the inspection. We spoke with the psychiatrist and he told us about his plans to develop the service in the future.
- At the last inspection we found that compliance with mandatory training for staff averaged 67% in the previous year. At this inspection, we found that mandatory training rates had improved and now averaged 85%. Where a member of staff had not completed the required training there was a valid reason (such as absence from the service). Mandatory training included courses on the Mental Capacity Act, adult safeguarding and emergency first aid.

Assessing and managing risk to patients and staff

- At the last inspection, we found that staff regularly 're-directed' patients to their bedrooms. On some occasions this was a result of an incident but on other occasions the reasons were unclear. Staff had not recorded the reason or length of time the patient was required to stay in their bedroom. There was a risk staff were placing 're-directed' patients in de-facto seclusion.
- At this inspection we found that the situation had improved. In some patient records we found reference to staff asking patients, on occasion to go to their bedrooms. Staff had recorded the reasons for this and the action taken was in line with the patient's behaviour support plan.
- At our previous inspection, we found that one patient was subject to very close supervision by two staff continuously and there was no reducing restrictive interventions programme as required by national guidance. After that inspection, the provider developed a strategy to improve outcomes for this patient. At this inspection we confirmed that the service was working in partnership with service commissioners with the aim of reducing restrictive interventions. There was a regular weekly review of the patient's progress which was attended by staff from the service and the patient's relatives. We spoke with the patient's relatives who felt there had be an improvement in relation to the effectiveness of the care and treatment provided.
- At the last inspection we found that information about risks was not always fully recorded in patients' risk assessments. Also the name of the patient was not recorded on risk assessment forms and it was evident that some forms were misfiled. At this inspection we found there had been an improvement and there was only one example of a misfiled document.

Wards for people with learning disabilities or autism

- At this inspection, we noted that staff had updated risk assessments and risk management plans recently. In some instances it was unclear whether the information in relation to risks was accurate. This was because, for example, in relation to two patients it was unclear as to whether they had a current diagnosis of epilepsy or not as information on this varied in different parts of their care records.
- At the last inspection we found that half of the permanent and bank staff had not been trained in approved restraint techniques. This increased risks to the safety of staff and patients. At this inspection we found the rate of training in restraint had improved and was now 85%.
- At the last inspection we found that the majority of incident forms did not describe how patients had been restrained. We found that recording in this area had improved and in most instances there was a description of the techniques used.
- The proportion of staff trained in adult safeguarding had improved since the last inspection from 65% to 92%. At the last inspection we were concerned that there were unnecessary delays in reporting safeguarding incidents to the local authority. At this inspection, we saw that the hospital director tracked safeguarding incidents effectively. There was evidence that recent safeguarding alerts had been promptly made to the local authority.

Reporting incidents and learning from when things go wrong

- At our last inspection we found that not all incidents were reported and staff appeared to accept a high level of violence. Staff told us of daily episodes of patients throwing objects, damaging property or attempting to assault staff.
- At this inspection we saw evidence that there had been a reduction in this type of incident but they still occurred regularly at the service. We checked patient records to clarify if all such episodes were consistently reported. We found that in some instances, staff had made an entry in the daily records of a patient 'attacking' or 'starting to attack staff' but there was no corresponding incident form. In addition to daily records and incident forms staff were asked to complete behaviour monitoring forms about incidents of challenging behaviour. We found there were numerous discrepancies between behaviour monitoring forms, daily records and incident forms. This meant that data produced from the behaviour monitoring forms and incident forms could not be relied on to capture the true level of patient behaviour in the service which challenged staff, self-injurious behaviour and other episodes. After the inspection, the provider told us they would discuss with staff the wording used when completing the daily record to ensure that there is clarity on whether the behaviour is outside of the normal presentation of the patient thereby requiring an incident form.
- We saw some examples of risk assessments which included appropriate and up to date information. However, we noted that a potentially dangerous incident, which staff reported in June 2016, had not led to staff reviewing and updating the patient's risk assessment and management plan in relation to them being in a car. This showed that lessons were not always learnt from incidents to improve the management of risks.

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

Assessment of needs and planning of care

- At the last inspection, we found that patients did not have an annual physical health check. This was not in accordance with national guidance. At this inspection we were told that all patents had now received an annual physical health check from their GP. The service had obtained black folders from Oxleas NHS trust which patients took with them to the GP. These folders had a section labelled 'annual health checks' there were some notes in this section which had been completed by the GP.
- However, the health checks recorded in the 'annual health check' sections of the four black folders we read was not comprehensive. There were not full details of family history, smoking status, exercise and diet, weight and body mass index, blood pressure, fasting estimates of plasma glucose, and lipids (total cholesterol, LDL, HDL). Nor was there clear information about cancer screening or how blood tests and other tests which

should be carried out to reduce risks to patients in relation to their medicines. Some of this information was recorded in different parts of patients' care records. However, the complete picture of a patient's physical health needs was not readily available to staff or the GP to ensure they could address the patient's needs by carrying out an appropriately comprehensive annual health check.

- At our previous inspection we found that care plans were not recovery focused and there were few short-term and long-term goals. At this inspection we found that most care plans had been updated and included goals. However, in contravention of the provider's guidance goals were not SMART (specific, measurable, achievable, realistic, and time-bound). For example, a patient's care plan included the aim of 'losing weight from 126kg'. The SMART goal was written as 'To lose some weight and exercise more often' and 'to eat a healthy balanced diet `. These goals lacked the specific details which would enable staff to fully support the person and measure the patient's progress with the specified goal.
- At the last inspection we found over 20 documents which were in the wrong patient's records. At this inspection we found that filing had improved and there was only one misfiled document. However, we were concerned that record keeping processes continued to be complex with three separate files for each patient. There were discrepancies in recording within patient records. For example, with regard to two patients it was unclear whether they had a current diagnosis of epilepsy or not. The hospital director told us that electronic records were due to be introduced at the service in October 2016.

Best practice in treatment and care

- At our last inspection we were concerned that assessment of the needs of patients with autism had not been fully addressed. At this inspection we found there had been some improvement. Patients now had more detailed assessments of their needs including their communication needs. However, we found that treatment plans which were completed by the responsible psychiatrist were not well developed or reviewed regularly so the over-arching rationale for the patient's stay in the service and the aims of their treatment was not well set out.
- At the last inspection we found that there had been no recent internal audits of patient records. At this inspection, we read a report dated 25 July 2016 on the quality of the service which was commissioned by the provider from a private company. This looked at care plans in terms of whether they were signed or not by patients and staff. The provider introduced a new environment audit tool and a housekeeping audit during the inspection
- There was no process in place to check the accuracy and quality of assessments and care planning. For example, there were no checks on the quality of care and treatment plans or whether staff had set appropriately personalised SMART goals in order to support patients as effectively as possible.

Skilled staff to deliver care

- At the last inspection we noted that the service did not have a psychologist as part of the multi-disciplinary team. The provider subsequently appointed a psychologist to work at the service but they resigned from the service prior to this inspection and the provider had not yet advertised for a replacement. Consequently, we found the situation was the same as at the previous inspection. Two assistant psychologists worked at the service and received clinical supervision from a psychologist who did not visit the service or attend multidisciplinary team (MDT) meetings. At this inspection we found that the provider had commissioned a specialist Clinical Psychology assessment for one patient from another organisation.
- As at our previous inspection, we confirmed there were nurses, occupational therapy staff and speech and language staff who formed part of the MDT team. At this inspection we confirmed that the speech and language therapist was appropriately qualified to assess patients' swallowing difficulties

Multidisciplinary and inter-agency team work

- At our last inspection we found that MDT meetings were not occurring at an appropriate frequency to ensure effective care and treatment. We were also concerned that there was a lack of clinical leadership at the service due to the absence of a psychologist in the MDT. At this inspection we confirmed that MDT meeting frequency had increased since June to weekly, with the

appointment of a new psychiatrist who was working in the service two days a week. There was no clinical psychologist at the service to contribute to the MDT meeting and clinical leadership.

- At the last inspection we found 'handover' notes between shifts to be very brief. At this inspection we found that recording of these meetings had improved and was more detailed. For example, any safeguarding concerns were noted and followed up.

Are wards for people with learning disabilities or autism caring?

Kindness, dignity, respect and support

- At this inspection, as previously, the information from patients we spoke with was positive about their relationship with staff. They said staff were kind and helped them. At our last inspection we found that staff had limited understanding of patients' needs and lacked the opportunity to talk with their colleagues about how to provide the most respectful support possible to patients. At this inspection we found that this had improved.
- Staff told us that over the two months preceding the inspection, there was a higher ratio of staff to patients and increased consultant psychiatrist input. The team group was also more stable and consistent. They said these factors enabled them to get to know patients better, talk with their colleagues at handover meetings and establish better rapport with patients.
- During this inspection a speech and language therapist told us about the work they were doing with patients and staff in the area of communication. They told us they had observed that staff were putting into practice these techniques to get know to patients better and establish a positive relationship with them.

The involvement of people in the care they receive

- At the last inspection we found that patients had not contributed to the development of their care plans. At this inspection we found that some patient records demonstrated good evidence of patient involvement. However, in other cases it was not clear from the records how the patient or those who knew the patient best were involved in the assessment and care planning process. Staff had not recorded the reasons why patients had not signed their care plans or explained whether the patient's care plan had been discussed with the patient's family or care manager if they lacked the mental capacity to make decisions about their care.

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

Access and discharge

- At our previous inspection we noted that some patients had been in the service for periods of over two years with little progress in terms of their care and treatment. Since that inspection, commissioners have arranged for eight patients to move on from the service. At the time of this inspection, most of the seven patients using the service had firm discharge plans and were due to leave the service in the near future. In the case of the other patients, commissioners were working to identify alternative provision.
- After the previous inspection the provider agreed to suspend new admissions to the service.

The facilities promote recovery, comfort, dignity and confidentiality

- At our last inspection we found that parts of the service appeared institutional and bare. At this inspection, we found the provider had made significant improvements to the service with new wall-mounted pictures and the provision of new furnishings in a downstairs lounge. We were told by the provider that, whilst some of the bedrooms had been refurbished, some were a work in progress. The hospital manager told us that the windows had a mirror film coating which meant patient's privacy was protected. She said that appropriate curtains were available and further soft furnishing on order but patients often pulled them down. We were concerned that patients did not have the opportunity to ensure their room was dark at night to facilitate sleeping

Wards for people with learning disabilities or autism

- As at the previous inspection, we observed that patients were able to undertake activities of their choice such as going out to the beach and shopping.
- **Meeting the needs of all people who use the service**
- At our previous inspection we were concerned that the patients' menu was high in calories and a number of patients had gained a significant amount of weight since being admitted to the service. At this inspection we noted that there was a more appropriate range of food available which included lower calorie options. Patients were happy with the range of food and drinks on offer at the service.

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

Vision and values

- At the last inspection we were concerned that senior managers were unclear about the purpose of the service. At this inspection senior managers and staff acknowledged that this had been an issue in the past and consequently the service had admitted patients with a range of diverse and complex needs. Staff told us they felt the role of the service was now clearer in terms of assisting patients to develop the skills to move on to less intensive care arrangements.

Good governance

- At the last inspection, we found that the provider did not have effective systems and processes to monitor the quality of the service. Consequently, risks were not appropriately identified, monitored and mitigated. At this inspection we found the provider had made some improvements to governance arrangements but these were not sufficiently robust to ensure good quality outcomes.
- The areas of improved management oversight included the monitoring of mandatory training and the progress of safeguarding concerns. Team meetings were held each month and included discussion of incidents and complaints. There was an incident reporting system. However, in other areas quality improvement arrangements required further development. For example, there was no system in place to review the quality of patient records in terms of their content and consistency in ensuring good outcomes for patients. Nor was there a system to ensure staff received an annual appraisal of their work performance and identify areas for skills development. In addition, arrangements to check the quality and cleanliness the environment were not sufficiently comprehensive and did not include effective checks on patient bedrooms.

Leadership, morale and staff engagement

- At the last inspection we noted that there had not been a registered manager in post for eighteen months. Subsequent to that inspection the provider recruited a registered manager for the service. However, at this inspection we heard that the registered manager had left their post a week before this inspection. A new Hospital Director had been appointed as the manager and was to apply to CQC to become the new registered manager.
- Staff told us that management of the service and the day to day involvement of the hospital director had a positive impact on the efficiency of the service. They said senior managers visited the service and felt that morale had improved since the previous inspection. We were satisfied that staff understood whistleblowing procedures.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure all parts of the service are clean and well maintained.
- The provider ensure the service has a CQC registered manager and a psychologist.
- The provider must ensure there is a comprehensive up to date treatment plan in place for each patient.
- The provider must ensure that the arrangements and scope of the annual physical health check for each patient are clearly set out and effectively implemented.
- The provider must ensure that patient records are fully accurate and are clear about what the patient's current needs are and what is the purpose of any prescribed medicine.
- The provider must improve governance processes to include: effective checks on the cleanliness and maintenance of the premises, the completion of staff appraisals and the quality and consistency of record keeping.

Action the provider SHOULD take to improve

- The provider should ensure that recording systems are clarified so that it is clear about what types of episode should be recorded as an incident.
- The provider should ensure that staff record information about how the patient and or those who know them best are involved in the care planning process.
- The provider should review security arrangements in relation to the entrance to Bloomfield Court and Jasmine Court.
- The provider should ensure patients have access to window coverings to enhance their comfort and darken their rooms if they wish.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Patients did not have up to date comprehensive treatment plans. The provider's arrangements to ensure annual physical health checks for patients were not sufficiently robust to ensure patients received all the appropriate checks and screenings of their health. This was a breach of regulation 9(1)(2)(3)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: the provider had no effective systems to review the quality of the service in terms of cleanliness and maintenance, the quality and accuracy of patient records and the completion of staff appraisals.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Some parts of the service were not clean or well maintained. This was a breach of Regulation 15 (1) (2) (3)