Requires improvement

Hertfordshire Partnership University NHS Foundation Trust

# Wards for people with learning disabilities or autism

## Quality Report

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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) |
|---|---|---|---|
| RWR96 | Kingsley Green | Dove ward | WD7 9HQ |
| RWR96 | Kingsley Green | Specialist Residential Service, Forest Lane | WD7 9HQ |
| RWRG7 | HPFT North Essex | Learning disability assessment and treatment, Lexden Hospital, London Road, Colchester | CO3 4DB |
| RWRX1 | Astley Court, Little Plumstead Hospital | Learning disability assessment & treatment, Astley Court, Little Plumstead Hospital, Hospital Road, Norwich | NR13 5EW |

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

# Summary of findings

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 Hertfordshire Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of Hertfordshire Partnership University 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 | Requires improvement  |
| Are services safe? | **Good**  |
| Are services effective? | **Requires improvement**  |
| Are services caring? | **Good**  |
| Are services responsive? | **Good**  |
| Are services well-led? | **Requires improvement**  |

**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

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# Summary of findings

## Overall summary

**We rated wards for people with learning disabilities and autism as requires improvement because:**

- There were three patients nursed in long term Segregation. The inspection team felt that the service users care plan within specialist residential services required more detailed information on their Long term segregation management, since our inspection the modern matron informed us that this was now in place.
- There were high rates of seclusion of patients at Lexden hospital. There were 87 episodes in the last six months. At Astley Court and Lexden hospital, patients were secluded in rooms that were not specifically designed to meet the standards of a seclusion room.
- All staff told us they knew what to report and how to report incidents.
- The Mental Health Act and the code of practice were not always adhered to. For example, consent to treatment and capacity requirements were not always followed however we saw evidence that patients had their rights explained to them on admission.
- Mental Capacity Act and Deprivation of Liberty Safeguards procedures were not appropriately followed in specialist residential service and Astley Court. Some staff demonstrated a limited awareness of the Mental Capacity Act. Capacity assessments to consent to treatment were not adequately carried out. Where patients required best interests meeting this was not consistently carried out.
- At Astley Court and Lexden hospital multidisciplinary team meetings did not have regular involvement of full range of other health professionals such as speech and language therapist, occupational therapist, social workers and psychology. These were external professionals from a different trust that provided care to patients but were not involved in clinical reviews.

However:

- There were fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs that were checked regularly.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse.
- Staff were supervised, appraised and had access to regular team meetings.
- The units involved staff in a regular programme of clinical audits to monitor the effectiveness of the service provided.
- We observed and patients and their relatives told us that staff were respectful, polite and kind.
- Staff demonstrated that they understood the needs of the patients well. Patients and their relative were involved in their care planning where appropriate.
- There were a full range of rooms and equipment to support treatment and care in Dove, Lexden hospital and Astley Court.
- Patients' cultural and religious dietary requirements were met. Patients also had access to spiritual support through the hospital chaplains.
- Patients' individual communication systems were used and understood by staff. This meant that each patient was able to communicate their needs in the way they were used to for example, using sign language or pictures.
- Patients knew how to make a complaint and staff processed complaints appropriately. Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- Staff had opportunities for leadership development, for example, some staff were on the leadership academy programme.
- Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys.
- The trust used key performance indicators and other measures to gauge the performance of the team. Where performance did not meet the expected standard action plans were put in place.

# Summary of findings

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

### Are services safe?

Good

**We rated safe as Good because**:

- There were fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs that were checked regularly.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse.
- All staff told us they knew when and how to report incidents.

However:

- There were three patients nursed in long term Segregation. The inspection team felt that the service users care plan within specialist residential services required more detailed information on their Long term segregation management, since our inspection the modern matron informed us that this was now in place.
- There were high rates of seclusion of patients at Lexden hospital. There were 87 episodes in the last six months.
- The layout of each bungalow in specialist residential service meant that observation was difficult.

### Are services effective?

Requires improvement

**We rated effective as requires improvement because**:

- The Mental Health Act and the code of practice were not always adhered to. For example, consent to treatment and capacity requirements were not always followed. Patients had their rights explained to them on admission. However, in Dove and specialist residential service the rights records did not specify whether the patient understood all parts of their rights.
- Mental capacity act and deprivation of liberty safeguards procedures were not appropriately followed in specialist residential service and astley court. Some staff demonstrated a limited awareness of the mental capacity act. Capacity assessments to consent to treatment were not adequately carried out. Where patients required best interests meeting this was not done.
- At Astley Court and Lexden hospital weekly multidisciplinary team meetings did not have regular involvement of full range of other health professionals such as speech and language

therapist, occupational therapists and social workers. These were external professionals from a different trust, however at the CPA (Care Programme Approach meetings) which occur 4-6 weekly they were well represented from all disciplines.

- In specialist residential service some care records did not evidence appropriate monitoring of physical health needs. For example, one patient's records did not record physical health appointments they had attended. Another patient's record did not show that their weight was monitored as often as their care plan said it should be. However, staff said this was monitored. Patients at Forest Lane houses are all registered with a local General Practitioner (GP) surgery and the GP visits weekly. Access to healthcare assessments outside of surgery hours is managed by the on-call doctor system at Kingfisher Court. Within SRS all service users have their own physical health and wellbeing care plan; 'a purple folder'.
- At Lexden hospital and Astley Court information sharing and access was not easy between internal and external professionals for the patients they provided care. Professional from other trusts had a different way of working and recording patients' notes.

However:

- Staff were supervised, appraised and had access to regular team meetings.
- Staff received the necessary specialist training for their role.
- Patients at Forest Lane houses are all registered with a local General Practitioner (GP) surgery and the GP visits weekly. Access to healthcare assessments outside of surgery hours is managed by the on-call doctor system at Kingfisher Court. Within SRS all service users have their own physical health and wellbeing care plan; 'a purple folder'.
- There were good working relationships with teams outside of the trust. This included the local authorities, independent sector and GPs.

The units involved staff in a regular programme of clinical audits to monitor the effectiveness of the service provided.

**Are services caring?**

Good

**We rated caring as good because**:

- We observed staff were respectful, polite and kind to patients they supported. Patients and their relatives told us that staff treated them with respect and dignity.
- Staff demonstrated that they understood the needs of the patients well.

# Summary of findings

- Patients and their relative were involved in their care planning where appropriate.
- Patients had access to advocacy services.
- Patients were supported to keep in contact with their families.

**Are services responsive to people's needs?**

Good

**We rated responsive as good because**:

- Patients were not moved between wards during an admission episode unless this was justified on clinical grounds and is in the interests of the patient. This meant that patients were treated on the same ward for as long as their needs were met there.
- Beds were available to patients living in the catchment area when needed. This meant that patients did not have to go to other areas to receive care.
- There were a full range of rooms and equipment to support treatment and care in Dove, Lexden hospital and Astley Court. For example, Dove ward had an activities room, lounge, separate dining room, smaller lounges, gym, sensory room, kitchen and laundry where patients' independence could be promoted.
- Patients' cultural and religious dietary requirements were met. They were offered foods that met these needs and had access to chaplains and Immans if they wanted this.
- Patients' individual communication systems were used and understood by staff.
- Patients had access to spiritual support.
- Patients knew how to make a complaint. Staff knew how to process complaints appropriately.

However:

- Patients in specialist residential service who had mobility difficulties were not able to access a bath when they wanted one. The facilities had not been adapted to meet the needs of patients with physical disabilities.

**Are services well-led?**

Requires improvement

**We rated well-led as requires improvement because**:

- In Dove ward there was evidence that Mental Health Act procedures were not always followed.
- One patient in specialist residential service who had a care plan in place required more detailed information on their Long term segregation management.

# Summary of findings

- Accidents to patients in specialist residential service were not always reported in a timely manner.

However:

- Staff knew and agreed with the trusts values. Staff knew who the most senior managers in the trust were and these managers had visited the wards.
- Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- Staff had opportunities for leadership development. For example, some staff were on the leadership academy programme.
- Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys.
- The trust used KPIs and other indicators to gauge the performance of the team. Where performance did not meet the expected standard action plans were put in place.

# Summary of findings

## Information about the service

Dove ward is a specialist inpatient assessment and treatment service for people with learning disabilities and a co-existing mental health problem whose needs cannot be met in the community. It has 16 beds for mixed gender with separate male and female corridors. Hertfordshire have commissioned 10 beds, other beds might be used by other areas. There were 12 patients there at the time of our inspection. It was opened in November 2014 and is part of the Kingfisher Court site.

The Specialist Residential Service opened in 2001. It was designed to provide support for people with learning disabilities who had spent their lives in institutional care and whose care needs could not be provided in the community at that time. The service supported 29 people in six bungalows known as Forest Lane.

Astley Court is a 12 bedded mixed gender purpose built unit that provided short term inpatient assessment and treatment for adults with learning disabilities. It is based in Norwich and works in partnership with Norfolk joint community teams, specialist health community learning disabilities teams and Norfolk County Council.

Lexden hospital is based in Colchester and provided inpatient assessment and treatment within four beds that has flexible capacity for additional two beds. It is a mixed gender unit for adults with learning disabilities. It also provides the recovery and rehabilitation unit that has four beds for extensive and enhanced recovery for patients who require a longer period of treatment.

## Our inspection team

Our inspection team was led by:

**Chair**: Dr Peter Jarrett Consultant psychiatrist

**Head of Inspection:** James Mullins, Head of Hospital Inspection (mental health) CQC

**Team Leader**: Peter Johnson, Inspection Manager (mental health) CQC. The inspection for wards for people with learning disabilities and autism included CQC managers, inspection managers, inspectors, Mental Health Act reviewers and support staff, supported by variety of specialist professional advisors and experts by experience that had personal experience of using; or caring for someone who uses the type of services we were inspecting.

The team that inspected the wards for people with learning disabilities and autism in Hertfordshire comprised of one CQC inspector, one psychiatrist, one Mental Health Act Reviewer, one occupational therapist, one expert by experience and their supporter, one psychologist and two learning disability nurses. A CQC pharmacist inspector inspected Dove ward on one day.

In Norfolk and North Essex the team was comprised of one inspector, one psychologist, one learning disabilities nurse, one Mental Health Act Reviewer and one expert by experience who was a family carer.

## Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

# Summary of findings

## 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all six bungalows at the specialist residential services, Dove ward at Kingsley Green, Lexden hospital and Astley Court and looked at the quality of the ward environments and observed how staff were caring for patients
- spoke with 16 patients who were using the service and six of their relatives
- spoke with the two team leaders and three ward managers
- spoke with 47 other staff members; including doctors, nurses, cleaning staff and occupational therapists
- interviewed three service line lead with responsibility for these services
- attended and observed one handover and one multi-disciplinary meeting
- looked at 24 care records of patients and 26 treatment cards.
- carried out a specific check of the medication management on Dove ward and in each bungalow

looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the provider's services say

Patients told us they felt safe with services.

Patients said they had a care plan and were involved in it by attending their care plan review meetings and staff asking them how they wanted to be supported.

Patients had choices of food and were involved in choosing the menu. Patients in Dove ward showed us the picture menu to help them to make choices.

Patients told us that staff respected their dignity and listened to them.

Relatives and patients were pleased with the care provided. Patients were positive about their experiences of care and told us that staff were polite, warm and interact well with them.

Patients and relatives told us that staff were very supportive and gave them information that helped them to make choices about their care.

## Good practice

- Staff in specialist residential service were being trained in the use of Positive Behaviour Support (PBS) and they told us that this had reduced the number of restraints and rapid tranquilisation used. We observed that staff used redirection strategies in order to reduce patient's agitated behaviours.

# Summary of findings

## Areas for improvement

**Action the provider MUST take to improve**

The trust must ensure that all staff have a good understanding of the Mental Capacity Act and how it is used for the patients in their care. Each patient under Deprivation of Liberty Safeguards must have a current authorisation.

**Action the provider SHOULD take to improve**

- The Trust should ensure that the night staffing levels in specialist residential service are regularly reviewed in order to ensure that patients' needs are safely met and so that staff can take adequate breaks.
- The trust should ensure that care plans for patients in long term segregation are detailed and that they are regularly reviewed in accordance with the mental health act code of practice.
- The trust should ensure that medicines reconciliation is completed so that doctors can prescribe accurately. The trust should ensure that the omission of medicines is audited.
- The trust should ensure that detailed, personalised care plans are shared with the relevant professionals to ensure effective transition between services.
- The trust should ensure that leaflets about patients' rights under the Mental Health Act are provided in an easy read format.
- The trust should ensure that information is accessible to staff from other external health professionals that provide care to patients to ensure effective information sharing.

Care Quality Commission

Hertfordshire Partnership University 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 |
|---|---|
| Dove ward | Kingsley Green |
| Specialist Residential Services Forest Lane | Kingsley Green |
| Lexden Hospital, assessment and treatment and recovery unit | HPFT North Essex |
| Astley Court | Astley Court, Little Plumstead Hospital |

## Mental Health Act responsibilities

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

All staff had received training in the Mental Health Act.

Consent to treatment and capacity requirements were not always adhered to. For example, the T2 form for one patient did not have the total dose that could be administered on the certificate. This meant that there was no limit to the amount of as required medicines that could be given.

Patients had their rights explained to them on admission. However, the rights records did not specify whether the patient understood all parts of their rights. Records stated only whether the patient understood or did not. This would make it difficult to focus on any parts the patient did not understand. Rights leaflets were not provided in an easy read format.

Administrative support and legal advice on the implementation of the Mental Health Act and its code of practice was available from a central team.

# Detailed findings

Patients had access to the Independent Mental Health Advocacy services and were able to access the mental health review tribunal system.

The documentation we reviewed in detained patients' files in Lexden and Astley Court was up to date, stored appropriately and compliant with the Act and the Code of Practice . Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

In Lexden and Astley Court patients' rights were routinely explained and audited monthly.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act 2005. However, some staff told us that this training was provided online and we found that they did not have a good understanding of the Mental Capacity Act 2005.

There was a policy on Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could refer to.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint. This meant that the use of force was not used to make patients do things that they were resisting. Staff knew where to get advice regarding Mental Capacity Act, including Deprivation of Liberty Safeguards within the trust.

In specialist residential service bungalows three and four we saw that capacity to consent was assessed and recorded appropriately. This was done on a decision-specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it.

In specialist residential service bungalows one, three and four we saw that patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the patient's wishes, feelings, culture and history. Advocates attended best interest meetings.

However, in specialist residential service bungalow seven a patient had a Deprivation of Liberty Safeguards which prevented them from leaving the bungalow unescorted. We saw in the records that they had also been given rapid tranquilisation and staff said that their Deprivation of Liberty Safeguards covered this also. There was no best interest decision that related to the prescribing of medication. Deprivation of Liberty Safeguards does not cover administration of rapid tranquilisation but this would need to be given using the Mental Health Act.

All four patients in specialist residential service bungalow one were under Deprivation of Liberty Safeguards. However, for three patients from the Hertfordshire area their Deprivation of Liberty Safeguards had expired but the renewal had not been authorised. Staff had applied to the local authority a month before the expiry date for the Deprivation of Liberty Safeguards to be authorised but it had not been done. Staff had not contacted the local authority to pursue this until our inspection.

At Lexden hospital capacity to consent was assessed and recorded appropriately. Best interest meetings were held where appropriate, which took into account person's wishes, feelings, culture and history.

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

## Summary of findings

## Our findings

### Safe and clean environment

**Dove ward**

- The ward had been purpose built to reduce ligature risks. For example, showers and taps were anti ligature. Cardboard coat hangers were provided in bedrooms so that ligature risks were reduced.
- Showers in bedrooms had been set to run for up to 12 minutes and then stop. This reduced the risk of flooding if a patient ran the water for a long period of time.
- The ward complied with guidance on same – sex accommodation. There were separate bedroom corridors for male and female patients and separate lounges.
- There was a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that were checked regularly.
- All ward areas were clean, had good furnishings and were well maintained.
- Staff adhered to infection control practices including hand washing. Equipment was clean and stickers notifying that cleaning had taken place were visible and in date.
- Equipment was well maintained and checked to ensure it was safe.
- Environmental risk assessments were undertaken regularly.

### Safe staffing

- There were sufficient numbers of nurses and nursing assistants to ensure safe staffing. During the day with 10 patients there were two qualified nurses and three unqualified nurses. At night there was one qualified nurse and two unqualified nurses. This had been increased by another member of staff on each shift as there were 12 patients. At night the aim was to have two qualified nurses. However, if this was not possible they would have one qualified and three unqualified.
- One member of staff had left since the service opened in November 2014. The vacancies overall were at 6.9%. There was 7.2% staff sickness absence. These figures were reported in January 2015.
- The bank staff were used regularly and as such were familiar with the ward and patient group.
- The ward manager was able to adjust staffing levels daily to take account of case mix. The staffing numbers had been increased to safely support the number of patients on the ward. One extra staff had been agreed to cover each shift as there were 12 patients.
- A qualified nurse was present in communal areas of the ward at all times.
- Staffing levels were sufficient to allow for patients to have regular 1:1 time with their named nurse.
- Due to sufficient levels of staffing, escorted leave or ward activities were rarely cancelled.
- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency.
- Staff told us and we saw in their training records that they were up to date with appropriate mandatory training.

### Assessing and managing risk to patients and staff

- There was not a seclusion room on the ward as this was not required.
- There were two bedrooms with an ensuite and an extra room for each person. These were in a separate area on the ward and were used for patients needing intensive care. The patients using this facility had access to their own garden and the door to their area was not locked.
- Staff undertook a risk assessment of every patient on admission which was reviewed and updated regularly.

Good

# Are services safe?

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

There was limited evidence in two of the risk assessments that we viewed how the risks to the patient and others safety and welfare when on leave from the ward would be mitigated.

- Informal patients could leave the ward. However, for two patients Deprivation of Liberty Safeguards had been applied using the Mental Capacity Act.
- There were good policies and procedures for the use of observation which staff could access and were aware of; this was demonstrated in practice on the ward.
- Restraint was only used after de-escalation had failed. Staff followed the training they had received using the RESPECT techniques. The number of restraints on each ward between April 2014 – March 2015 was as follows: astley court = 310, dove ward = 67, specialist residential services = 2 and lexden hospital = 84
- Staff were trained in safeguarding and knew how to make a safeguarding alert and did this when appropriate. We saw that a safeguarding alert had been made to the local authority when needed.
- Medicines were stored safely, prescribed appropriately and administration records completed accurately. Processes were in place so that medicines could be supplied in an emergency.
- There were processes in place to manage the monitoring of blood tests where this was clinically appropriate for patients' prescribed medication that required this level of intervention.
- There was no audit of whether medicines were being omitted and no list of critical medicines as recommended by the National Patient Safety Agency (NPSA) rapid response alert 2010. However, they conducted other audits such as medicines adherence, covert medication and standards for the safe and secure handling of medicines.

### Track record on safety

- There have been no serious incidents since the ward opened in November 2014.

### Reporting incidents and learning from when things go wrong

- We saw and all staff told us that they are aware of what to include and how to report an incident.
- Staff received feedback from investigation of incidents both internal and external to the service through team meetings, supervisions and in communication through the trust intranet.
- Staff were also debriefed and offered support following incidents.

### Specialist Residential Services, Forest Lane

### Safe and clean environment

- The layout of each bungalow meant that observation was difficult.
- There were ligature points. However, staff were aware of these and the risks were adequately mitigated. For example, staff supervised patients at all times in areas where there were ligature risks. Ligature audits were completed and actions taken to reduce risks. For example, collapsible shower rails were installed. All staff knew how to use ligature cutters and where these were located. Staff told us they knew how to use these.
- Bungalows were gender specific. This ensured that the guidance on same sex accommodation was complied with.
- In each bungalow there was an emergency bag that was checked each night. The current emergency bags were too small to fit in all the equipment however, staff told us that bigger bags were being provided. All bungalows were clean and relatives that we spoke with reflected this also.
- Cleaning materials were kept in locked cupboards.
- Staff adhered to infection control procedures including hand washing.
- Equipment was checked regularly and clean. Stickers that showed when cleaning had taken place were visible and in date.
- Environmental risk assessments were undertaken regularly.
- Staff carried personal alarms and these were checked daily to ensure they worked.
- One visitor told us that their relative was safe and they were confident that all patients were safe at the bungalows.

Good

# Are services safe?

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

## Safe staffing

- The provider had estimated the number and grade of nurses required using a recognised tool. During the day there were at least two unqualified nurses on each bungalow with a qualified nurse available for three bungalows. In addition to this there was cleaning staff and activity staff that supported patients on a one to one basis to access the community. leave.
- At night, two staff were allocated on each bungalow. One registered nurse was available between three bungalows. We raised our concerns regarding staffing at night with the trust. They responded that incidents and events that require additional staffing were unusual within this service. However, in the event of nursing needs increasing due to changes in observation levels additional staff were sourced to provide increased cover. There were on call managers available to respond if needed and patients risks were minimal at night. Staff told us they felt under pressure particularly at night. They said staffing impacted on meeting patients' needs and staff getting their breaks at night.
- The inspection team viewed minutes of team meetings which stated that covering shifts was difficult across the bungalows.
- Vacancies had been recruited to and five of the seven new unqualified nurses were undertaking their induction. The further two new staff had been recruited and were waiting for checks to be completed.
- A relative told us that agency staff had been used to cover shifts. However, we found that agency staff were not used but bank staff had covered shifts. These staff were familiar with the service.

## Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of every patient on admission. These were comprehensive and updated regularly.
- One patient in bungalow two was subject to long term segregation. They were in the annex of the bungalow which had a bedroom, bathroom and lounge. This was kept locked. This patients Long Term Segregation was being reviewed monthly by a senior clinician and there was a care plan in place, the CQC inspection team felt this required more detailed information on their Long term segregation management. We discussed the need for this with the staff and team managers and they agreed to do this. Following our inspection the trust told us that this had been completed. A further review of this patient's care and treatment had also been held and it was agreed that this patient would continue to be nursed in long term segregation.
- Restraint was only used after de-escalation had failed and used correct techniques. All staff had completed training in the physical intervention method of 'Respect' and undertook a yearly refresher in this.
- One patient in bungalow seven had been restrained a month before our inspection. There were no other recorded restraints in the last six months.
- Staff were being trained in the use of Positive Behaviour Support and they told us that this had reduced the number of restraints used. We observed that staff used redirection strategies in order to reduce patient's agitated behaviours.
- Training records showed that staff were trained in safeguarding and staff told us that they knew how to make a safeguarding alert and did this when appropriate.
- There was good medicines management practice. The use of as required medicines to manage patients behaviour had reduced. Staff understood that behaviour was the patient communicating their needs. They explored all possible reasons for the patient behaving in an agitated way before using medicine to calm the patient down.

## Track record on safety

- Staff told us that a safeguarding alert had been raised by the local authority regarding supporting a patient with their oral hygiene. In response to this all patients now had an oral hygiene care plan to ensure their needs were safely met.
- Staff said that two patients in bungalow one needed to be supported separately from each other in order to ensure their safety. Staff said there had been a safeguarding investigation regarding this previously as one patient had physically hurt the other. Care plans were in place to ensure that both patients were safe and we observed that staff followed these.

Good

# Are services safe?

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

### Reporting incidents and learning from when things go wrong

- All staff told us they knew what to and how to report incidents. However, we found that not all incidents had been reported. For example, we saw that one patient had sustained bruising but this was not reported as an incident until our inspection. This had not been reported or observed by staff previously. The patient said they had banged it on a door; however staff thought the cause could be self-harm and agreed to monitor the patient's mood more closely. The patient's care plan stated that they were at risk of bruising and staff reported the bruise that day as a 'fading' bruise. However, staff supported this patient with their personal care. All patients were observed hourly as per the trusts observation policy but staff had not noticed the bruising previously.
- We observed that other incidents of bruising to patients had been reported.
- Incidents were analysed to identify any emerging trends and action taken to reduce any emerging risks where needed.
- Staff received feedback from the investigation of incidents both internal and external to the service in team meetings and supervision.
- Staff were debriefed and offered support after serious incidents.

### Lexden hospital and Astley Court

### Safe and clean environment

- The wards layout enabled staff to observe most parts of the ward effectively.
- Astley Court was a purpose built unit with all anti-ligature fittings. There were potential ligature points of door handles, taps and window latches at Lexden hospital and these were identified in the ligature risk assessment. There was a clear management plan in place on how to minimise this risk. Staff were also trained in ligature risk and suicide prevention.
- Both units were mixed gender. They were both split between male and female corridor areas where there were gender specific lounges, bathrooms and toilet areas. The recovery unit at Lexden hospital was male only.
- The units had excellent well-equipped physical examination rooms that had all emergency equipment such as automated external defibrillators and oxygen. It was checked regularly to ensure it was in good working order so that it could be used well in an emergency. Medical devices and emergency medication were also checked regularly.
- Only Astley Court had a seclusion room, it had an ensuite, clock and two way communication. It was specifically designed to be low stimulus and to ensure the safety and physical wellbeing of the patient. All fixtures, furniture and fittings greatly limited the risk and ability of patients to harm themselves or others.
- The units were clean, with good furnishings and were well maintained and patients told us that the standards of cleanliness were mainly good.
- Regular audits of infection control and prevention were carried out. Staff practiced good infection control procedures and hand hygiene to ensure that patients and staff were protected against the risks of infection.
- Portable appliance test was carried out for the equipment used. It was checked regularly to ensure it continued to be safe to use and clearly labelled indicating when it was next due for service.
- Environmental risk assessments were carried out in areas such as health and safety and infection control and prevention.
- There were safety alarm and nurse call systems in place to call for help when needed. This helped to ensure the safety of patients and that of staff.

### Safe staffing

- Lexden hospital had 14 qualified nurses, 21 nursing assistants, and two activity co-ordinators. There was one vacancy for qualified nurse and one for nursing assistant. Astley Court had 12 qualified nurses, 18 nursing assistants and two activities coordinators. There were three vacancies for qualified nurses and four for nursing assistants.
- Lexden used 313 hours of bank and agency in the last three months. Seven shifts of qualified nurse had not been able to be covered by bank or agency and nursing assistants were used.

Good

# Are services safe?

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

- Astley Court used bank and agency staff to cover 4,352 hours a total of 504 shifts in the last three months.
- The sickness rate in the 12 month period for Lexden hospital was 7.1% and for Astley Court was 8.6%.
- The units had estimated the number and grade of staff required for each unit using a recognised tool through the e-rostering.
- The number of nurses on e-rostering matched the number of nurses and nursing assistants and had been mostly consistent on all shifts.
- There was appropriate use of agency and bank nurses to cover sickness, special observations and annual leave. The managers told us that bank staff used were familiar with the unit and patients and were able to engage with patients well.
- The managers told us that they were able to adjust staffing resources for additional staff to meet the patients' needs where this was assessed as requiring one-to-one observation.
- Activities and community leave were rarely cancelled because there was not enough staff on duty.
- There were enough staff available so that patients could have regular one-to-one time with their named nurse.
- Staff told us they could access medical input day and night and that out of hours a doctor on call was accessible and would arrive on site quickly in an emergency.
- Staff received appropriate mandatory training and records showed that the average rate was 91% at Lexden and 93% at Astley Court up-to-date with statutory and mandatory training.

### Assessing and managing risk to patients and staff

- There were 87 episodes of seclusion at Lexden and 12 at Astley Court in the last six months. One patient in the recovery unit at Lexden had been secluded 73 times and the longest time the patient had gone without seclusion was 12 days. At Astley Court one patient was secluded 13 times in March.
- There were two ongoing episodes of long term segregation at Lexden hospital.
- Lexden hospital did not have a designated seclusion room. Patients were secluded in their bedrooms, quiet room or corridor. One patient in the recovery unit had CCTV in their bedroom and lounge area and when seclusion was started staff would observe the patient using the CCTV. Staff told us that this was only used when seclusion was started. There was a detailed care plan on how the seclusion was initiated and monitored. Following our inspection the manager told us that the patients in the recovery unit continued to be secluded in their bedrooms as there was no other way of managing the patients. They told us that a quiet room in the assessment and treatment wing was being refurbished to a seclusion room.
- Astley Court had a designated seclusion room but patients were also secluded in high dependency areas and bedrooms. The managers told us that their senior management preferred this as it was not very distressing to patients with learning disabilities compared to the use of a seclusion room. Following our inspection the manager told us that they were only using the seclusion room to seclude patients.
- In both units seclusion records were kept in an appropriate manner and were documented according to the trust's policy. Reviews were conducted in a timely manner.
- One patient had been nursed in long term segregation since September 2005 in the Recovery unit; there was a detailed care plan that was reviewed regularly in line with the trust's policy. Care plan showed involvement of family, staff safety, management difficulties and level of support. Evidence of capacity to consent to treatment was recorded. Following the inspection the manager told us that the segregation on recovery unit was ended.
- Another patient on assessment and treatment unit had a designated corridor of their own. The patient was segregated in their bedroom and bedroom corridor and had been nursed in that area since February 2015. The patient was observed through the corridor windows. We observed the patient lying on the floor and staff told us that if they asked them to go to their bedroom they will refuse and become more agitated. After the inspection the manager told us that this segregation was ongoing.

Good

# Are services safe?

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- At Lexden there were 42 episodes of restraint in the last six months with none of these recorded as being in the prone position. There were 120 episodes of restraint at Astley Court in the last six months. There were four in prone position.
- We looked at 10 records of restraint which clearly indicated how patients were restrained, for example, position, time taken and where each staff member was holding. Restraint was only used after de-escalation had failed. Other methods used prior to restraint were recorded to indicate that it was only used after all other methods had failed. Staff were aware of the techniques required which meant people were restrained in the least restrictive way and for the shortest time possible. In all units an incident report was completed following each incident.
- At Astley Court they had been previously using prevention and management of aggression which allowed prone position restraint. The service was in the process of rolling out staff training in RESPECT which was used across the trust. Since RESPECT was introduced prone position restraint had reduced. Since February 2015 there had been no prone position restraint.
- When every patient was admitted an assessment of needs was carried out that took account of previous history, risk, social and health factors. It included the agreed risk assessments and a plan of care to manage any identified risks and these were regularly reviewed.
- There were recognised risk assessment tools such as behavioural assessments and REIS assessment used to identify any risks in relation to observation level, and environmental suitability.
- For patients who were visited by children, this had been risk assessed to ensure it was in the child's best interest. A separate family room from the ward area was made available at Astley Court.
- There was information on all the units to let informal patients know that they were able to leave the unit if they wanted to.
- Both units had good policies and procedures for use of observations to manage risk to patients and staff. These were followed by staff and the records were documented.
- In both units staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse. The teams shared some of the safeguarding incidents that they had reported. Staff knew the trust's designated lead for safeguarding who was available to provide support and guidance.
- Safeguarding issues were shared with the staff team through staff meetings and emails. Information on safeguarding was readily available to inform people who used services and staff on how to report abuse.
- Astley Court and Lexden hospital had appropriate arrangements for the management of medicines. Medicines were supplied by local NHS trust pharmacy. Specific monitoring of some medicines was checked by the pharmacy to ensure safe doses were prescribed. We found good links were in place between the units and the local NHS pharmacy.
- The trust rapid tranquilisation policy followed the NICE guidance and this had been followed by staff. The use of rapid tranquilisation was audited regularly on all units.
- We reviewed 12 medicine administration records in all units and the recording of administration was complete and correctly recorded as prescribed. The medicines were appropriately stored and the temperatures were regularly monitored. Patients were provided with information about their medicines.

### Track record on safety

- There were a number of incidents where one patient with extreme behaviour that challenged the service had assaulted staff at Lexden hospital. The incidents were reviewed in patient safety meeting. The trust developed an action plan to address the key issues from the investigation.
- There had been a number of changes recommended to ensure that lessons learned resulted in changes in the practice. For example, training to staff had been identified, staff rota was equally spread with familiar staff and annual leave was to be taken on a quarterly basis to avoid pressure at the end of the year. The changes were rolled out to all units.
- Changes had been made and were ongoing to improve safety standards through training, supervision, changes in procedures and reflective practice. This was in response to learning from previous incidents.

Good

# Are services safe?

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

## Reporting incidents and learning from when things go wrong

- Both units had an effective way of recording incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Staff knew how to recognise and report incidents through the reporting system.
- Staff from both units were open and transparent and explained the outcomes of incidents and complaints to patients.
- The units had governance framework which reviewed all reported incidents. Incidents sampled during our visit showed that thorough investigations took place, with clear action plans for staff and sharing within the team.
- Staff from both units were able to explain how learning from incidents was rolled out to staff. Their responses indicated that learning from incidents was circulated to staff. Learning from incidents was discussed in staff meetings and handovers.
- Staff were offered debrief and support after serious incidents.

# Are services effective?

**Requires improvement**

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.

## Summary of findings

## Our findings

**Dove ward**

### Assessment of needs and planning of care

- We looked at four patients care records on Dove Ward.
- Care records on the electronic recording system were restricted in detail as there was a word limit on the system. Detailed, person centred care plans were available as paper records.
- Care records showed that a physical examination had been undertaken and there was ongoing monitoring of physical health problems.

The care plan on the electronic records system could be accessed by the patient's future placements team to make the transition more effective. However, this was not a detailed plan. Staff said they shared information with other teams where needed

### Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidance when prescribing medication.
- Doctor's prescriptions followed the guidance of the prescription observatory for mental health.
- Patients were offered psychological therapies recommended by NICE. For example, cognitive behavioural therapy (CBT). Patients also had access to art and music therapy.
- Patients had access to physical healthcare; including access to specialists when needed. For example, neurologists and epilepsy nurses.
- Patients nutrition and hydration needs were assessed and met. For example, a dietician assessed one patient's food intake to ensure they received appropriate nutrition to meet their needs.
- The health of the nation outcome scales were used as outcome measures.
- Clinical staff participated actively in clinical audit.

### Skilled staff to deliver care

- The full range of mental health disciplines and workers provided input to the ward. These included psychiatrists, occupational therapist, speech and language therapists and psychologist.
- Staff were experienced and qualified.
- Staff received an appropriate induction and had an opportunity to shadow other staff on shifts before working as part of the substantive team.
- Staff were supervised, appraised and had access to regular team meetings. We saw this in records we looked at and staff confirmed this.
- Staff received the necessary specialist training for their role. For example, physical intervention training using RESPECT and the MCA.
- Poor staff performance was addressed promptly and effectively.

### Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings.
- There were effective handovers between each shift.
- There were effective working relationships including good handovers with other teams within the organisation. This included the Community Assessment and Treatment Teams.
- There were effective working relationships with teams outside of the trust including patient's current or future care providers and the local general hospitals.

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

- All staff had received training in the Mental Health Act. This was provided every three years with a yearly online update.
- Four patients were detained on the ward under the Mental Health Act at the time of our inspection.
- Consent to treatment and capacity requirements were not always adhered to. For example, the T2 form for one

# Are services effective?

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patient did not have the total dose that could be administered on the certificate. This meant that there was no limit to the amount of as required medicines that could be given.

- Patients had their rights explained to them on admission. However, the rights records did not specify whether the patient understood all parts of their rights. Records stated only whether the patient understood or did not. This would make it difficult to focus on any parts the patient did not understand. The Trust told us that they have rights leaflets provided in an easy read format although we did not see these at the time of the inspection.
- Administrative support and legal advice on the implementation of the Mental Health Act and its code of practice was available from a central team.
- Reports from the approved mental health professional were not in patient's files and there was limited information about patient's detention under the Mental Health Act on the electronic records system.
- Patients had access to the Independent Mental Health Advocacy services who visited the ward weekly. Patients were able to access the mental health review tribunal system if requested.

### Good practice in applying the Mental Capacity Act

- We saw in training records that all staff had received training in the Mental Capacity Act. This was provided every three years with a yearly online update.
- Two of the patients on the ward were subject to Deprivation of Liberty Safeguards (DoLS).
- Staff were trained in and had a good understanding of the MCA 2005, in particular the five statutory principles.
- There was a policy on MCA including DoLS which staff were aware of and could refer to.
- Patients' capacity to consent was assessed and recorded appropriately. These were done on a decision – specific basis with regards to significant decisions.
- Patients were supported to make decisions where appropriate. When patients lacked the capacity, decisions were made in their best interest, recognising the importance of their wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff knew where to get advice regarding MCA, including DoLS, within the trust.
- DoLS applications were made when required.
- There were arrangements in place to monitor adherence to the MCA within the trust.

**Specialist Residential Service, Forest Lane**

### Assessment of needs and planning of care

- The inspection team viewed 11 patients care records.
- Care plans were comprehensive, up to date and person centred. However, the communication plan for one patient in bungalow two lacked detail.
- In specialist residential service some care records did not evidence appropriate monitoring of physical health needs. For example, one patient's records did not record physical health appointments they had attended. Another patient's record did not show that their weight was monitored as often as their care plan said it should be. However, staff said this was monitored. Patients at Forest Lane houses are all registered with a local General Practitioner (GP) surgery and the GP visits weekly. Access to healthcare assessments outside of surgery hours is managed by the on-call doctor system at Kingfisher Court. Within SRS all service users have their own physical health and wellbeing care plan; 'a purple folder'.
- All information needed to deliver care was stored securely and available to staff when they needed it. Each patient had a 'grab sheet' so that staff would know quickly how to safely support the patient.

### Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidance when prescribing medication.
- Doctor's prescriptions were monitored by the prescription observatory for mental health.
- Patients were offered psychological therapies recommended by National Institute for Care Excellence. Patients also had access to art and music therapy.
- In specialist residential service some care records did not evidence appropriate monitoring of physical health

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- Patients nutrition and hydration needs were assessed and met.
- The health of the nation outcome scale were used as outcome measures.
- Clinical staff participated actively in clinical audit.

### Skilled staff to deliver care

- The full range of mental health disciplines and workers provided input to the ward.
- Staff were experienced and qualified.
- Staff demonstrated that they had built positive therapeutic relationships with the patients. This meant that staff were able to de-escalate effectively if the patients presented with challenging behaviour.
- Staff received a three week induction and had an opportunity to shadow other staff on shifts before working as part of the substantive team.
- Staff were supervised, appraised and had access to regular team meetings.
- Staff received the necessary specialist training for their role. Staff received training in positive behaviour support, autism and communication.
- One nurse had a degree in autism. Four staff had been trained by the Tizard Centre in Person Centred Active Support. This was being delivered to other staff and promoted meaningful activity and working with rather than doing to patients.
- Poor staff performance was addressed promptly and effectively.

### Multi-disciplinary and inter-agency team work

- Patient's care was led by nurses with the input of other professionals including psychiatrists, occupational therapist and speech and language therapists.
- There were regular and effective clinical review meetings that involved the relevant members of the multi-disciplinary team working with the patient.
- There were effective handovers between each shift.
- There were effective working relationships including good handovers with other teams in the organisation.
- There were effective working relationships with teams outside of the trust. This included the local authorities in the area where patients were moving to from the hospital site.
- Staff liaised with professionals from the NHS England care and treatment review team who were assessing patients to move into the community.

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

- Staff were trained in the Mental Health Act. Staff spoken with in bungalow two were not aware of the updated code of practice. The team managers confirmed that these had been ordered for staff.
- There was one patient in bungalow two who was detained under the Mental Health Act and had been segregated on a long term basis in an annex. The annex included a bedroom, bathroom and lounge. The door to the annex was locked at times in accordance with the LTS care plan and during these times staff check on the patient through a window every hour. The patient used the dining room in the main part of the bungalow when other patients were not there. Staff said the patient went out with staff about twice a week for a drive. There was a care plan in place but this required more detailed information on their Long term segregation management. Following our inspection the modern matron told us that this had been done. The patient continues to be reviewed by the multidisciplinary team and the decision for long term segregation continues.
- Patients had their rights explained to them when they were detained under the Mental Health Act. These were not repeated weekly as is good practice. The rights records did not specify whether the patient understood

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all parts of their rights. Records stated only whether the patient understood or did not. This would make it difficult to focus on any parts the patient did not understand. Rights leaflets were not provided in an easy read format.

- Patients had information about the Independent Mental Health Advocacy services and about the CQC. Patients were able to access the mental health review tribunal system if required.

### Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act. This was provided every three years with a yearly online update.
- There was a policy on Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could refer to.
- In bungalows three and four we saw that capacity to consent was assessed and recorded appropriately. This was done on a decision- specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it.
- In bungalows one, three and four we saw that patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the patient's wishes, feelings, culture and history. Advocates attended best interest meetings.
- Staff in bungalows two and seven demonstrated a limited awareness of the Mental Capacity Act. For example, in bungalow seven a patient had a Deprivation of Liberty Safeguards which prevented them from leaving the bungalow unescorted.
- In bungalow two the capacity assessments that related to giving patients medication for their physical health lacked detail and were not clear that it was in the patient's best interests.
- All four patients in bungalow one were under Deprivation of Liberty Safeguards. However, for three patients from the Hertfordshire area their DoLS had expired. Staff had applied to the local authority a month before the expiry date for the DoLS to be authorised but it had not been done. Staff telephoned the local authority to pursue this on the day of our inspection.

## Lexden hospital and Astley Court

### Assessment of needs and planning of care

- We looked at 13 records across all units and there were comprehensive assessments that had been completed when patients were admitted which covered all aspects of care as part of a holistic assessment. Individualised care plans and risk assessments were in place, regularly reviewed and updated to reflect discussions held within the clinical review meetings.
- There was evidence of regular physical health checks and monitoring in records. Physical health was discussed and further assessment had been offered. Where physical health concerns were identified, patients were referred to specialist services and care plans were implemented to ensure that patients' needs were met.
- Patients had up to date health action plans, communication passports, contingency plans, personalised, holistic and recovery orientated care plans.
- Electronic records within both teams were managed appropriately using 'PARIS' system. Staff's knowledge on the use of the electronic records system was good. Records were well organised, stored securely and internal team members could access people's records when needed. However, staff told us that this information was not easy to share with other external professionals involved in the care that were not employed by the trust such as occupational therapists, speech and language therapists and community nurses in Norfolk.

### Best practice in treatment and care

- NICE guidance was followed when prescribing medication. We saw good examples of this in 13 people's records in all units.
- Patients could access psychological therapies recommended by NICE as part of their treatment. The teams had nurses trained in cognitive behavioural therapy (CBT). CBT and social stories were used as part of the psychological therapies.

# Are services effective?

**Requires improvement**

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.

- The units maintained close links with GP surgeries to monitor physical health needs of patients and ensured physical health care plans were kept up to date. Annual health checks and regular physical health checks were taking place where needed. People had access to specialists such as dentists, chiropodist, podiatrist, diabetic team, epilepsy nurses and district nurses. Patients told us that they were supported by their nurses to visit GP and hospital appointments.
- The Health of the Nation Outcome Scales, Maslow-LD and East Kent Outcome Scale were used as clinical outcome measures.
- Progress was monitored in nurse records and that team recorded data on progress towards agreed goals in each patient's notes.
- The units involved staff in a regular programme of clinical audits to monitor the effectiveness of the service provided. They conducted a range of audits on a weekly or monthly basis such as dysphagia and nutrition, CPA, medicines, care plans and risk assessment. It was used to identify and address changes needed to improve outcomes for patients.

### Skilled staff to deliver care

- At Lexden the internal team consisted of doctors, nurses, nursing assistants, art therapists and psychologists. The unit had developed working arrangements with Anglian care enterprise to provide external services from OTs, physiotherapists, dietician and speech and language therapists (SALT) to ensure that patients received the care they needed.
- Staff told us that they had developed good working relationships with GPs and district nurses. They told us that information sharing and access was not easy between internal and external professionals for the patients they provided care. This was due to different ways of working and using different systems of recording patients' notes.
- At Astley Court the internal team consisted of doctors, nurses, nursing assistants and part time SALT and assistant psychologist. The unit worked in partnership with Norfolk joint community teams, specialist health community learning disability teams and local authority to provide external professionals to ensure that patients received the care they needed.
- We saw that external professionals attended patients' CPA meetings. For example, sworkers were based in local authority teams and were invited to multidisciplinary team meetings when required. Patients told us that they were seen by other professionals who were involved in their care and treatment. Staff told us that when referrals were made to external professionals they get involved in patients' care and shared information about care provided.
- All staff received appropriate training and professional development. Staff told us they had undertaken training relevant to their role. Staff were trained in positive behaviour support (PSB), structure, positive, empathy, low arousal, links (SPELL) framework, social stories communication interventions and behavioural assessment. New staff had a period of induction which involved shadowing experienced staff before they were included in staff numbers.
- Staff were supervised and appraised and had access to regular team meetings. 98% of staff at Lexden hospital and 96% at Astley Court had had an appraisal.

### Multi-disciplinary and inter-agency team work

- We sampled eight records of weekly multidisciplinary team meetings and found that the units did not have regular involvement of full range of other health professionals such as SALT, OT, social workers and psychology. At Astley Court and Lexden hospital weekly multidisciplinary team meetings did not have regular involvement of full range of other health professionals such as speech and language therapist, occupational therapists and social workers. These were external professionals from a different trust, however at the CPA (Care Programme Approach meetings) which occur 4-6 weekly they were well represented from all disciplines.
- Occupational Therapy, Speech and Language Therapies and dietetics are employed by Anglican care enterprise. The Trust makes referrals to them and they will respond accordingly and provide assessment and treatment plans as required. They do not attend Service Users weekly clinical review meetings but they do attend CPA (Care Programme Approach meetings) which occur 4-6 weekly. At the CPA meeting each MDT member gives a detailed overview of their input.

# Are services effective?

**Requires improvement**

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 were effective handovers within the teams. Each shift change discussed each patient in depth about feedback from review meetings, any changes in care plans, patients' presentation including physical health, community leave, activities and incidents.
- There were good working relationships and effective handovers between teams within the organisation at Lexden hospital. Community nurses worked in partnership with inpatient team to gather information about risks and clinical needs. The teams also worked together to review the risk assessment and crisis plans within the CPA process and facilitate safe discharge. Astley Court worked with external organisations only.
- There was evidence of effective working relationships and external partnership working with GPs, North Essex NHS trust, Norfolk community learning disability team, independent sector, local authority, IAPT and health liaison nurses.

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

- Staff from all units had received training and showed a good understanding of the Mental Health Act and the Code of Practice.
- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the Mental Health Act and the Code of Practice in all units.
- Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients in both units.
- Information on the rights of people who were detained was displayed in units and independent mental health advocacy services were readily available to support people. Staff were aware of how to access and support people to engage with Independent Mental Health Advocacy when needed.
- The explanation of rights was routinely conducted and audited monthly. This ensured that people understood their legal position and rights in respect of the Mental Health Act. People we spoke with confirmed that their rights under the Mental Health Act had been explained to them.
- Staff from all units knew how to contact the Mental Health Act office for advice when needed and said that regular audits were carried out throughout the year to check the Mental Health Act was being applied correctly.

### Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act 2005. Some staff told us that this training was provided online but they did not have good understanding of the MCA 2005.
- Staff at Lexden hospital demonstrated a good understanding of MCA 2005 and were able to apply the five statutory principles. Staff at Astley Court did not demonstrate a good understanding of MCA 2005 and were not clear about how to apply the five principles of legislation in their roles.
- Staff at Lexden hospital were aware of the policy on MCA and DoLS and knew the lead person to contact about MCA to get advice.
- At Lexden hospital capacity to consent was assessed and recorded appropriately. Best interest meetings were held where appropriate, which took into account person's wishes, feelings, culture and history.
- DoLS applications were made when required.

Good

# Are services caring?

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

## Summary of findings

## Our findings

### Dove ward

#### Kindness, dignity, respect and support

- We observed that staff were responsive, respectful and provided appropriate practical and emotional support to patients.
- Two patients told us that the staff were kind.
- One patient told us that staff gave them privacy when they were using the shower. We saw that the vision panels on bedroom doors were open which could mean that patient's privacy was not always respected.
- Staff knocked on bedroom doors before entering and patients told us this always happened.
- One patient said that staff did not listen to them as they were too busy and told them to wait. We did not observe this during our inspection.
- Staff had a good understanding of the individual needs of patients.

#### The involvement of people in the care that they receive

- The admission process informed and oriented the patient to the ward and the service. Each patient was provided with a welcome pack, complimentary slippers and toiletries on admission.
- One patient told us they were involved in their care plan and had a clear pathway for their future. They said that staff kept them up to date with these plans.
- The electronic records system had a word limit which meant that care plans on the system were restrictive and not always personalised. Each patient had a paper folder which included their detailed care plan. Where patients were able to they had been involved in this and had signed to show their agreement.
- Patients told us they were involved in meetings about them. We observed that a patient was involved in their multi-disciplinary review meeting. Their wishes were considered and the options were explained to the patient. The meeting was not rushed to enable the patient time to understand.
- Patients were supported to keep in contact with their families through Skype, writing letters and visits to and from their family. There was Internet available on the ward and patients were supported to use this where needed.
- Regular community meetings were held and the minutes of these were displayed. They included what patients said and what was done in response to this.

### Specialist Residential Service, Forest Lane

#### Kindness, dignity, respect and support

- We observed that staff were kind and caring towards patients. Staff respected the dignity of patients.
- We observed that the care was centred on each patient and their routines not on routines of staff or the bungalow.
- Two relatives told us that the standard of care was very high.
- Staff were very knowledgeable about the individual needs of patients.

#### The involvement of people in the care that they receive

- Each patient had "The book about me" which was detailed and tailored to meet their needs. Where possible the patient was involved in this.
- In bungalow four we saw that patients had a choice of what they ate and drank and were encouraged to do so. In bungalow seven there was a set four week menu and staff told us that patients had what was on it and there was not a choice of other options. In bungalow one there was a menu in the kitchen that used pictures making it easier to understand. However, these pictures were not used in the dining room to help patients make choices there.
- There was information about advocacy in each bungalow and the advocate visited weekly. Managers told us that the role of advocacy was being reviewed as

# Are services caring?

Good

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

advocates were friends to the patients. This could mean that they were not 'critical friends' which they thought was vital as patients were moved on from the service to community placements.

- Relatives told us they were always welcome to visit. Staff took patients to visit their relatives and relatives appreciated this. Relatives were invited to patient's reviews where appropriate. Where they were not able to attend minutes were sent.
- There were not regular community meetings. Staff said that patients were not able to contribute to the service design.
- Staff said that a person who had used services had been involved in their recruitment.

**Lexden hospital and Astley Court**

### Kindness, dignity, respect and support

- We observed encouraging interactions between staff and patients. The language used was compassionate, clear and simple and showed positive engagement, commitment and willingness to support patients.
- Patients and families were complimentary about the support they received from the staff and felt they get the help they needed. Our observations and discussions with patients and their families confirmed that they had been treated with respect and dignity and staff were polite, kind and willing to help.
- Staff showed a good understanding of the individual needs and were able to explain how they were supporting patients with different needs. Patients told us that staff knew them well and supported them the way they were happy with and made them feel at home.

### The involvement of people in the care that they receive

- There were information and leaflets in an easy read format available to be given to patients as a welcome pack to explain and help them understand how the service worked and what to expect. Staff and patients confirmed that patients were shown around the units on admission and introduced to staff and others.
- Our observation of practice, review of records and discussions with patients and their relatives confirmed that patients were actively involved in their clinical reviews, care planning and risk assessments and were encouraged to air their views. Information was given at a level that patients could understand. Patients were given copies of their simplified care plans if they wished.
- Patients were encouraged to involve relatives and friends in care planning if they wished. Families and carers were invited to clinical reviews and actively involved in care planning where this was appropriate. Family members' views were taken into account and they were happy about the way they were involved in care discussions.
- Staff were aware how to access advocacy services for patients. Families, carers and patients were given easy read leaflets that contained information about relevant local advocacy services. Patients and their families told us that they were able to access advocacy services when needed.
- The units held monthly service user group meetings to gather people's views about the service. Minutes of the meetings were documented and discussed to make any necessary changes.
- The views of patients were also gathered through the use of 'have your say documents and patient surveys. Responses to these were fed back to staff, to enable them to make changes where needed.

# Are services responsive to people's needs?

Good

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

## Summary of findings

## Our findings

**Dove ward**

### Access and discharge

- The average bed occupancy rate since the ward opened in November 2014 is 60%.
- Ten of the beds were commissioned by Hertfordshire CCG's. The other six beds were used for out of area placements. There were two patients on the ward during our inspection that were from out of the area.
- Beds were available to patients living in the area where the hospital was based so that patients did not have to travel far to get their treatment.
- Patients were able to access a bed on return from Section 17 leave.
- Patients were not transferred between wards during an admission episode unless this is justified on clinical grounds and is in the interests of the patient.
- When patients were moved or discharged this happened at an appropriate time of day.
- The average length of stay for five patients discharged from the service from September to December 2014 was 16 days.
- The manager told us that they attempted to achieve the six week target for assessment and treatment. However this was considerably longer for some patients with complex needs. There were three patients who were exceeding the target and their discharge was delayed. For two of these patients this was due to a placement breakdown and finding a suitable service to meet their needs. There had been disagreement between local authorities as to who was responsible for funding the other patient which led to the delay. This had been resolved at the time of our inspection.
- We observed in the multi-disciplinary team meeting that detailed discharge planning took place. Staff said this was vital to ensure the patient was discharged to a placement that met their needs.

### The facilities promote recovery, comfort, dignity and confidentiality

- The ward had been purpose built. There were a full range of rooms and equipment to support treatment and care. For example, Dove ward had an activities room, lounge, separate dining room, smaller lounges, gym, sensory room, kitchen and laundry where patients' independence could be promoted.
- There were quiet areas on the ward and a room where patients could meet visitors.
- The ward had been designed to ensure that all rooms faced a garden or the woods.
- There was access to an 'active' and 'passive' garden, so if patients wanted a quiet area there was a designated garden facility for this as well as an area where patients could smoke if they wished to.
- Patients were able to personalise their bedrooms. All patients had a swipe card access key to their bedroom.
- There were two intensive care bedrooms. Each patient had their own bedroom, lounge, ensuite shower and garden space. The access door to these bedrooms was not locked. However, the door on one of the intensive care bedrooms was stiff to open so a patient could think they were locked in. Staff responded to this and reported to the maintenance team.

### Meeting the needs of all people who use the service

- The environment was accessible to patients with mobility difficulties. There was an assisted bathing facility which included Jacuzzi and sensory lighting features to help patients relax.
- A sensory room was provided for patients to use with staff support.
- The welcome pack was not in an easy read format to help patients understand. However, staff were aware of this and were developing it.
- One patient had their own communication method which they had developed with their family. Staff had learnt this to enable them to understand the patient. The patient had access to interpreters who helped staff where they might have misunderstood what the patient was saying.

# Are services responsive to people's needs?

Good

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

- The menu was produced using pictures and photos and was accessible to patients so they could make choices about what they ate and drank.
- There was a choice of food to meet the dietary requirements of religious and ethnic groups.
- There was a chaplaincy service in the hospital which patients could access when they wanted to.

### Listening to and learning from concerns and complaints

- Patients knew how to make a complaint.
- Staff knew how to process complaints appropriately.

**Specialist Residential Service, Forest Lane**

### Access and discharge

- There were 29 patients across the six bungalows. Some of the patients had been there since the service opened in 2001.
- Patients have been assessed by the NHS England care and treatment review team. The plan is for patients to move on to placements within community settings. We saw that one patient in bungalow seven and one patient in bungalow five had visited their future placements. A transition plan was in place for their move and staff were working with staff from their future placements so to ensure the patients' needs and preferences would be met.

### The facilities promote recovery, comfort, dignity and confidentiality

- Each bungalow had a lounge, dining room, kitchen, bathroom, shower room and laundry. Each patient had their own bedroom. The decoration in bungalows four and seven was worn and in need of redecoration.
- The shower and bath rooms in all the bungalows were clinical which did not promote comfort. All the walls, sanitary ware and tiles were white and there were no pictures or furnishings to make them more homely. Most patients had lived in these bungalows for 14 years.
- Each bungalow had a large garden which patients could access when they wanted to.
- Patients were able to personalise their bedrooms.
- Meals were cooked by staff on each bungalow according to patient's wishes.
- Patients had access to hot drinks and snacks 24/7.
- Patients had somewhere secure to store their possessions.
- There was access to activities during the week Monday to Friday as activity staff were employed. Staff said and records showed that there was less opportunity for patients to go out at weekends and in the evenings as less staff were available. There was an activity plan for each patient but these could be changed to suit what the patient wanted to do.

### Meeting the needs of all people who use the service

- The bungalows were accessible to patients with mobility difficulties. However, the bath in each bungalow was not accessible. In bungalow seven one patient had to have a shower although they did not enjoy these as they were unable to access the bath. Staff in bungalow four said the bath was to be made accessible as funding had been agreed. In bungalow seven a bath seat was provided so that patients could sit on this and have a shower. However, this did not lower into the bath.
- In bungalow seven we saw that one patient's mattress was smaller than the bed. Staff used a pillow to fill the gap. The Trust stated that this mattress was a specific epilepsy mattress; it is appropriate for the bed and is based on an assessment undertaken by the specialist epilepsy nurse. All recommendations were made were implemented including the use of the mattress, alarm and anti-suffocation pillows.
- A variety of communication tools were used by staff to help individuals communicate their needs. These included the use of sign language, pictures, objects of reference and photographs.
- Routines were based on patients individual needs and wants.
- Patients had a choice of food to meet their dietary requirements and cultural and religious needs. In bungalows four and seven there were not pictures on the menu to help patients to choose what they wanted.

# Are services responsive to people's needs?

Good

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

- Cars from the trust transport service were used to enable patients to access the community. One patient did not like going in vehicles. We saw that the patient had a regular driver and the driver referred to their car as the disco bus. This meant that the patient was happy to travel as he had the disco music that he liked played for him. The driver had different playlists for different patients with the music they preferred.
- A church service was held monthly at the activity centre in bungalow six. A Christian chaplain visited weekly and a Muslim imman fortnightly. Patients were supported to go to a place of worship if they wanted to.

### Listening to and learning from concerns and complaints

- Patients knew how to make a complaint.
- Staff knew how to process complaints appropriately.
- Staff received feedback on the outcome of investigation of complaints and there was evidence that they acted on the findings.

**Lexden hospital and Astley Court**

### Access and discharge

- The average bed occupancy between November 2014 – April 2015 was 65% for Astley Court & 80% for Lexden Hospital
- Beds were available to people living in the catchment area when needed. Lexden hospital had flexible capacity for additional two beds. Astley Court was not full to capacity.
- Patients on leave were able to access their beds on return from Section 17 leave.
- Patients remained on the same unit during their admission period.
- The units worked closely with the community learning disability teams and local authority to ensure that patients who had been admitted were identified and helped through their discharge. All discharges and transfers were discussed in the multidisciplinary team meeting and were managed in a planned or co-ordinated way.
- If a patient required more intensive care, the placement is sought within the county first. However, should a patient be placed out of county, the teams worked towards returning the individual to home area as quickly as possible.
- In Essex staff told us that they had experienced delayed discharges in the past due to lack of suitable placements to adequately meet patients' needs in the community or delays in funding. There were four delayed discharges in the last quarter.

### The facilities promote recovery, comfort, dignity and confidentiality

- The units were well equipped to support treatment and care. There were rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities.
- The units had well-equipped clinic rooms with areas to examine patients.
- There were designated rooms where patients can meet visitors in private away from the patient area.
- Patients were able to make phone calls in private, some patients had their own mobiles phones and they could use them anytime they wanted to in privacy.
- The units had access to secure garden area, which included a smoking area which patients had access to throughout the day.
- Food was cooked from frozen and there was mixed feelings about the quality of food. Three patients were complimentary about the food and another two said that it was not nice.
- Patients were able to personalise their own bedrooms.
- Each patient had an individual bedroom fitted with a solid door and an allocated locked cabinet where values could be secured.
- There were a wide range of activities offered to patients in all units. Each patient had an individual structured programme of activities which were related to their individual needs. We saw some good therapeutic activities provided by the art therapist. Patients told us that they were kept engaged and liked the activities available to them.

# Are services responsive to people's needs?

Good

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

## Meeting the needs of all people who use the service

- There were assisted bathrooms for patients with mobility issues in all units.
- Information leaflets were available in an easy read and pictorial format. Staff told us that leaflets in other languages could be made available through patient advice and liaison service PALS when needed.
- Interpreting services were available within the teams when needed to meet the needs of people who did not speak English well enough to communicate when receiving care and treatment.
- There were information leaflets which were specific to the services provided in all units. Patients had access to relevant information in an easy read format which was useful to them such as treatment guidelines, advocacy, religion, faith and culture, patient's rights and how to make complaints.
- All units offered and supported patients with the choice of food they wanted to meet their dietary requirements to meet their religious and ethnic needs.
- Contact details for representatives from different faiths were on display in the units. Local faith representatives visited patients on the unit and could be contacted to request a visit.

## Listening to and learning from concerns and complaints

- There were three formal complaints at Lexden hospital and one at Astley Court in the last 12 months. Two were from the assessment and treatment which were all upheld and one from the recovery unit which was still ongoing. One at Astley Court was upheld.
- Information on how to make a complaint was displayed in the units, as well as information on the PALS. Patients could raise concerns in service user groups and this was effective.
- Patients from all units knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listened to them.
- Staff told us they tried to resolve patients' concerns informally at the earliest opportunity. We observed that staff responded appropriately to concerns raised by relatives and carers of patients and received feedback. Staff were aware of the formal complaints process and knew how to support patients and their families when needed through PALS.
- Staff from both units told us that any learning from complaints was shared with the staff team through the handovers and staff meetings.

# Are services well-led?

**Requires improvement**

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.

## Summary of findings

## Our findings

### Dove ward

#### Vision and values

- Staff knew and agreed with the trust's values.
- Team objectives and values reflected those that the trust promotes.
- Staff knew who the most senior managers in the trust were and these managers had visited the ward.

#### Good governance

- Staff received mandatory training and were appraised and supervised.
- Shifts were covered by a sufficient number of staff of the right grades and experience.
- Staff participated actively in clinical audit.
- Incidents were reported and staff learnt from incidents, complaints and feedback from patients.
- Safeguarding and MCA procedures were followed. There was evidence that Mental Health Act procedures were not always followed.
- The trust used KPIs and other indicators to gauge the performance of the team.
- The ward manager had the sufficient authority and admin support.

#### Leadership, morale and staff engagement

- Staff knew how to use the whistle blowing process.
- Staff felt able to raise concerns without fear of victimisation.
- Staff had opportunities for leadership development. Some staff told us they were on the leadership academy programme.
- Staff were offered the opportunity to give feedback on services and input into service development.
- Staff felt well supported by their managers and the trust. All staff had been awarded a day's paid leave for their birthday each year.
- Staff told us that they had good leadership from the CEO and from their managers.

#### Commitment to quality improvement and innovation

- The ward was assessed by Royal College of Psychiatrists AIMS –LD for accreditation in February 2015 and was awaiting the outcome of this.
- The ward had close links with the nursing programme at Hertfordshire University. Staff said this helped to challenge their practice and keep up to date.

### Specialist Residential Service, Forest Lane

#### Vision and values

- Staff knew and agreed with the trust's values.
- Team objectives and values reflected those that the trust promotes.
- Staff knew who the most senior managers in the trust were and these managers had visited the service.

#### Good governance

- Staff received mandatory training and were appraised and supervised.
- Staff participated actively in clinical audit. However, these were not always effective in identifying where risks to patients had not been reduced.
- Accidents to patients were not always reported in a timely manner. For example, staff had not noticed that one patient had sustained bruising.
- Safeguarding procedures were followed. There was evidence that Mental Health Act and Mental Capacity Act procedures were not always followed. For example, one patient in bungalow two was segregated long term with no care plan to support this. Another patient had been given rapid tranquilisation but they were under DoLS and not the Mental Health Act so this was not authorised.
- The trust used KPIs and other indicators to gauge the performance of the team.
- The team managers had the sufficient authority and admin support.

# Are services well-led?

**Requires improvement**

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.

### Leadership, morale and staff engagement

- Staff knew how to use the whistle blowing process.
- Staff felt able to raise concerns without fear of victimisation.
- Staff had opportunities for leadership development.
- Staff were offered the opportunity to give feedback on services and input into service development.
- Staff felt listened to by the trust and the CEO. Team leaders said the CEO had recognised that managing inpatient services was difficult and team leaders had been given a pay rise because of this. Staff said that the IT support had improved as a result of all bungalows receiving new computers within the past six months.
- Staff felt well supported by their managers and the trust. All staff had been awarded a day's paid leave for their birthday each year.

### Commitment to quality improvement and innovation

- The bungalows had close links with the nursing programme from Hertfordshire University. Staff said this helped to challenge their practice and keep up to date.

## Lexden hospital and Astley Court

### Vision and values

- Staff understood the vision and values of the trust and felt that these values were embedded into practice by senior management. The teams had the vision and values of the trust displayed.
- Staff spoken with demonstrated a good understanding of their team objectives and how they fit in with the trust's values and objectives. Staff knew who their senior managers were and told us that they visited the units.

### Good governance

- The trust had governance processes in place to manage quality and safety. The unit manager used these methods to give information to senior management in the trust and to monitor and manage the units. The managers would attend the trust's quality and safety meetings. The information discussed was then shared with staff and used to act on where there were deemed to be gaps. The inspection team identified areas where improvements were needed in following Mental Health Act and MCA procedures.
- Managers provided data on performance to the trust consistently. All information provided was analysed at team level to come up with themes and this was measured against set targets. These performance indicators were discussed monthly in the quality and risk meeting and quarterly in the quality assurance and contract monitoring meeting. Where performance did not meet the expected standard action plans were put in place. This information was displayed on the units' notice boards and shared with the staff team as a way of improving performance in areas identified.
- The managers felt they were given the freedom to manage the teams and had administration staff to support the team. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

### Leadership, morale and staff engagement

- There were no grievances being pursued, and there were no allegations of bullying or harassment.
- Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and would be listened to.
- Staff told us that they felt supported by their line manager and were offered the opportunities for clinical and professional development courses. Face to Face training in North Essex had been introduced from January 2015 and is in place in Norfolk although some staff said that they felt they were too far from the head office and if they were to attend any training it would take place in Hertfordshire. They also felt left behind in training Opportunities compared to staff based in Hertfordshire.
- Our observations and discussion with staff confirmed that the teams were cohesive with good staff morale. They all spoke positively about their role and demonstrated their dedication to providing high quality patient care. They told us that staff supported each other within the team.

# Are services well-led?

**Requires improvement**

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.

- Staff told us that managers were accessible to staff, had an open culture, invited new ideas on how to improve the service and willing to share ideas. Staff told us that the managers were very approachable and encouraged openness and transparency when things go wrong.
- Staff told us the board informed them about developments through emails and intranet and sought their opinion through the annual staff surveys.

### Commitment to quality improvement and innovation

- At the time of this inspection the units were participating in a national quality improvement programmes.
- The units were participating in the NHS Improving Quality, working on the Winterbourne medicines review programme.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br>The care and treatment must only be provided with the consent of the relevant person, the registered person must act in accordance with Mental Capacity Act 2005. Staff had a limited knowledge of the Mental Capacity Act 2005. Service users were deprived of their liberty without a relevant authorisation in place. Capacity to consent to treatment were not adequately carried out and where best interests meeting were needed this was not done.<br><br>This was a breach of Regulation 11(1)(3) |