Mildmay Oaks

Quality Report

Odiham Road,
Winchfield,
Hook,
Hampshire,
RG27 8BS.
Tel: 01252845826
Website: www.partnershipsincare.co.uk

Date of inspection visit: 01 and 02 March 2016
Date of publication: 15/06/2016

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Mildmay Oaks Independent Hospital as good because:

- The hospital was clean and in a good state of repair. The hospital was going through a refurbishment plan. There were comprehensive management plans in place for ligature points and we saw staff were following the environmental risk management plans.
- The hospital had adequate numbers of staff on shift. It was actively recruiting into vacant posts and had contracts in place to provide regular agency cover. Patients' never had their leave cancelled due to staff shortages.
- Staff were aware of all incidents that should be reported and how to report them. Staff reported all incidents involving physical contact with a patient as a physical intervention (any form of physical contact and application of force to guide, restrict or prevent movement). Staff could identify safeguarding vulnerable adult issues and knew how to report them. Debrief was available to patients and staff following any incidents.
- All patients had a comprehensive risk management plan completed on admission and a positive behaviour support plan. The positive behaviour support plan identified alternatives to using physical interventions and that they were a last resort. Patients also received physical health assessments on admission and annually. Where necessary we saw ongoing physical health monitoring and treatment plans were in place. Patients received relevant therapeutic input and there was an appropriate multidisciplinary team in place.
- Staff received the necessary mandatory training and there were good opportunities in place for staff to receive specialist training. Performance management processes were in place to support staff who were not working to the required standard.
- Staff demonstrated a respectful and caring approach and patients confirmed this to the inspection team. There was a wide range of activities available to patients and patients accessed leave away from the hospital daily.
- Patients took part in and chaired daily community meetings. Patients added their own agenda items. Patients could access their bedrooms 24-hour's a day where they could securely store personal belongings.
- Senior managers were present throughout the hospital. Staff reported that the senior management team were approachable and would assist the wards when needed. When we brought issues to senior management's attention, they put systems in place immediately to address them. There was a service improvement plan in place for the hospital with set target dates for completion.
- The governance and incident reporting systems gave an effective overview of the safety and quality of care provided within the hospital.

However:

- One patient, who required an individual ligature risk management plan, did not have it in place.
- The emergency bag contents list, on Bramshill ward, had not been updated at the appropriate time.
- Positive behaviour support plans did not review the reason for specific behaviour or teach patients appropriate alternatives to challenging behaviour. However, this is addressed in other documentation such as clinical formulation and addressed in group and individual sessions.
- Patients could not access the ward gardens without staff support, this was risk assessed as the gardens were not secure and contained ligature points.
- The provider had not carried out all identified actions on incident reports.
- Mandatory training compliance was at 58%. This included 25 courses that were below 70% and Mental Capacity Act and Mental Health Act training was at 44%

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Good

Location name here

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Mildmay Oaks

Mildmay Oaks Independent Hospital is a low secure and locked rehabilitation service for men and women with learning/intellectual disability and autism spectrum disorder.

The wards at Mildmay Oaks are:

Bramshill – 5 bed male locked rehabilitation

Eversley – 8 bed male locked rehabilitation

Heckfield – 8 bed female locked rehabilitation

Winchfield – 18 bed male low secure

At the time of our inspection, patients were being admitted to Bramshill, Eversley and Heckfield wards; Winchfield Ward was closed.

Mildmay Oaks is registered to provide the following regulated activities:

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

Partnerships in Care purchased Mildmay Oaks, in April 2015; they put a comprehensive improvement plan in place, which included adult safeguarding, governance, appropriate training and staff support.

This is the first inspection of Mildmay Oaks.

Our inspection team

Team leader: Gavin Tulk, Inspector

The team that inspected this service comprised of one inspection manager, two inspectors, a specialist learning disability nurse and a Mental Health Act reviewer (MHAR).

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we held about these services, and asked a range of other organisations such as local safeguarding teams and clinical commissioning groups for information.

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the ward environments and observed how staff were caring for patients
- spoke with seven patients using the service
- spoke with the hospital manager
- spoke with 12 other staff members, including doctors, nurses, administrative and HR staff and health care support workers
- attended and observed a patient community meeting and observed the hospital morning handover meeting

Summary of this inspection

- collected feedback from eight patients using comment cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven patients who were using the service and received seven completed comments cards from inpatients at the hospital. Patients' views about the services were mainly positive, stating:

- They liked staff, the service is good and they like their care plans.
- They get to choose activities they enjoy.
- Staff are role models and are helping patients get back into the community.
- Staff always have time for patients, although we received one comment saying staff spent too long in the office.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- There were good lines of sight from the office, staff numbers and observation levels had mitigated blind spots.
- There was a comprehensive ligature assessment in place for all wards and staff were following environmental management plans.
- There was adequate staffing and vacancies were covered by regular agency staff.
- The hospital did not cancel patient leave due to staff shortages.
- Physical interventions were only used as a last resort and staff recorded all incidents of physical intervention.
- All patients had a comprehensive risk management plan and a positive behaviour support plan in place.
- Staff had training in and a clear understanding of safeguarding vulnerable adult issues.
- Staff knew what needed to be reported as an incident, and when and how it should be reported. There was a comprehensive incident reporting system in place, with clear senior oversight and monitoring of safeguarding and incident reporting systems.
- The hospital had a daily multidisciplinary handover meeting which reviewed in detail any incidents since the previous meeting, safeguarding, staffing, and any other identified issues.
- Debriefs were available to staff and patients following any incidents.

However:

- A patient who required an individual ligature point management plan did not have one in place.
- On Bramhill ward, staff had not updated the emergency bag contents list.

The rota did not always record all staff who had worked on the ward....

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Positive behaviour support plans did not demonstrate how they linked with other documentation to understand the function of behaviour and how the service was teaching patients' non-challenging ways to meet their needs.

Summary of this inspection

- Care plans were not available in an easy read format; however we were made aware of plans to address this.
- Mental Capacity Act and Mental Health Act training was at 44% and mandatory training, in general, was at 58% completion.

However:

- Patients received appropriate assessments on admission.
- All patients had a communication assessment by the speech and language therapist.
- There was ongoing physical health monitoring.
- Care records were in good order, which enabled staff to identify information quickly.
- Relevant therapeutic input was available.
- The hospital took part in a wide range of clinical audits.
- The hospital or provider supported under performing staff appropriately.

Are services caring?

Good

We rated **caring** as good because:

- All interactions between patients and staff were caring and respectful.
- There was a communication champion on each ward.
- Patients told us that staff treated them with respect and there was a good range of activities for them to do.
- Patients had access to their bedrooms 24 hours a day.
- Patients' comments were included in their risk assessments and care plans.
- There were daily community meetings.
- There was advocacy support available to any patient who wanted it.

However:

- There was not enough hot water available on Bramshill ward, which meant patients could not always have a hot shower when they wanted.

Are services responsive?

Good

We rated responsive as good because:

- All patients had predicted discharge dates.
- All patients had received a care and treatment review from their local care commissioning group.
- There was a buddy system in place for new patients.
- Patients could store personal belongings in their room securely.
- There was a wide range of activities available for patients.

Summary of this inspection

- The service was planning to open a shop on site to provide work opportunities for the patients.

However:

- Patients had limited independent access to outdoor space, as patients needed grounds leave which was dependent on risk assessment and leave status.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew who the senior managers were and were happy to approach them.
- Staff felt managers were always available.
- Regular service audits were undertaken and action plans were in place where any improvements where required.
- There were effective meeting and governance systems in place.
- There was an effective incident management system, which included reviewing incidents on daily (weekday) and monthly basis and ensuring incident reports met the quality expected by the management team.
- The senior management team regularly reviewed and updated the hospital improvement plan.
- Staff reported good morale and feeling confident about raising concerns with management.

However:

- Staff had not completed all identified actions recorded on two of the five incident forms. This related to updating risk assessments, although in one record a risk note was in the patient's record addressing this. A procedure was put in place to ensure this was checked at the morning hospital meeting.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- During our inspection, Heckfield and Bramshill ward had Mental Health Act monitoring visits.
- All patients were in receipt of section 17 leave.
- All patients detained under the Mental Health Act had their rights explained to them regularly and staff recorded if they had understood.
- All detention and transfer paperwork reviewed was in order.
- 44% of staff were trained in the Mental Health Act.
- We saw evidence patients had been informed of their right to see an Independent Mental Health Advocate (IMHA), and an IMHA visited weekly.

Mental Capacity Act and Deprivation of Liberty Safeguards

- One patient was subject to a deprivation of liberty authorisation, paperwork was in place and up to date.
- We saw evidence a best interest assessor had assessed the patient subject to a deprivation of liberty authorisation.
- Forty four percent of staff had received Mental Capacity Act training.
- During discussions with the inspection team staff were able to demonstrate an understanding of the five statutory principles of the Mental Capacity Act.

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- The wards were clean and in a good state of repair. There was enough furniture for patients and it was in good condition. Two of the wards (Bramshill and Eversley) had recently been refurbished and the third (Heckfield) was due to be moved in to a refurbished ward shortly after our inspection.
- There were some blind spots in the wards. For example, Bramshill ward was set out as an "L" shape, and the lounge was through an airlock. The wards mitigated these issues by ensuring appropriate levels of observations were in place for patients. Staff had good lines of sight from the office and there were window or observation panels to allow staff to see into rooms before entering them. There was closed circuit television in place to review incidents on one of the wards (Heckfield).
- There were comprehensive ligature point management plans in place. We did not observe any ligature points that were not included in the plans. Staff were following the environmental ligature management plans. We saw the anti-barricade doorstops (a mechanism that can be locked out to allow the door to only open in one direction or closed to allow the door to be opened in both directions) had been identified as a ligature point and were closed as described in the ligature point management plan.
- Some ligature points were identified as requiring individual risk plans for patients who were at risk of tying ligatures (for example the bedroom cabinets). One patient required an individual risk plan. When we looked for this plan, it was not in place. The ward manger explained this was because the plan would be part of the patient's positive behaviour support plan. When we checked the positive behaviour support plan, it did not mention ligature risks. When we raised these concerns with the hospital manager, a plan was put in place prior to the team leaving the site. There were ligature cutters easily accessible on all the wards.
- All wards were same sex accommodation.
- Wards had clinic rooms that were clean and tidy. We saw records that demonstrated regular monitoring and recording of fridge and room temperatures. A pharmacist carried out monthly medication audits. All medication we checked was in date and there were suitable arrangements for the management of clinical waste, sharps and disposing of medication. There were regular checks in place for emergency equipment such as the defibrillator. However, on Bramshill ward we identified some equipment was missing from the emergency bag, such as needles and syringes. We were told this was because the contents of the bag had changed and these were no longer in the emergency bag, but the list had not been updated to reflect this. The ward manager put the new list in place before we left. We saw hand disinfectant in place at suitable locations around the hospital, such as the entrances to wards, and staff were observed to use it. Monthly health and safety checks had been carried out since December 2015 including fire safety, electrical equipment, general environment, outside area, hygiene and the kitchens.

Improvements were highlighted, for example in December 2015 it was identified more antiseptic hand gels were required at various points in the building and these had subsequently been installed.

- There were clear security systems in place to ensure staff and patient safety. For example, each ward had a designated security nurse each shift, responsible for knowing who was on the ward. There were suitable personal alarm systems throughout the hospital. Keys were stored in a safe in the entrance to each ward, an alarm sounded if staff forgot to return their keys before leaving the ward. A security manager who worked with all the wards, and reported directly to the hospital director, monitored these systems.

Safe staffing

- Establishment levels: qualified nurses (WTE):10
- Establishment levels: nursing assistants (WTE): 30
- Number of vacancies: qualified nurses (WTE): 4
- Number of vacancies: nursing assistants (WTE): 13
- The number of shifts* filled by bank or agency staff to cover sickness, absence or vacancies in a 3 month period: 237
- The number of shifts* that have NOT been filled by bank or agency staff where there is sickness, absence or vacancies in 3 month period: 0
- Staff sickness rate (%) in 12 month period: 2%
- Staff turnover rate (%)in 12 month period: 5%

- The wards usually had one qualified nurse and three health care support workers on duty on both day and night shifts. During the day there were also ward managers on duty who could assist on the ward if required. We saw staff rotas for February 2016, which showed several dates when there appeared to be only two health care support workers. However, we saw additional evidence that showed the rotas were inaccurate and there had been the correct number of staff on duty. Staff told us the wards were rarely short staffed. The hospital had appropriate contracts in place to provide regular agency staff to the wards and the rotas showed the same agency staff were being used. The ward managers advised us they could adjust staffing as required and additional staffing would be reviewed at the daily multi-disciplinary hospital handover meeting. We were advised patient leave was never cancelled due to short staffing, but would occasionally be postponed to later the same day. Patients advised us there was always staff available and they could go out when they wanted to. There was always a qualified member of staff on the ward.

- Patients and staff told us regular face-to-face meetings took place with patients on a daily basis, and group meetings with patients twice daily. We observed a patient meeting and identified the patients were free to raise concerns and make compliments about the service. One of the patients was able to chair the meeting and another patient told us taking part in the meetings had made him more confident in groups. During the meeting, patients talked about how the staff supported them. There was one complaint about there not being enough hot water. Staff advised if more than a few showers were running at a time there was not sufficient hot water. The service had responded promptly to this issue but previous attempts to rectify it had not succeeded. A contractor was due on Friday to look at modifying the system.

- Mandatory training compliance was at 58%. This included 25 courses that were below 70%, although there was good compliance with breakaway 92%, MVA 95%, de-escalation 95% and safeguarding 81%. We discussed this with the hospital manager who told us they had targeted areas such as safeguarding and physical interventions due to serious issues when Partnerships in Care took the service on from the previous provider, as part of a risk summit action plan. We were also informed the Partnership in Care induction programme had been introduced to the hospital and staff would no longer begin working on the wards without completing this course and being compliant with their mandatory training. Staff were also able to access additional specialist training. Examples included training for staff in how to support patients with diabetes, hypertension and epilepsy.

Assessing and managing risk to patients and staff

- There had been no use of seclusion in the past six months 01 September 2015 - 01 March 2016. There had been 124 physical restraints on 10 patients in the six month period from 01 June 2015 to 31 November 2015. The number was high as staff recorded any time there

had been physical contact with a patient as part of a physical intervention. The number of incidents that resulted in a prone restraint, (when staff hold a patient on the floor face down), was four.

- We examined seven case records, all of which were of a good standard. All records showed risk assessment took place on admission and recognised risk assessment tools were used, for example the Historical Clinical Risk Management-20. Patients also had their observation levels reviewed daily at the hospital multidisciplinary team handover meeting and staff completed risk assessments to enable patients to access leave, where possible, within 24 hours of admission. Some patients had 'keeping me safe' care plans around managing aggressive behaviour. Staff advised us that since the hospital had been part of Partnerships in Care there had been a shift in culture towards positive risk taking, which had resulted in a measured reduction in observation level and greater freedoms for patients.
- Informal patients were able to leave at will. During our visit, all the patients apart from one were detained under the Mental Health Act (MHA) and the other patient was subject to Deprivation of Liberty Safeguards under the Mental Capacity Act (MCA).
- All patients had a positive behavioural support plan to help reduce aggressive behaviour and we saw evidence to show this was the case. The plans made it clear restraint should be the last resort. The plan identified indicators for when a patient may become aggressive and gave interventions staff could use to prevent this from happening, such as distraction techniques. The positive behaviour support plans made it clear what staff needed to do to support patients without using restraint. Staff reported that interventions were much improved and more focused on triggers and de-escalation. All incidents involving restraint were discussed in a daily multi-disciplinary team meeting and staff were debriefed.
- There were no seclusion rooms in use during our inspection. For patients whose behaviour could be aggressive, there was a de-escalation room on Eversley Ward. This had a seating area designed to support patients who may require physical intervention. The staff described that the room was used if patients were placing others in danger. Staff told us patients were always supported in the de-escalation room and the door was never locked. We did not identify any evidence to indicate this was used inappropriately.
- Staff had a clear awareness of safeguarding issues. They were able to explain what they needed to report and how they would do this. Staff stated they would discuss issues with their line manager, but would also contact the local safeguarding vulnerable adults team if they needed to. The local safeguarding team's contact details were displayed in the offices. Staff had received training in safeguarding, with a session having been provided two weeks prior to our inspection, which was part of the ongoing training plan put in place when Partnerships in Care acquired the hospital. The hospital also had a comprehensive monitoring system in place that allowed them to quickly review safeguarding issues and track the progress of any action relating to this.
- We reviewed the clinic room in Bramshill ward and it was in good order, and prescription records were clear and accurate. We reviewed four prescription charts and identified staff had not signed the self-administered prescription toothpaste on one occasion.

Reporting incidents and learning from when things go wrong

- All staff we interviewed were able to advise us on the type of incident they would report. Incident reports were tracked by a database, which gave an indication of the wards' performance. On average, there were up to three incidents per week on each ward. Staff told us they reported all incidents and, if they were unsure about anything, would report it.
- All incidents were discussed and the effectiveness of care plans reviewed at the daily multi-disciplinary team hospital handover meeting. These meetings also looked to identify any patterns in challenging behaviour. The psychologist undertook debriefings within one working day when an incident occurred, which was confirmed by staff. A debrief was also provided to patients. Incidents were also discussed at ward and staff meetings. The ward managers spoke with each member of staff at the end of a shift to address any issues that may have occurred during the shift.
- We reviewed the incident reporting system in detail. Incidents submitted were reviewed daily and all

incidents discussed at the daily multi disciplinary team meeting. A monthly presentation of incidents and any identified themes or issues took place at the clinical governance meeting. There was an incident management role overseen by an administrator with an excellent knowledge and understanding of the system and how it linked with other governance systems. The system showed a range of incidents were reported, including low level incidents. We saw the detail and quality of the incident reports was good and enabled the person responsible for reviewing an incident to have a good understanding of what had happened. Any incident reports that did not meet the required standard were returned to the reporter to be completed appropriately. The information in the incident reports automatically uploaded on to the individual electronic patient record, ensuring an accurate and contemporaneous record was immediately stored and accessible. The incident management system had a number of functions that enabled the service to monitor incidents and obtain a wide range of data in relation to them and how they may affect the wider service. For example, they could request data relating to specific timeframes, dates, members of staff or individual patients.

- We reviewed five incidents that had been reported to the local safeguarding team and on two some of the identified actions had not been completed at the time stated, for example reviewing risk management plans. We brought this to the attention of the hospital manager and a plan was put in place to ensure identified action had been carried out.
- In the past 12 months (02 March 2015 – 01 March 2016), there had been one serious incident requiring investigation. Prior to this, in April 2014, a patient detained under the Mental Health Act absconded from the hospital. This caused some concerns with local residents, but the service had worked at developing relationships with the local community. The hospital manager advised us that relationships had now improved.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- All patients received an assessment of their individual needs on admission. This included a physical health assessment, and we saw records that included ongoing physical health monitoring and treatment. We saw care plans for managing patients' epilepsy and diabetes, which were easy to follow and clearly explained what staff needed to do. We also saw care plans on managing constipation and healthy living. Staff reviewed patients' physical health every four weeks and all patients were offered an annual health check. Patients also had a communication assessment with a speech and language therapist.
- Care plans were up to date and personalised. All patients had a positive behaviour support care plan. This care plan focused on the prevention of challenging behaviour. We saw a detailed care plan for the use of a weighted blanket (a blanket that contains additional weight that can help to relieve anxiety), which included a signing sheet to show staff had read and understood the care plan. The staff team recognised more work was needed in understanding the function of patient's behaviour to enable staff to meet their needs in non-challenging ways.
- When we attended the daily hospital handover meeting staff reviewed a care plan, following its first use. Staff had prompt cards on their lanyards, which reminded them of the positive behaviour support process. Care plans were not available in an easy read format, but staff would explain them to patients.
- All staff had access to the hospital's electronic patient record system. Staff completed daily notes at regular intervals throughout the shift that covered meals, activities and patients' mental state and risk factors. Notes were recorded under headings such as sleep pattern, medication and mental health. They were well ordered and it was easy to pull out information for analysis. All clinicians had access to a patient dashboard, a live document broken down into individual patients, which included a patient's legal status, risk assessments, care programme approach and in depth care reviews.

Good

Wards for people with learning disabilities or autism

Best practice in treatment and care

- Patients were able to receive psychological therapies from the hospital psychologist, who provided group sessions and weekly one to one individual therapy. The GP visited the hospital every week and patients could visit the surgery when required. Staff referred patients for specialist treatments as required. The hospital was able to offer fire setting and sex offender therapies. The hospital used the Health of the Nation Outcome Scales (HoNOS) for Learning Disability, which is a recognised scale used to identify the effectiveness of a patient's treatment.
- Staff took part in clinical audits and we saw an annual audit timetable that included antipsychotic prescribing for people with a learning disability, patient observations, suicide prevention and hand hygiene. We saw action plans relating to areas for improvement.

Skilled staff to deliver care

- The hospital had a full range of professionals on the multidisciplinary team; this included two psychiatrists, psychologists, nurses, speech and language therapists and occupational therapists. The hospital had a contract with a local pharmacy and they visited the ward weekly and carried out a monthly medication audit.
- Staff reported training opportunities had improved since Partnerships in Care had taken over the hospital. One member of staff advised us they had the opportunity to study for a diploma in health care. Staff could also train as National Vocational Qualification (NVQ) care assessors. Staff told us supervision took place monthly and we saw records confirmed this. Appraisal rates varied between the wards: On Eversley ward, no staff had received an appraisal: on Bramshill ward 40% had received an appraisal and on Heckfield 78% of staff had received an appraisal, this was due to the Partnerships in care appraisal cycle; all appraisals were due to be completed by April 2016. There were fortnightly staff meetings since the start of this year, which we saw the minutes to. This meeting would identify trends and review interventions.
- Staff who were not performing their roles to the required standard were given support to improve. When necessary the management team dismissed staff that did not meet the hospital's standards following disciplinary policies and procedures. The ward manger showed us examples where staff had been unable to pass required courses or did not have the skills to work with the patient group.

Multi-disciplinary and inter-agency team work

- The hospital had a daily morning multidisciplinary team (MDT) meeting on weekdays. The meeting included staff from each ward, all professional groups, the security lead for the site and the hospital manager. The meeting reviewed any incidents since the previous meeting, with safeguarding and staffing issues as standing agenda items. There were individual ward handovers at the change of shift; we saw records that indicated patient's observation level, current risks and mental state were discussed at these handovers.
- Individual patient care was reviewed, in detail, at a four weekly MDT meeting. These meetings fed into three-monthly care programme approach meetings, which care co-ordinators and relatives were invited to. The hospital had a bi-monthly quality meeting with the local authority, clinical commissioning groups and NHS England.

Adherence to the MHA and the MHA Code of Practice

- Staff received annual training in the Mental Health Act and the associated Code of Practice. At the time of inspection, 44% of staff had received Mental Health Act training.
- Where appropriate, patients had consent to treatment forms attached to their prescription cards. We reviewed seven records and saw staff advised patients of their rights weekly. There was no evidence on file that staff had given patients copies of their leave authorisation. However, one patient confirmed they had a copy.
- The ward teams had access to support and advice on the Mental Health Act from a Mental Health Act administrator located at the hospital. Of the seven sets of detention papers we looked at, all seven patients were lawfully detained. The paperwork for patients transferred from other hospitals was in order. Patients had access to an independent mental health advocate (IMHA) who visited the ward weekly.

Good practice in applying the MCA

- The psychologist advised us, staff had a good understanding of the Mental Capacity Act and the five

guiding principles but there was room for improvement. This was being addressed through reflective practice and training. Staff told us they had received training in the Mental Capacity Act during their induction program and were able to explain the statutory principles.

- Mental Capacity Act standard deprivation of liberty authorisations were in place and all paperwork was present and up to date. There was evidence that a best interest assessor from the local authority had assessed patients. In the seven files reviewed, we saw evidence the patients' responsible clinician had recorded their assessment of whether they had capacity to consent to medication.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- All observed interactions between staff and patients were respectful. We observed several team members interacting positively with patients; this included using adaptive forms of communication such as picture based schedules and choice boards. There was a communication champion on each ward and each patient had a communication passport.
- Patients had access to their bedrooms 24 hours a day. All rooms were en-suite and all the rooms we saw were personalised by the patient. There were vision panels in bedroom doors, which could be closed to allow privacy or opened to allow observation. Most panels were closed and patients could open and close them.
- Patients told us staff always treated them with respect, acted as good role models and were helping patients return to living in the community. Patients also commented that there was a wide range of enjoyable activities.

The involvement of people in the care they receive.

- The hospital made active attempts to engage patients in their own care plans. Care plans and risk assessments included comments by the patient that showed they had their care plans explained to them and they had been involved in their development. Staff gave patients copies of their care plans. There was evidence of seeking and responding to patient feedback via the daily community meetings and the informal complaints logs.
- Patients told us that staff were helpful and respectful and they had opportunities to be involved in the development of the service via the patients' council and recruitment of staff.
- There were two different advocates, from different organisations, that visited the hospital regularly. There were details of advocacy organisations and the advocates' pictures displayed on the wards. The majority of patients had advocacy support, but some chose not to access such support. The staff described positive interactions with both advocates and the patients described them as good.
- There were no advanced decisions relating to treatment in any of the seven patient files we reviewed.

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

(for example, to feedback?)

Good

Access and discharge

- All patients had a predicted discharge date. All patients had a care and treatment review, and the hospital staff described engaging well with the process. The hospital provided a nationwide service
- Staff showed all newly admitted patients around the ward and introduced them to staff and patients. A buddy system was in place. This was when another patient offers to support a new patient while they settle in.
- The hospital manager advised us the service was placing a greater emphasis on developing a clear care pathway. This included moving patients to an open rehabilitation service to prevent a patient remaining in

hospital longer than they needed to. The provider had an open rehabilitation service in Hampshire and intended to incorporate this service into the Mildmay Oaks Independent Hospital care pathway.

- Patients were only moved around wards for clinical reasons; we were shown evidence of one patient being moved, as their needs could be more suitably met on a different ward.
- Delays to patients' discharges only occurred due to forces beyond the control of the provider; for example, appropriate places not available in the community or community care providers postponing the move.

The facilities promote recovery, comfort, dignity and confidentiality

- All the wards had sufficient space and rooms for people to receive the care and treatment they require. There were sufficient areas for patients to have quiet space in the communal areas of the ward. The main patient lounge on Bramshill was through the main airlock, and patients had swipe cards that allowed them to enter the lounge but not leave the ward. Patients had access to the lounge until 11 pm; however, during our visit staff said they were going to review this and possibly extend the hours the lounge was available to patients.
- Some patients had access to their mobile phones on the ward. Other patients had care plans that explained why they had restricted access to mobiles. All patients signed a mobile phone contract detailing appropriate use. Those patients who had a mobile phone had a care plan for using their phones. There was also a private, soundproofed telephone booth available to allow patients to have confidential conversations.
- All wards had access to outside space. Patients required staff to be present when they were outside as the garden was not secure. Patients told us they could request access at any time and they did not report any issues gaining access to the garden. People had free access to their bedrooms. There was a locked drawer within the room, which only staff had access. This contained restricted personal items such as razors, deodorants etc. Patients had access to an additional locked space they could access in their bedrooms.
- Patients had access to a wide variety of activities, with different activities tailored to each patient's preferences. Patients said they were supported as much as possible to do the sorts of activities they enjoyed doing. We saw a breakdown of a patient's 'meaningful week' in their care records, which included a record of regular individual time with their named nurse, manager and other staff. There were activities available for patients to participate in, both on and off the ward. All patients were in receipt of section 17 leave, and patients were encouraged to go out each day. Activities such as bowling, cinema trips, lunch out, walks to the local village, and coffee shop visits were regular occurrences. Patients spoke positively about these activities. We observed patients leaving the wards throughout our inspection. The service was opening a site shop, which would enable patients to have work opportunities.
- There was one complaint about there not being enough hot water. Staff advised if more than a few showers were running at a time there was not sufficient hot water. The service had responded promptly to this issue but previous attempts to rectify it had not succeeded. A contractor was due on site to look at modifying the system.

Meeting the needs of all people who use the service

- The service was fully accessible for wheelchair users. The hospital wards were all on the ground floor and there where ramps to all exits. Information was available in easy read and staff would develop information based on a patient's individual communication passport. The service could access interpreters if required.
- The catering department gave patients a choice of food and could provide for different dietary requirements or religious needs. Patients were able to order takeaways and had the opportunity to cook for themselves each week.

Listening to and learning from concerns and complaints

- Between April and October 2015 there had been eight formal complaints. These related to issues before Partnerships in Care took over the hospital. Three complaints were upheld. No complaints had been referred to the Ombudsman in the last 12 months, 02 March 2015 – 01 March 2016.
- Patients knew how to complain and we saw the informal complaints logs held by each ward. These were complaints about food and included a record of steps

Good

Wards for people with learning disabilities or autism

taken by staff to address them. The manager met with the patients to discuss and resolve complaints. Patients told us they were happy to speak to the ward manager or staff if they had a reason to complain.

- Staff were able to advise us on what they would do if a patient complained to them. Staff confirmed to us they received feedback and any lessons learnt from complaints were fed back to the team via emails, and at handovers and team meetings.

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

Good

Vision and values

- Staff told us they knew what the service's values were and that they agreed with them. They also felt the ward values reflected the wider service visions and values.
- Staff told us the service had improved significantly under the new management team. The team was supportive and approachable. Staff knew who the senior management team were and told us they visited the wards regularly, and they reported that the senior management were accessible and approachable.

Good governance

- Records reviewed reflected that building safety and maintenance checks had been undertaken as required, for example, gas safety checks and portable appliance tests to ensure gas and electric appliances and equipment were safe. We saw there had been mock emergency response drills, on each ward, in the last 12 months.
- Records showed that regular service audits were undertaken to monitor service performance, including infection control audits. These included action plans where areas to improve were identified. A health and safety audit had been undertaken. Each ward had an up to date ligature audit in place.
- There was an effective governance system supported by meeting structures to provide an overview of the service, for example, health and safety and clinical governance. We saw meeting minutes that reflected that a range of safety and quality issues were discussed, including complaints, safeguarding and incidents. We reviewed a sample of minutes that reflected identified actions were delegated appropriately, and outcomes noted when completed. We saw that the local governance meetings then fed into the regional governance meetings. Information from the regional meetings was also cascaded back to the local site through this forum. There were comprehensive systems in place to report, record and monitor incidents and safeguarding issues, which enabled the team to do this quickly and efficiently.
- We reviewed the daily multi-disciplinary handover notes. These were comprehensive and included a range of safety and quality issues relating to individual patients. They also reflected that the whole team reviewed individual ward and site level risks and incidents. We attended one of these meetings and what we observed reflected the minutes we reviewed.
- The hospital had a local risk register and ward mangers were able to have items added. There was a comprehensive service improvement plan which the team reviewed and up dated regularly.

Leadership, morale and staff engagement

- The hospital was not participating in the annual Partnerships in Care staff survey, as it was less than a year since the hospital had been purchased, however the provider had engaged with the hospital staff since taking over the hospital in April 2015. The head of therapies provided weekly reflective practice sessions on the wards for all nursing staff. All staff had access to a 24-hour staff welfare service. An external facilitator had undertaken a cultural review.
- Staff advised us they felt confident in using the whistle-blowing processes and we saw signs in the wards advising staff of what to do. Staff told us they could raise concerns with their line managers and senior managers without concern of being victimised.
- Morale was good and staff told us they felt proud about working at Mildmay Oaks Independent Hospital. Staff felt the new management team were trying to improve the service. They had clear lines of accountability and responsibility.

Commitment to quality improvement and innovation

- The hospital had completed the Greenlight Tool Kit, an audit tool for assessing if a service meets the needs of people with a learning disability. The service was

starting the accreditation process with the Accreditation for Inpatient Mental Health Services (AIMS) organised by the College Centre for Quality Improvement (CCQI), for low secure care but had not yet been rated.

- The provider planned to open 'The Oaks' on-site shop, which would provide various work opportunities for patients. It was not yet open at the time of our visit.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure staff receive appropriate mandatory training.

Action the provider SHOULD take to improve

- The provider should review all patients to identify if they have a ligature risk, and ensure there is a plan to manage this.
- The provider should ensure the rota is a true reflection of who worked on which ward.
- The provider should provide care plans in an easy read format.
- The provider should ensure the hot water issue is successful resolved on Bramshill Ward.
- The provider should review garden access.
- The provider should ensure all actions identified following an incident are carried out.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing Mandatory training compliance was at 58% and Mental Health Act and Mental Capacity Act training was at 44%. On one ward no appraisal had taken place. This is a breach of regulation 18(2)(a)