

Whorlton Hall

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act 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 Whorlton Hall as good because:

- The service was clean and tidy with a fully equipped clinic room. The service complied with the Department of Health's guidance on eliminating mixed sex accommodation by keeping male and female bedrooms separated. There were rooms where patients could spend time in private. Health and safety checks were made to ensure the building was safe and environmental risk assessments were up to date and contained details of all ligature points in the building.
- There were enough staff in place to meet the needs of patients, bank and agency staff were familiar with the way the service operated and knew what the patients' needs were and staff sickness absence were at 4%, which was low. Staff were qualified, experienced, received regular supervision, were appraised, received mandatory training and had access to specialist training. A regional occupational therapist provided staff with advice and support in relation to the care and treatment of patients with autism. Staff knew about Danshell's safeguarding and whistleblowing procedures and received information about learned lessons from incidents and complaints to improve practice within the service. Danshell reported on 31 May 2017 that there had been no complaints received about Whorlton Hall in the previous 12 months. Staff were motivated and morale within the team was positive.
- We observed staff interacting with patients in a kind, respectful and dignified manner throughout our inspection and patients and carers who spoke with us said staff treated them well and as individuals. They also told us that they were given the opportunity to provide feedback on care and treatment via patient forums, carers' meetings and house meetings. A patient satisfaction survey in which nine patients participated was completed in September 2016. The responses to each question indicated that between 82% and 87% of patients were happy with the service they received.
- Patients were not placed in seclusion and physical restraint was only used as a last resort because staff were trained in de-escalation practices. Danshell also had a policy in place to ensure that any children

visiting the hospital were kept safe. Risk assessments were in place for patients. Care and treatment plans were person-centred, recovery based and holistic and contained evidence that patients' physical health was monitored and any issues identified were addressed. The service's use of observations was appropriate to meet the needs of each patient.

- Mental Health Act and Deprivation of Liberty Safeguards documentation was in order. Staff received mandatory training in the Mental Health Act and Mental Capacity Act and audits took place to ensure staff complied with the Acts. Staff regularly reminded patients of their rights.
- Information was available on a wide range of topics in a variety of formats such as easy-read and foreign languages, which included how to make a complaint, patients' rights and details of patients' advocacy services. Hot drinks and snacks were available to patients 24 hours a day; the quality of the food was good with options to meet dietary and cultural needs. Patients could personalise their rooms and accessed their chosen place of worship within the community.
- Key performance indicators, clinical governance mechanisms and audits were used to monitor practice and improve service delivery. Staff could add items to the service and provider's risk register. Staff agreed with Danshell's visions and values and their team objectives were based around them.
- Danshell's sports coordinator had been nominated for a Royal College of Psychiatrists award for innovation and best practice in relation to how their work had improved physical health for patients, including those at Whorlton Hall.

However:

- Curtain and shower rails in 12 rooms at the service were not of the collapsible type used to prevent suicide by hanging. However, these were included in the service's environmental risk assessment and risks were rated, each patient had a risk assessment in place and the levels of observations were tailored according to each patient's needs, which mitigated this. The service manager was also able to refuse any admissions that were unsafe due to the presence of ligature risks.

Summary of findings

- Although the building was clean and tidy, there was a smell of urine in one of the male bedroom areas.
- Doors to rooms did not have signage on them to say what they were used for and were all painted white that made them look the same. This made it difficult to navigate around the building and risked people entering rooms being used for sensitive and personal discussions. Male patients did not have an in-house laundry service but female patients did which meant male and female patients were not being treated equally.
- During our inspection, a room being used for a patient's multidisciplinary team slammed shut, which caused notable alarm to the patient.

Summary of findings

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Good 

Whorlton Hall

Services we looked at

Wards for people with learning disabilities or autism;

Summary of this inspection

Background to Whorlton Hall

Whorlton Hall is an independent hospital owned by the Danshell Group. It provides assessment and treatment for men and women aged 18 years and over living with a learning disability and complex needs. The hospital also cares for people who had additional mental or physical health needs and behaviours that challenged.

Whorlton Hall has been registered with the Care Quality Commission since 3 September 2013 to provide the following regulated activity:

- Assessment or medical treatment for people detained under the Mental Health Act 1983/2007.
- Treatment of disease, disorder or injury.

The hospital's registered manager has been in post since 2016. The hospital has been registered since 2013 to accommodate 19 patients although there were only nine patients at the hospital at the time of our inspection visit.

There have been three inspections carried out at Whorlton Hall. The most recent was carried out on 16 November 2016 (inspection report published 17 February 2017) during which we identified that appropriate medicines used in an emergency were not available. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014 Safe Care and Treatment.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one learning disability nurse specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients;

- sampled the food provided to patients to assess its quality;
- spoke with seven patients and carers;
- spoke with the service and deputy managers of the service;
- spoke with nine other staff members; including nurses, a doctor, an occupational therapist, sports co-ordinator and activities co-ordinator;
- spoke with a pharmacist from the external pharmacy service used by Whorlton Hall;
- spoke with two care commissioning groups about their relationship with Whorlton Hall;
- observed a team meeting and multi-disciplinary meeting;

Summary of this inspection

- looked at six patients' care and treatment records:
- carried out a specific check of the service's medication management and,
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients and carers told us staff treated them well and as individuals. They also told us that they were given the opportunity to provide feedback on care and treatment via patient forums, carers' meetings and house meetings.

One carer we spoke with said they received a weekly newsletter from the service that was specific to the person they cared for. The newsletter had photographs of their relative and gave an update of their progress. The carer also said that of all the many services their relative had used, Whorlton Hall was the best.

A patient satisfaction survey was completed in September 2016 in which nine patients participated. Questions included how patients felt, what they thought about their care and treatment, how they rated the service environment and if their rights and needs were met. The responses indicated that for each of these questions, between 82% and 87% of patients were happy with the service overall.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The service was clean and tidy with a fully equipped clinic room. The service complied with the Department of Health's guidance on eliminating mixed sex accommodation by keeping male and female bedrooms separated. Health and safety checks were made to ensure the building was safe and environmental risk assessments were up to date and contained details of all ligature points within the building.
- There were enough staff in place to meet the needs of patients, bank and agency staff were familiar with the way the service operated and knew what the patients' needs were and staff sickness absence were at 4%, which was low. Staff received mandatory training, were knowledgeable about safeguarding and how to report incidents and received information about learned lessons from incidents, complaints and patient feedback to improve practice within the service. Danshell reported on 31 May 2017 that there had been no complaints about Whorlton Hall in the previous 12 months.
- Staff were trained in de-escalation techniques which meant physical restraint was used as a last resort and no patients were placed in seclusion since December 2016. Only one patient was placed in long-term segregation and the service was supporting them to engage in activities with other patients
- Danshell's medicines management and rapid tranquilisation policies followed the National Institute for Health and Care Excellence guidance.

However

- Curtain and shower rails in 12 rooms at the service were not of the collapsible type used to prevent suicide by hanging. However, these were included in the service's environmental risk assessment and risks were rated, each patient had a risk assessment in place and the level of observations were tailored according to each patient's needs, which mitigated this. The service manager was also able to refuse any admissions that were unsafe due to the presence of ligature risks.
- Although the building was clean and tidy, there was a smell of urine in one of the male bedroom areas.
- During our inspection, a room being used for a patient's multidisciplinary team slammed shut, which caused notable alarm to the patient.

Good



Summary of this inspection

Are services effective?

We rated effective as good because:

- Care records were person-centred, recovery based, holistic and contained evidence of physical health care being addressed and monitored. They contained evidence that capacity assessments were done on a decision-specific basis and best interests decisions were recorded appropriately.
- The service followed the National Institute for Health and Care Excellence guidance in relation to prescribing medication and the psychological therapies offered to patients. Staff at the service participated in clinical audits.
- The staff comprised a good range of disciplines and staff were qualified and experienced to deliver effective care and treatment to patients. A regional occupational therapist provided staff with advice and support in relation to the care and treatment of patients with autism. Staff were regularly supervised, appraised and team meetings took place daily. Staff could access specialist training to help them develop in their role. Danshell had a performance management system in place, which enabled managers to address any staff performance issues appropriately. There were effective relationships with other teams both within and outside of the organisation, care commissioning groups spoke positively about the service and handovers between shifts were well managed.
- Mental Health Act and Deprivation of Liberty Safeguards documentation was in order. Staff received mandatory training in the Mental Health Act and Mental Capacity Act and audits took place to ensure staff complied with the Acts. Staff regularly reminded patients of their rights.

Good



Are services caring?

We rated caring as good because:

- Patients and carers who spoke with us said staff treated them well and as individuals. They also told us that they were given the opportunity to provide feedback on care and treatment via patient forums, carers' meetings and house meetings. One carer said that of all the services their relative had used, Whorlton Hall was the best. The carer received a personalised weekly newsletter about their relative's progress.
- A patient satisfaction survey in which nine patients participated was completed in September 2016. Questions were around how patients felt, what they thought about their care and

Good



Summary of this inspection

treatment, how they rated the service environment and if their rights and needs were met. The responses to each question indicated that between 82% and 87% of patients were happy with the service they received.

Are services responsive?

We rated responsive good because:

- Information was available on a wide range of topics in easy-read or other pictorial formats including how to make a complaint, patients' rights and details of patients' advocacy services. Hot drinks and snacks were available to patients 24 hours a day; the quality of the food was good with options to meet dietary and cultural needs. Patients could personalise their rooms and access their chosen place of worship within the community. Patients had access to outdoor space, there were a wide range of patient activities, and there was lockable storage and a safe where patients could keep their valuable possessions stored.
- There was a lift at the service for people with mobility issues and patients had access to an advocacy service, signers and interpreters. There were private areas where patients could relax or make personal phone calls.
- Danshell reported that as at 31 May 2017 no complaints received in the previous 12 months and the service received five compliments from people who had used the service. There was no evidence of any complaints between June 2017 and the time of our inspection visit. Staff knew how to record complaints, all complaints were investigated and any lessons learned identified during the investigation were shared with staff and patients and used to improve practice at the service.

However:

- Male patients did not have an in-house laundry service but female patients did which meant male and female patients were not being treated equally.

Good



Are services well-led?

We rated well-led as good because:

- Staff completed mandatory training, were appraised and regularly supervised and agreed with Danshell's visions and values. The numbers, experience and role mix of staff meant the hospital could meet patients' needs. Staff morale and job

Good



Summary of this inspection

satisfaction were positive and there was a good level of support from peers and managers. Staff knew about Danshell's whistleblowing policy and understood the need to be open, honest and transparent with people when things went wrong.

- Danshell reported on 31 May 2017 that there had been no complaints about Whorlton Hall in the previous 12 months. Lessons learned from investigating incidents and complaints were shared with patients and staff and used to improve practice at the hospital. Key performance indicators, clinical governance mechanisms and audits were used to monitor practice and improve service delivery. Staff could add items to the service and provider's risk register. Staff agreed with Danshell's visions and values and their team objectives were based around them.
- Danshell's sports coordinator had been nominated for a Royal College of Psychiatrists award for innovation and best practice in relation to how their work had improved physical health for patients, including those at Whorlton Hall.

However

- Curtain and shower rails in 12 rooms at the service were not of the collapsible type used to prevent suicide by hanging. However, these were included in the service's environmental risk assessment and risks were rated, each patient had a risk assessment in place and the level of observations were tailored according to each patient's needs, which mitigated this. The service manager was also able to refuse any admissions that were unsafe due to the presence of ligature risks.

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.

Danshell had a Mental Health Act Policy. At the time of our inspection, 84% of staff at Whorlton Hall had completed their mandatory Mental Health Act training and staff were able to describe their knowledge of the Mental Health Act and its guiding principles. Staff received updates on the Act via newsletters, emails and refresher training sessions. Danshell had a Mental Health Act manager from whom staff at Whorlton Hall could receive advice and guidance about the Act. The Mental Health Act manager also ensured staff had the adequate level of training in the Act to carry out their role. Danshell's medical director ensured that the provisions in the Act were implemented and complied with by staff.

We looked at documentation relating to patients' consent to treatment under the Mental Health Act which was correct.

The staff we spoke with told us that patients had their rights explained regularly and that they were tasked to do this in staff calendars. There was evidence in patients' care records that patients' were reminded of their rights every other month as a minimum. We also observed a patient's multidisciplinary meeting during which the patient was reminded of their rights.

At the time of our inspection, there were eight detained and one patient subject to Deprivation of Liberty Safeguards. Information and documentation about each patient's detention status was in their care and treatment records, which was clear and correct.

The service monitored staff compliance with the Mental Health Act on an annual basis. The most recent audit was completed in November 2016 with a compliance rate of 98%. Danshell's regulation manager also monitored staff compliance annually as part of their quality development review audit.

Patients were able to access support and advice from an external independent mental health advocacy service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Danshell had policies covering the use of the Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of our inspection, 84% of staff at Whorlton Hall had completed their mandatory Mental Capacity Act training, which also covered Deprivation of Liberty Safeguards. Staff were able to demonstrate their knowledge of the Mental Capacity Act and its statutory principles. Staff received updates on the Act via newsletters, emails and refresher training sessions.

There was one patient under Deprivation of Liberty Safeguards at the time of our inspection visit. We reviewed the documentation for which was clear, in date and included a copy of the local authority's approval.

Danshell had a Mental Health Act manager from whom staff at Whorlton Hall could obtain advice and guidance about the use of the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at six patients care and treatment records and there were capacity assessments in place for each patient. Capacity assessments were undertaken on a decision-specific basis. There was evidence that patients were being encouraged to engage with staff and peers. Any best interests decisions were recorded appropriately. One patient had a covert medication plan in place and a best interests decision and capacity assessment had been undertaken to support this.

The service monitored staff compliance with the Mental Capacity Act on an annual basis. The most recent audit was completed in November 2016 with a compliance rate of 84%. Danshell's regulation manager also monitored staff compliance annually as part of their quality development review audit.

Patients were able to access support and advice from an external independent mental capacity advocacy service.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

The hospital complied with the Department of Health’s guidance on eliminating mixed sex accommodation by keeping male and female rooms separated from each other. There were male and female toilets in the communal areas. All patients’ rooms were ensuite. There were also two bathrooms. The bathroom on the first floor was designated as a male only bathroom and the bathroom on the second floor was designated as a female only bathroom.

All bedrooms and lounge areas had nurse call alarms and staff carried personal alarms.

There were blind spots due to the age and layout of building; however, staff accompanied patients at all times, which mitigated any associated risks.

There were ligature points within building which were included within the service’s environmental risk assessments. Each patient was assessed for ligature risk and observations were put in place accordingly. Ligature risk training was given to staff as part of their induction programme. The service had updated its ligature audit in June 2017 and all ligatures were recorded and given a risk rating. All patients at the service were on one to one observation plans as a minimum both day and night. Curtain and shower rails in 12 rooms at the service were not of the collapsible type used to prevent suicide by hanging. However, these were included in the service’s

environmental risk assessment and risks were rated, each patient had a risk assessment in place and the levels of observations were tailored according to each patient’s needs, which mitigated this. The service manager was also able to refuse any admissions that were unsafe due to the presence of ligature risks.

The premises were clean and tidy although one of the male bedroom areas did smell of urine. The service manager said this was being addressed. The furnishings, fixtures and fittings were well maintained and the building had been recently re-painted. There was a daily schedule of cleaning tasks, which were signed by cleaning staff and countersigned as complete by a staff member within the service. We checked the cleaning schedules for the whole of August, which showed all cleaning tasks for the month were completed. There were handwashing facilities in the bathroom and toilet areas and hand sanitiser dispensers available throughout the building.

We noticed that the rooms at the service had any signage on the doors to indicate what the room was used for. All the doors were painted white and looked the same. This made it difficult to navigate around the building and we had concerns about how this could confuse patients or lead to people accidentally walking into a room being used to discuss sensitive and personal issues. During our inspection, we witnessed one occasion in which the door to a room being used for a patient’s multidisciplinary team slammed shut, which caused the patient to flinch.

We looked at the service’s clinic room. It was well lit, clean and spacious. An external company calibrated equipment. The stickers on the equipment clearly showed the date the calibration had taken place. Patients were examined in their own rooms. Medication held on site at the time of our inspection did not require storage in a refrigerator although

Wards for people with learning disabilities or autism

there was a fridge at the service, which staff checked daily to ensure the temperatures were in line with the Royal Pharmaceutical Service and Medicines and Healthcare Products Regulatory Agency guidance. There was sufficient medication storage capacity for the number of patients at the hospital. During our previous inspection on 16 November 2016, we found that emergency drugs were not available which was a breach under Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and Treatment. However, during this latest inspection visit, emergency drugs were available and drugs were checked weekly to ensure they were in-date.

Danshell had a controlled drugs policy and controlled drugs were safely stored in a cabinet. The service manager was the controlled drugs accountable officer for Whorlton Hall.

The service had a business continuity plan in place, which was last updated in August 2016. The service had personal emergency evacuation plans in place for all patients. These plans were kept in a red file in a 'grab bag', which was taken during any emergency or evacuation procedure. They contained a summary of the key issues and requirements for each patient such as any moving and handling techniques that needed to be applied. There was a weekly fire test and the service carried out fire drills. All visitors to the service were required to sign in so that staff knew who was in the building at all times.

We looked at a range of health and safety related information at the service. There were valid certificates were in place for the testing of gas safety, electrical wiring, personal appliance testing, servicing of the lift and firefighting equipment and alarms. The service's health and safety policy and environmental risk assessments were completed and updated in August 2016. A health and safety audit was carried out in September 2016 and all areas for improvement had been addressed. We looked at the service's fire risk assessment, which was completed in August 2016 and updated in October 2016. Any areas for improvement identified during this assessment had been addressed. The service had a health and safety representative.

The service had its own maintenance staff that was carrying out repairs during the inspection visit. Staff completed daily checks of the building and recorded any work, which needed to be carried out in a repair book. We

looked at the records of these checks for the whole of August and all repairs identified had been signed as being completed by the maintenance staff. Property managers within Danshell also completed site checks.

Closed circuit television was in operation 24 hours a day in only one area of the building to monitor a patient in long-term segregation for their own protection. There were signs on display to inform people that closed circuit television was in operation.

Safe staffing

Danshell reported the following staffing information about Whorlton Hall:

- there were seven whole time equivalent registered nurses at the service
- there were 45 whole time equivalent health care assistants at the service
- there was one whole time equivalent registered nurse vacancy
- there were 17 whole time equivalent health care assistant vacancies
- Danshell reported that as at 31 May 2017, bank staff covered 370 shifts due to vacancies and staff sickness in the previous three months
- fifty-three percent of vacancy hours were covered with the used of bank and agency staff and permanent staff working overtime
- the staff sickness absence rate for the previous 12 months as at June 2017 was 4%
- the staff turnover rate for the previous 12 months as at June 2017 was 54%

The figure for the staff turnover rate mainly related to staff leaving in 2016 due to personal issues.

There were two registered nurses during the day and one registered nurse on a night. There were 14 health care assistants on duty per shift as a minimum. Staffing levels were adjusted according to the needs of the patient group, for example, if the number of staff to patient observations needed to be increased. There were sufficient staff in place to ensure that communal areas were covered at all times. The service manager calculated staff requirements by taking the minimum requirement of nurses and health care assistants per a 12 hour shift, multiplying this by seven (days per week), dividing it by the hours worked by a full time member of staff and adding a 20% tolerance for staff absence.

Wards for people with learning disabilities or autism

Activities and leave were rarely cancelled due to there being too few staff on duty. One carer and care commissioning group told us outdoor activities had been cancelled only a few times due to staff shortages. Throughout our inspection visit, there were 17 members of staff attending to eight patients during the day shift. This meant patients had regular one-to-one time with their named nurse or a health care assistant and there were enough staff to carry out any interventions when required.

We spoke with the service manager about the staffing numbers. They told us that regular bank and agency staff were used so they were familiar with how the service operated and what the patients' needs were. We spoke with two health care assistants; and they had worked at the service for two and three years respectively and were able to evidence their level of experience and knowledge. The service manager told us that the staffing levels were adjusted according to the needs of the patients, for example, if a patient with challenging behaviour required observations from several members of staff. A recruitment exercise was in place to employ more permanent staff but the service manager said recruitment was difficult and thought Whorlton Hall's location could be a factor as it is in a rural area with infrequent public transport.

In the case of emergencies, local GPs could attend the service within an hour and because the service was within approximately 20 minutes' drive from the local memorial hospital's accident and emergency service could attend the service within a short timeframe. One doctor covered the service one week of out of five and another two weeks out of five and there was an on call doctor who covered all Danshell services. There was also an on call psychologist available 24 hours a day.

Mandatory training for staff at the service included safeguarding, fire safety, health and safety, positive behaviour support, Mental Health Act, Mental Capacity Act, emergency first aid and infection control, de-escalation techniques, conflict resolution and managing violence and aggression and the use of physical interventions. The service was meeting Danshell's 75% compliance rate for mandatory training.

Assessing and managing risk to patients and staff

All staff at the service were trained in health and safety, basic life support and emergency first aid at work that included the use of defibrillators. There was a health and safety lead within the service and a regional consultant nurse supported staff with training and clinical needs.

Prior to admission to the service, staff requested information on each patient's identified risks and other relevant information from their previous placement and care team. We looked at six patient care records, which all contained risk assessments that were being updated and showed risks were being monitored by staff at Whorlton Hall. The service rated risks green, amber or red according to the level of risk identified. Danshell used its own risk screening and assessment tool. This was comprehensive and included details of physical, threatening and socially or sexually inappropriate behaviour, absconsions, mental health state, risk of self-harm and suicide, vulnerability and a range of other factors.

Danshell had a safeguarding policy. The staff we spoke with all knew where to access the policy. Safeguarding training was a mandatory requirement for all staff. The local authority also provided external safeguarding training. Staff told us that the deputy manager also held focussed supervision meetings with staff about safeguarding issues. Staff gave examples of the possible signs of abuse, which included low mood, bruising and patients becoming withdrawn. Staff said the relationship with the local safeguarding team was good. The safeguarding team visited the service bi-monthly to review care plans. The service manager was aware of the requirement to refer any instances of patient abused to the appropriate regulatory bodies such as the Care Quality Commission, Disclosure and Barring Service and Nursing and Midwifery Council.

Danshell submitted 23 notifications in the 12 months prior to our inspection visit. These included allegations of abuse which were either unsubstantiated or retracted, the need to seek support from the police to manage high levels of patient aggression and statutory notifications in relation to Deprivation of Liberty Safeguards applications.

We spoke with a representative from the external pharmacy Whorlton Hall used for the supply of patients' medication. The pharmacy provided monthly prescriptions following discussions with the nursing team at Whorlton Hall and the patient's GP. Any medicines required in the interim period could be supplied the next day. A secure courier service was used for the delivery of medication to the service. The

Wards for people with learning disabilities or autism

pharmacy also provided information about alerts relating to medication such as any side effects or associated risks. The pharmacy undertook unannounced audits of the clinic room and Whorlton Hall's medication practice and attended quarterly medicines management meetings with Danshell's directors to provide feedback. The nursing team also completed weekly medication stock checks. The regional consultant nurse carried out quarterly medication audits and Danshell's regulation manager inspected medication governance arrangements.

We looked at the medication records for all nine patients who were at the service at the time of our inspection. One patient had a covert medication plan in place. Documentation including best interests decision making and capacity assessment to support covert medication was correctly completed. There were care plans in place for patients receiving when required medication. We found the prescribed dose on one patient's medication card did not match that on the medication label. Staff explained that this was not an oversight but the pharmacy who supplied the medication would not accept medication returns once opened. We advised that the pharmacy would be able to relabel the medication and they agreed to speak to the pharmacy to arrange this.

One patient was placed in long term segregation at the time of our inspection visit. There was a specific care plan in place to manage this. A nurse assessed the patient's mental and physical wellbeing and the patient had access to fresh air, twice a day. The multidisciplinary team and a manager from another Danshell service appropriately reviewed the patient's segregation. The patient's care plan included measures by which their segregation status was being withdrawn and how their re-integration into the general hospital environment was being facilitated. The patient had a communal lounge, in an alternative area of the hospital, away from their segregation suite. The patient engaged in-group activities in the garden area when risks could be safely mitigated. There were also strategies in place to ensure the patient was able to access the community, supported by hospital staff.

Staff told us that there had been two medication errors at the service within the last 12 months. We looked at the documentation for these errors. The first error was in relation to one occasion in which a patient's routine medication dose had not been administered. The second error was in relation to shortage of a patient's medication

which was identified during a medication count and led to concerns that at some point, the patient had been administered too high a dose. Both errors were reported to the service's doctor and a root cause analysis was undertaken to determine what had happened and what remedial action could be taken to prevent this being repeated. The service's doctor was consulted about the error. Neither of the errors negatively affected the patients concerned. Following an investigation into these errors, all nurses received an annual medication competency assessment, attended training in medicines management and were reminded of the importance of good medicines management and to ensure medications were administered in line with the patient's prescription. We looked at the prescription charts for all nine patients and these were correctly completed.

None of the patients who were at the service during our inspection had do not attempt cardiopulmonary resuscitation orders in place.

Informal patients could leave the service subject to a risk assessment being conducted and the opinion of the patient's nurse and doctor and needs of the patient being considered.

Danshell reported that between 1 December 2016 and 31 May 2017, there were 128 incidents of restraint involving six patients in total, no use of seclusion and three Deprivation of Liberty Safeguard applications. The staff we spoke with told us that physical restraint was used as a last resort and prone restraint was never used and we did not see any information during our inspection to the contrary. Only seated restraint and breakaway techniques were used. However, 128 incidents of restraint was over and above what was expected given the staffing arrangements in place.

Staff had received training in conflict resolution, managing behaviours that challenge and de-escalation training. De-escalation practices included giving reassurance to the patient, using distraction techniques, moving the patient to a low stimulus room or arranging for an alternative member of staff to attend to the patient. The staff we spoke with us said they felt confident in managing aggression and behaviours that challenge. Danshell had a policy on the use of patient observations. We looked at documentation, which showed that all nine patients who were at the service during our inspection had observations in place, and the staff to patient ratio was based on patients' needs.

Wards for people with learning disabilities or autism

Rapid tranquilisation had not been used at Whorlton Hall since November 2016, following the discharge of a patient to secure services. We looked at Danshell's rapid tranquilisation and medicines management policies and they followed the National Institute for Health and Care Excellence guidance.

We looked at Danshell's policy on children visiting the ward. Any visits needed to be planned so the multidisciplinary team could consider any risk or concerns associated with the patient. All children needed to be accompanied by a responsible adult and all child visits were recorded in patients' care records.

Track record on safety

Danshell reported in August 2017 that there were 36 incidents in the previous 12 months. These included 33 incidents relating to allegations of abuse, two relating to disruptive, aggressive and violent behaviour and one relating to a patient's treatment delay.

Following incidents that occurred within the service, debriefs were held to offer support to staff and give the opportunity to reflect on events. Serious incidents were analysed using 'root cause analysis' reports. The service manager showed us an example of one of these reports, which clearly showed the incident had been thoroughly investigated.

Lessons learnt from investigations into incidents were shared with staff and actions identified were shared amongst other Danshell services to improve practice within the wider organisation. We asked the service manager what safety improvements had been made at Whorlton Hall in the last 12 months and they said cleanliness had improved and a housekeeper and health and safety representative had been appointed within the service.

Reporting incidents and learning from when things go wrong

Danshell required its staff to record all incidents, accidents, near misses and complaints that they become aware of or were involved in on its electronic reporting system. The service manager at Whorlton Hall told us that they expected to be notified of any incidents within an hour of them occurring or being discovered and that they should be recorded within 12 hours.

Danshell categorised incidents according to the levels of severity and likelihood of recurrence. The staff we spoke with at Whorlton Hall told us that they could report incidents and there were debriefing sessions after investigations into incidents.

We asked staff for examples of what they considered as incidents and their responses included accidents, near misses, aggression in patients and medication errors which evidenced their knowledge. Staff also told us that patients and staff were supported after an incident had occurred. In addition, the service's corporate handover documentation ensured all risks were communicated to each member of staff to ensure they were effectively managed.

Duty of candour

Danshell had a policy on the duty of candour. The duty of candour requires care providers to be open, honest and transparent with people who use services in relation to care and treatment and in particular, when things go wrong. The staff we spoke with were aware of their requirements under the duty of candour.

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

Good 

Assessment of needs and planning of care

We looked at six patient care records. Although some information about patients had been archived, we were still able to see evidence that comprehensive assessments had been undertaken and were being updated accordingly. Each care record was up to date, personalised, holistic and recovery based. Strategies and positive behaviour plans were in place so that staff knew what steps to take if patients' became agitated or their behaviour escalated. There were individual care plans in place for patients with a specific diagnosis such as epilepsy. Care records also showed that staff had undertaken physical examinations of patients and any issues identified were being addressed and monitored.

Care records were secure as electronic records required staff to enter their login name and password to access and

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paper records were stored in a lockable cabinet in a room used only by authorised staff. We looked at a copy of a care plan that had been given to a patient, which had been produced in an easy-read format including pictorial guides.

Each patient was assessed by the regional occupational therapist using the Model of Human Occupation screening tool, the results of which shaped the patient's occupational therapy plan and treatment. The occupational therapist also carried out sensory assessments of patients using the SPELL framework (structure, positive approaches, empathy, low arousal and links). The National Autistic Society designed this framework.

Best practice in treatment and care

The staff we spoke with told us that on admission to the service, all patients were registered with a local GP. Patients were encouraged to undergo blood screening, electrocardiograms and annual physical health checks. Healthy food options were available and patients' weight was monitored. Patients could access a sports and activities co-ordinator and visit local gymnasiums. Patients were encouraged to attend cancer-screening appointments with their GP. Patients with epilepsy had bedtime monitoring built into their care plan and were provided with anti-suffocation pillows and rescue medication when required. Patients living in the area could keep their current dentist and those living out of the area registered with a local dentist. The service paid for patients who needed emergency dental appointments. The local trust had a dentist who specialised in patients with learning disabilities who worked with the service. Patients with drug and alcohol associated problems received care and support from the service's psychology staff. The occupational therapist provided any information about a patient's positive behaviour support plan into multidisciplinary team meetings and advised and supported staff in relation to the patient's behaviours. The care records we looked at all contained evidence that each patient's physical and mental health needs were being addressed and monitored accordingly.

The service had arrangements in place for patients who had difficulties feeding themselves. Patients were assessed by a speech and language therapist; occupational therapists provided adapted utensils and adjustments were made to the environment such as arranging a separate dining room. Patients who had difficulties with swallowing had a care plan in place so staff knew what

assistance and support the patient needed. The service used the Malnutrition Universal Screening Tool, to monitor patients' nutrition and hydration needs. If any concerns about a patient's nutrition and hydration needs were identified the patient's GP was contacted for advice. Patients who were at risk of choking had care plans in place to mitigate this. Staff also measured patients' body mass index regularly and could refer patients to a dietician if any issues were identified.

The service used the Health of the Nation Outcome Scales, Life Star and the Health and Equality Framework to assess and record a patient's severity and outcomes. HoNOS includes 12 scales against which clinical staff rate patients with mental health conditions. Staff record the ratings and repeat the process, noting any changes. Life Star also measures severities and outcomes but is specifically developed for people with learning difficulties. The Health Equality Framework is an outcomes tool designed to help commissioners, care providers, people with learning disabilities and their families understand the impact and effectiveness of services.

The Danshell group used a model of care called 'Personal PATHS'. The model aimed to support people with complex health and social care needs. There were five key principles within the personal PATHS model:

- positive behaviour support
- appreciative inquiry which involved taking on board the thoughts and feedback from patients
- therapeutic outcomes
- healthy lifestyles and,
- safe services.

All patients had a positive behaviour plan in place. Danshell's positive behaviour plan was comprised three strands:

- the primary strategy which contained details of what staff would expect to see if the patient baseline (their usual mood).
- the second strategy which gave details of what staff might see if the patient was moving away from their baseline and,
- the tertiary strategy, which gave details of when the patient was moving towards a crisis point.

Each positive behaviour plan contained specific actions to take when the patient departed from their baseline. We looked at one patient's positive behaviour plan and steps

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included moving the patient to a less stimulating environment or making staff familiar to the patient more visible. The two doctors at the service were responsible for prescribing medication to patients. The representative from the external pharmacy used by the service for the supply of patients' medication told us that their service had a mental health pharmacist available who could attend Whorlton Hall in the event of any emergency at any time. Patients were able to contact the pharmacy if they had any queries about their medication. The pharmacy also carried out audits at the service including:

- quarterly medication management audits
- annual epilepsy management audits
- annual infection control audits
- pharmacy audits.

Staff had participated in audits of the service's medicines management and use of rapid tranquilisation in the previous 12 months.

Danshell's medicines management policies and psychosocial therapies were based on the National Institute for Health and Care Excellence. Psychology staff undertook assessments around the need for psychological therapies and the nurses and health care assistants carried out the delivery.

Skilled staff to deliver care

The staff employed at Whorlton Hall included nurses, health care assistants, managers, doctors, activity co-ordinators and psychology support. There was also a regional sports co-ordinator and occupational therapists. An external pharmacist provided pharmacy services. Patients had access to an external speech and language therapist. All of these health professionals provided input and advice to help with patients' care and treatment and improve practice at the service and were able to attend multidisciplinary meetings.

Danshell's staff were required to complete a corporate induction programme when they first commenced their employment. This induction was based on the Care Certificate standards.

We spoke with staff who told us they had received training in autism, Makaton, personality disorders, dysphagia, safeguarding, positive behaviour support, the use of de-escalation techniques, conflict resolution, managing violence and aggression and the use of physical

interventions. Makaton is a language programme that uses signs and symbols to support spoken language. Staff told us managers supported their requests for training. Staff could access specialist training for their role, which included masters degrees and health and social care courses. Staff were given time off to complete any course work. The external pharmacy service provided medicines management training for nurses, which formed part of their induction programme. The service manager had obtained qualifications in leadership and management including a level five Chartered Management Institute diploma.

The regional occupational therapist provided advice and support to staff within the service to ensure there were consistent care and treatment approaches for patients on the autistic spectrum. This included focussing on the patient's cognitive skills, support with independent living, assessment of sensory needs, analysis of functional behaviour and achieving the equilibrium of emotional control.

Staff appraisal reviews took place mid-year and at the end of the year. Danshell's compliance rate for individual staff supervision was six per year. We looked at the staff supervision records and this compliance rate was being met and in most cases, exceeded. Staff could request supervision at any time and there were daily group supervisions to update staff on issues within the service and share best practice. We also saw evidence that staff appraisals had either been completed or were scheduled to take place.

We looked at each nurses annual medication competency assessments and they were all within date.

Danshell had a performance management procedure in place. This included how managers should address any performance issues with their staff.

Multi-disciplinary and inter-agency team work

Multidisciplinary meetings took place every Tuesday at the service. The meetings were attended by the service manager, deputy manager, doctors, occupational therapist, psychologist, activities and sports co-ordinators, nurses, health care assistants, commissioners, patients and their families, safeguarding teams and social workers. Newly admitted patients attended these meetings every week for the first 12 weeks and monthly thereafter. A patient's multidisciplinary meeting took place during our inspection,

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which we observed. The multidisciplinary team checked that the patient's capacity assessment was up to date. The team had a good knowledge of the patient's current health status and care and treatment needs.

To ensure there were effective handovers between teams, nurses completed reports on patients' current presentation and status and there were focussed group supervisions to discuss patients and share good practice.

Staff told us that links and working relationships within Danshell and external health care services were effective. Patient progress reports were sent to commissioners, social workers and community health teams dependent on the partner's requirements. The reports included information about the patient's presentation, behaviours, health, activities and input from the multidisciplinary team. External partners also attended multidisciplinary teams within Whorlton Hall, which also helped to forge effective working relationships. We spoke with two care commissioning groups and their feedback was positive overall.

Adherence to the MHA and the MHA Code of Practice

Danshell had a Mental Health Act Policy. At the time of our inspection, 84% of staff at Whorlton Hall had completed their mandatory Mental Health Act training. We spoke with the service manager, two registered nurses a doctor and four health care assistants who were able to demonstrate their knowledge of the Mental Health Act and its guiding principles. Staff received updates on the Act via newsletters, emails and refresher training sessions. We were shown laminated cards that contained information about the Mental Health Act that staff used as a quick reference guide. Danshell had a Mental Health Act manager from whom staff at Whorlton Hall could receive advice and guidance about the Act and they ensured staff had the adequate level of training in the Act to carry out their role and prevent patients' rights being compromised. Danshell's medical director had overall responsibility to ensure that the provisions in the Act were implemented and that staff complied with them.

We looked at documentation relating to patients' informed consent to treatment, including T3 forms and found it was completed correctly and was attached to each patient's

medication card. A T3 form is a certificate completed by a second opinion appointed doctor as a record of what medication and treatment plans have been agreed for a patient being treated under the Mental Health Act.

The staff we spoke with told us that patients had their rights explained regularly and that they were tasked to do this in their calendars. We looked at six patients' care and treatment records and there was evidence that patients' were reminded of their rights every other month as a minimum. We also observed a patient's multidisciplinary meeting during which the patient was reminded of their rights.

At the time of our inspection, there were eight detained patients. Information and documentation about each patient's detention status was in their care and treatment records, which was clear and correct.

The service monitored staff compliance with the Mental Health Act on an annual basis. The most recent audit was completed in November 2016 with a compliance rate of 98%. Danshell's regulation manager also monitored staff compliance annually as part of their quality development review audit.

Patients were able to access support and advice from an external independent mental health advocacy service.

Good practice in applying the MCA

Danshell had policies covering the use of the Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of our inspection, 84% of staff at Whorlton Hall had completed their mandatory Mental Capacity Act training, which also covered Deprivation of Liberty Safeguards. We spoke with the service manager, two registered nurses and a doctor who were able to demonstrate their knowledge of the Mental Capacity Act and its statutory principles including the definition of restraint under the Act. Two of the health care assistants we spoke with were aware that capacity involved considering if a person was able to understand and make their own decisions. Staff received updates on the Act via newsletters, emails and refresher training sessions. We were shown laminated cards that contained information about the Mental Capacity Act and Deprivation of Liberty Safeguards that were given to staff members to use as a quick reference guide.

Danshell reported in August 2017 that three Deprivation of Liberty Safeguards applications were made in relation to

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patients at Whorlton Hall. There was one patient under Deprivation of Liberty Safeguards at the time of our inspection visit and the associated documentation was clear, in date and included a copy of the local authority's approval.

Danshell had a Mental Health Act manager from whom staff at Whorlton Hall could obtain advice and guidance about the use of the Mental Capacity Act and Deprivation of Liberty Safeguards. Managers within Danshell could also obtain advice from Danshell's human resources department in relation to concerns over staff members' capacity.

We looked at six patients care and treatment records and there were capacity assessments in place for each patient. Capacity assessments were undertaken on a decision-specific basis. There was evidence that patients were being encouraged to engage with staff and peers. Any best interests decisions were recorded appropriately. One patient had a covert medication plan in place and a best interests decision and capacity assessment had been undertaken to support this.

The service monitored staff compliance with the Mental Capacity Act on an annual basis. The most recent audit was completed in November 2016 with a compliance rate of 84%. Danshell's regulation manager also monitored staff compliance annually as part of their quality development review audit.

Patients were able to access support and advice from an external independent mental capacity advocacy service.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

We observed staff interacting with patients in a kind, respectful and dignified manner throughout our inspection. The patients and carers who spoke with us said staff treated their relatives well, as individuals and made efforts to understand their needs and wishes.

During our visit, staff were visible in the communal areas and were attentive to the needs of the patients. Carers told us that when they visited their relatives, there was always a

good level of staff on duty to attend to patients' needs. We saw one patient receiving a foot massage and the patient commented that it was very relaxing and helped. Staff were talking to the patient and reassuring them throughout the massage session.

Staff who spoke with us said that they encouraged patients to attend to their own personal care if their care plan allowed for this. They worked with patients within each patient's care plan in the least intrusive way possible. They also told us that it was common practice to match the gender of the staff member to that of the patient. Staff told us that they always knocked on the door to patients' rooms before they entered.

The involvement of people in the care they receive

New patients were introduced to their named nurse, health care assistants, and other patients and given a welcome pack to help them settle into their new surroundings.

Patients and carers told us that they were given the opportunity to provide feedback on the service. Monthly service user forums and fortnightly house meetings took place, which gave patients the opportunity to give feedback and make suggestions about improving the service. Any comments were fed back through Danshell's clinical governance systems with a list of actions that needed to be taken. These actions were fed back to the patients in a format that met their needs. Family forums were also held so that patients' relatives could access peer support and put any queries to managers within Danshell. Family members were also able to attend their relative's multidisciplinary meeting so they could be involved in reviewing their care and treatment. Danshell's occupational therapist also held 'patient parliament' forums, which gave patients the opportunity to provide feedback. One carer we spoke with said they received a weekly newsletter from the service that was specific to their relative staying at Whorlton Hall. The newsletter had photographs of the patient and gave an update of their progress. The carer also said that of all the many services their relative had used, Whorlton Hall was the best.

A patient satisfaction survey was completed in September 2016 in which nine patients at Whorlton Hall participated. Questions were around how patients were feeling, what they thought about their care and treatment, how they rated the service environment and if they felt their rights and needs were being met. The responses for each of these

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questions showed between 82% and 87% of patients were happy with the service overall. We saw a copy of one of the patient satisfaction questionnaire forms. The document was in an easy read format with pictures to help patients easily understand what was being asked of them.

The advocacy service used by Whorlton Hall visited the site once a week to speak to patients and staff.

The service manager told us that patients were able to sit in on staff recruitment panels

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

(for example, to feedback?)

Good 

Access and discharge

Whorlton Hall reported between December 2016 and July 2017, the average bed occupancy at the service was 48% and the average length of stay for patients was 365 days. The service manager told us that only 10% of referrals they received resulted in patients being admitted because initial risk assessments had indicated the patient's needs could not be safely met due to the presence of ligature risks. We looked at three referrals, which had been refused which showed referrals were thoroughly considered and risk assessed. Danshell did not report any out of area placements at the service in the six months prior to our inspection. Patients had access to a bed when they returned from leave. Although the service was registered with the Care Quality Commission as a 22 bedded hospital, the service manager said only a maximum of 19 were used due to concerns around health and safety.

The service planned arrangements for a patient's discharge in advance so that the best interests of the patient and their carers could be met. Danshell reported there were four delayed discharges in the last six months, which were due to time spent on planning and finding a suitable placement for the patient and a funding arrangements between care commissioning groups and the local authority.

We asked the service manager what would happen if a patient needed to be moved to a psychiatric intensive care

unit. They told us that they would contact the commissioner responsible for the patient's placement at Whorlton Hall and inform them that the service could not meet the patient's needs and the commissioner would look for a service that could meet their needs. The service manager told us that the location of the new placement would be out of Whorlton Hall's control.

The facilities promote recovery, comfort, dignity and confidentiality

The service had an activity hub with its own television and games consoles and was used for a variety of activities. There was a relaxation room with a therapy couch, an IT suite with two computers for patients to use, a training kitchen and a large outdoor space including a secluded garden and courtyard area. There was a clinic room within the service, which was used to examine patients although patients could also be examined in their own rooms. There were quiet lounge areas and suites that were available for patients who needed privacy or make personal phone calls. There were also low stimulus rooms for patients whose behaviours could escalate if rooms were too heavily decorated or furnished. There was room designated for visitors but patients were also able to use the garden area, their bedroom or communal areas to see their visitors.

Activities were run according to the wishes and needs of the patients. Activities at weekends were flexible as some patients chose to spend weekends with their friends and family or take the opportunity to rest. Activities included garden games, cooking, sports activities, arts and crafts, karaoke, bingo, visits to theme parks and the seaside, eating out, pet therapy, massage and visits to the theatre or gymnasium. Outdoor activities were subject to a risk assessment to ensure patients and staff were safe and staffing levels were adjusted according to the needs and requirements of each patient. The service had its own sports development officer who helped to arrange activities that promoted health and wellbeing. Each patient had their own daily timetable of activities based on their needs. We looked at a patient's timetable for the current week and they were due to go into the community to shop, play on a games console, visit a car boot sale and leisure centre and go to the cinema. A patient placed in segregation was able to play bingo with staff members and there were plans for them to be able to participate in group bingo sessions with other patients.

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Patients were given mobile phones to make personal calls but were also able to use the main office phone.

There were tea and coffee making facilities in the dining room and kitchen areas and staff provided drinks and snacks on request at any time.

Patients had access to their bedrooms throughout the day, as staff did not routinely lock them. All bedrooms and lounge areas had nurse call alarms. During our tour of the building, we saw that patients' had personalised their bedrooms. Bedrooms had lockable cabinets and wardrobes but valuable possessions such as bank cards and money were locked in a central safe in the main office at the patient's request.

Meeting the needs of all people who use the service

There were many steps and stairs throughout the building but there was a lift available for people with mobility issues. Patients had their mobility needs assessed prior to admission to the service. Patients had personal evacuation plans in place for when emergency situations arose. Copies of these evacuation plans were kept in the patient's file and in a grab bag which was taken in the event of an emergency.

Information was available on a wide range of topics in easy-read or other formats such as foreign languages including how to make a complaint, patients' rights and details of patients' advocacy services.

Staff used a variety of communication methods to interact with patients. This included Makaton which is a language programme that uses signs and symbols to support spoken language, talking mats, which is a visual framework that provides a listening space for people with learning disability and apps on tablets, which converted text to audio. Other patients were able to communicate verbally with their peers and staff. Patients also had access to an external speech and language therapist and Danshell's occupational therapist provided help with any communication issues.

Daily food choices were displayed on noticeboards in a pictorial form such as photographs to help patients choose their meals. The service catered for individual patients' dietary requirements such as gluten free, vegetarian, vegan, and kashrut and halal options. The service manager told us

that signers and interpreters could be arranged quickly for patients, often within a day of request. Patients were able to access their chosen place of worship within the community.

The female patients had access to their own in-house laundry facility, which included a washing machine and tumble dryer. However, male patients did not have their own laundry facility so their laundry was cleaned by staff in a laundry area which patients were not allowed to enter. We spoke to the service manager and consultant nurse about this as this constituted an unequal approach to male and female patients. They told us that they would look into arranging for male patients to have their own in-house laundry facilities. Two male patients were able to use a nearby laundrette to wash their clothes as it had been identified in their care planning as a way of helping them to better their life skills in preparation for being discharged.

Listening to and learning from concerns and complaints

There were no complaints about the service in the 12 months prior to our inspection visit. The service had received five compliments from people who had used the service within the last 12 months.

During our tour of the service, we saw information displayed on noticeboards about how to make a complaint and a complaints form, which were both in an easy-read format. Patients could also provide feedback at patient forums, house meetings and at multidisciplinary meetings and they could receive help and support to provide feedback from an external advocacy service.

Staff logged complaints on Danshell's electronic reporting system and an investigation into the complaint was undertaken. Any lessons learned that were identified during the investigation were shared with staff during team meetings, appraisals, supervisions and via e-mail to improve practice and with patients either on an individual basis or at patient forums and house meetings depending on the nature and sensitivity of the complaint.

Wards for people with learning disabilities or autism

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

Good 

Vision and values

Danshell's vision was to make a positive difference to people and their families by delivering personalised health and social care that helps them to achieve the things they want out of life.

Danshell's values were:

- putting the patient and their family at the centre of all their work, listening and acting upon what they told them
- respecting and promoting the human, legal and civil rights of the individuals who use Danshell's services within the organisation and wider society
- providing care and support that was safe, evidence based and outcome focused
- working with people in a manner that was hopeful and encouraging, using positive and strength based approaches
- supporting people who use the service in a manner that was progressive and enables them to exercise choice and control
- working with partners to create pathways that enable people to grow and achieve their goals.

The staff we spoke with were aware of these visions and values and said their work objectives were reflective of them. They also told us that in the last 12 months, Danshell's chairperson, chief executive officer, corporate services director, finance director and regional consultant nurse had visited the service.

Good governance

In addition to Danshell's corporate induction, managers within Whorlton Hall had produced an in-house induction programme for staff that were new to the service. Each new member of staff was allocated a nurse and senior health care assistant so they had nominated points of contact from who they could seek help and advice. The new staff members were supplied workbooks around the use of positive behaviour support, the Care Quality Commission's fundamental standards, Deprivation of Liberty Safeguards

and nursing standards. Regular meetings were held which were centred on a particular theme where managers provided information and answered any questions from the new staff members. Any areas for improvement were discussed and managers gauged the success of the in-house induction by asking the staff member questions and observing their day-to-day work.

The service manager showed us a copy of a monthly performance report for the service. The report included any actions from the previous month's report with progress updates, statistical data, a financial update, current patient observation levels, and updates from Danshell's human resources department, regulatory activity and governance updates, compliance with key performance indicators, progress on action plans for the service, building refurbishments and the current priorities and challenges.

At the time of our inspection, the service was meeting Danshell's 75% compliance rate for mandatory training. Staff received appraisals both mid-year and at the end of the year. Danshell required that staff at the service received supervision at least six times per year and we saw evidence this requirement was being met or exceeded. There were sufficient numbers and roles of staff to meet the needs of the patients and staffing numbers were adjusted to manage new admissions or increases to the level of patient observations. We observed staff regularly concentrated their time on patients care. Nurses were given protected time for administrative duties, however, this was managed to ensure there were always two nurses and another member of staff available to dedicate direct care time with patients.

We spoke with staff within Whorlton Hall and they told us that lessons learned following investigations into incidents and complaints and feedback from the people who used the service were used to improve practice. Staff were also able to provide evidence of they had a sufficient knowledge in the Mental Health and Mental Capacity Acts and safeguarding.

Staff had participated in audits of the service's medicines management and use of rapid tranquilisation in the previous 12 months.

Danshell used key performance indicators to monitor performance within Whorlton Hall. These included clinical and management supervision, appraisals, mandatory training, equality and diversity, infection control, health

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and safety, emergency first aid, moving and handling, customer care, nutrition and health, Mental Health and Mental Capacity Acts and a range of other performance indicators. We looked at the service's current compliance with these indicators and it was meeting between 80 and 100% compliance in all areas except mental health law, which was 60%.

The service manager said they had sufficient authority and administrative support to do their job effectively and felt supported by their senior managers.

The staff we spoke with knew the service and Danshell had risk registers in place. Staff said that they could speak to the service manager about any issues they felt needed including on these risk registers.

Curtain and shower rails in 12 rooms at the service were not of the collapsible type used to prevent suicide by hanging. However, these were included in the service's environmental risk assessment and risks were rated, each patient had a risk assessment in place and the levels of observations were tailored according to each patient's needs, which mitigated this. The service manager was also able to refuse any admissions that were unsafe due to the presence of ligature risks.

Danshell reviewed all its services at monthly internal review meetings. The registered managers of each service provided a monthly internal service review report to inform the board of any progress and challenges and attended the meetings on a quarterly basis as a minimum. The governance team provided trend analysis reports for all individual services. Danshell's directors provided reports of challenges and successes across all Danshell's services for monthly board meetings. The director of quality and governance was also the safeguarding lead for Danshell. Information about safeguarding, serious incidents, complaints and whistleblowing registers was shared with the board via reports.

The governance team produced a monthly board report, which included a 12 months trend analysis for all incidents, accidents, complaints, compliments and other governance data. The board analysed the data and made recommendations and decision on any interventions required.

Leadership, morale and staff engagement

The staff we spoke with said that morale was positive and had improved since the appointment of the current service manager. They said staff supported each other and managers were approachable and supportive. Staff told us that there was a culture of openness within the service and the wider Danshell group and managers empowered and actively encouraged staff to raise any issues and make suggestions to improve service delivery. Staff said they were happy in their roles and found the work rewarding. Danshell had a whistleblowing policy which staff were aware of and knew how to access it.

Staff were trained in the use of Danshell's duty of candour policy and were aware of their requirements under it in relation to being honest, open and transparent with people when things went wrong.

The latest staff survey results were sent to the service manager during our inspection visit. The survey had been conducted in August 2017. We looked at the results and they were positive and showed that staff felt safe, valued, listened to, supported by management and confident in raising concerns.

At the time of our inspection visit, there had been no discrimination, bullying or harassment cases reported by staff at the service within the previous 12 months. Danshell reported in June 2017 that the sickness absence rate at Whorlton Hall for the previous 12 months was 4%, which was in line with the national average figure and showed staff regularly attended work.

Staff told us that there were opportunities for career and leadership development. For example, the service manager had obtained qualifications in leadership and management including a level five Chartered Management Institute diploma and other staff were doing masters degrees and health and social care courses.

We attended a short team meeting, which took place each day, which were known as flash meetings. Any medical appointments for patients were discussed and each team member gave an update on what was happening in their area, for example, the maintenance staff said what repairs had been done and what was ongoing and the health and safety representative informed the team that they had completed a daily check of the building to ensure it was safe. Staff were informed of any visitors that were due at

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the service on the day and were reminded that all visitors needed to sign in and out and wear visitor badges at all times. Meetings ended with a fun question of the day which staff enjoyed participating in.

Commitment to quality improvement and innovation

Danshell had its own sports development officer whose post originated from a request from patients who had attended a regional patient forum. After initially being employed on a temporary secondment basis, the role was made permanent after a petition was sent to Danshell's chief executive officer by patients. The key outcomes from creating this role included:

- the development of bespoke learning disability and autism friendly sports based activities for patients
- training being delivered to staff in the delivery of these activities
- the development of a range of community based programme of activities

- the sports development officer being nominated for a Royal College of Psychiatrists award for innovation and best practice
- a patient in long term segregation being able to participate in group and community based activities
- a reduction in the body mass index of patients at the service
- a reduction in violent and aggressive incidents in patients at the service and,
- a reduction in the use of patient restraints.

The service manager showed us an example of an electronic system they used to monitor the pathway status of each patient. The system pulled together all the data available for each patient into a single document with graphics that allowed the service manager to easily monitor the patient's progress and potential discharge from the service.

The service had not participated in any national quality improvement programmes in the 12 months prior to our inspection visit.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The registered manager should ensure that all curtain and shower rails within the Whorlton Hall building are of a collapsible type to further reduce the risk of potential suicides by hanging.
- The registered manager should ensure that furnishings and floor coverings in patient bedroom areas are suitable to maintain a continual high standard of infection control.
- The registered manager should ensure that positive behaviour support plans are effective and appropriate in relation to strategies used to manage patients' heightened behaviours so that the need to physically restrain patients is reduced.
- The registered manager should ensure there is appropriate signage on the doors to rooms within the service so patients and visitors can easily navigate their way around the service.
- The registered manager should ensure that doors are fitted with appropriate slow-closure mechanisms to avoid them slamming shut.
- The registered manager should consider providing in-house laundry facilities for male patients to maintain an equal level of facilities for both male and female patients.