

Cedar House

Quality Report

Dover Road
Barham
Canterbury
Kent
CT4 6PW

Tel: 01227 833700

Website: cedar.house@huntercombe.com

Date of inspection visit: 22 May 2019

Date of publication: 30/07/2019

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

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.

Overall summary

We did not rate the service during this inspection as this was a focussed, unannounced inspection to follow up on concerns raised about the use of long-term segregation and overall management of incidents.

We found:

- The ward maintained a secure environment appropriate for a low secure, enhanced care setting. The environment was safe, clean and well-maintained.
- The ward operated with enough numbers of appropriately qualified staff. They were trained and supervised to be able to support people with learning disabilities or autism.
- Ward staff managed patients' risks on an individual basis. The ward contained a seclusion suite. Staff worked hard to ensure patients were not being cared for in an overly restrictive way and staff were trained in physical interventions which were used as a last resort if necessary.
- Staff on the ward had been able to manage one patient who had previously been in long term segregation in the main ward environment. Similarly, they had supported patients to reduce the incidents of violence and aggression.
- The ward had an effective system in place to summon police support to manage incidents when required.

Summary of findings

- Staff were aware how to report incidents, raise safeguarding concerns and manage complaints. All incidents were reviewed and investigated, and the ward used outcomes to learn lessons and improve practice.
 - Staff were appropriately trained to manage patient's physical health needs and access specialist physical health support when necessary. We saw examples of where patients with physical health issues had their needs identified and addressed.
 - The service supported patients with highly complex needs with care plans that covered all aspects of care and treatment. They used a positive behavioural support approach and prescribed medicine in line with national guidance.
 - Staff interacted with patients positively and with compassion. We observed lots of positive interactions between staff and patients including at times when patients were visibly agitated or distressed.
 - Medicines were stored safely and ward staff ensured medicines were in date and available for use when needed.
- However,
- Ward staff reported that in the three months prior to our inspection there had not been enough staff for them to safely manage patients on the ward which was highly unsettled at that time. They reported that staff were frequently being assaulted by patients and, at that time, they had not felt safe at work. However, we did not find these issues on the inspection.
 - Whilst staff supported patients to access a vast range of activities, these were patient led so sometimes lacked structure, which could prevent patients from developing effective therapeutic routines to support rehabilitation and recovery.
 - The provider did not always ensure that notifiable incidents were reported fully to the Care Quality Commission in a timely way.

Summary of findings

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Cedar House

Services we looked at

Wards for people with learning disabilities or autism.

Summary of this inspection

Background to CEDAR HOUSE

Cedar House is a specialist hospital, managed by The Huntercombe Group offering assessment, treatment and rehabilitation services in a low secure environment.

The hospital offers secure inpatient services for people with a learning disability or autism, who have offending or challenging behaviour and complex mental health needs.

The enhanced low secure ward (ELS) is a six bedded ward which offers care and treatment to individuals with particularly complex needs requiring intensive staff support.

Prior to this inspection, we had inspected the services provided at Cedar House nine times between June 2011 and January 2019. At the time of the last inspection, in January 2019, Cedar House was rated as good overall.

We undertook this focussed, unannounced inspection on 22 May 2019 as we had received information of concern about the use of long-term segregation and overall management of incidents.

A registered manager and accountable officer were in post at Cedar House.

Our inspection team

The team that inspected the service included one Care Quality Commission inspector, one Care Quality Commission inspection manager, one nurse specialist advisor with expertise in relation to secure settings and one assistant inspector.

Why we carried out this inspection

We undertook this focussed, unannounced inspection on 22 May 2019 as we had received information of concern about the use of long-term segregation and overall management of incidents.

How we carried out this inspection

As this was a focussed inspection in response to concerns we only focussed on key lines of enquiry relevant to the concerns.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and saw how staff cared for patients
- spoke with two patients
- spoke with the ward manager and nursing staff
- looked at six care records of patients
- reviewed six medicine charts.
- looked at six records containing Mental Health Act and Mental Capacity Act documentation
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with two patients during the inspection.

Both patients we spoke with told us staff on the ward were very helpful and kind. One patient told us they did

not always feel safe on the ward due to the behaviour of other patients. They told us that staff were too focussed on the care of some patients' meaning others could be ignored at times.

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?

- The ward maintained a secure environment appropriate for a low secure setting. Staff managed environmental risks through observations based on patients' needs. Staff carried radios and alarms to ensure they could relay and respond to risk issues.
- The ward had enough suitably skilled staff to provide safe care and treatment. The service had access to enough medical cover day and night.
- Ward staff were successfully managing patients with highly complex needs in the least restrictive way possible. Staff on the ward had been able to manage one patient, who had previously been cared for in long term segregation in the main ward environment. Similarly, they had supported patients to reduce the incidents of violence and aggression.
- The service monitored episodes of seclusion and physical interventions and staff were trained to carry these out safely and as a last resort.
- Incidents were reported internally, investigated and practice was improved as a result where appropriate. The ward had an effective system for summoning police support in an emergency if required.
- All patients had comprehensive risk assessments which were updated before each multidisciplinary review meeting and follow any significant risk events.
- Staff were trained in safeguarding adults and children and knew how to raise concerns. The service was supported by an external safeguarding lead and police officer and used these individuals to ensure all concerns were investigated fully.
- Medicines were stored safely.

However,

- Ward staff reported that in the months prior to our inspection there had not been enough staff for them to safely manage patients on the ward which was highly unsettled at that time. They reported that staff were frequently being assaulted by patients and that, at that time, they had not felt safe at work. However, we did not find these issues during our inspection.

Summary of this inspection

Are services effective?

- The service supported patients with care plans that covered all aspects of care and treatment. The ward adopted a positive behavioural support approach that focussed on supporting challenging behaviour in the least restrictive way possible.
- The service prescribed medicines in line with national guidance. We found that sedating medicines were used only as a last resort in were accompanied by appropriate physical observations. Patients could access information about medicines in easy read format.
- The service had good access to patients' physical healthcare that could not be delivered on site. All appointments attended by patients outside of the hospital were recorded and included in their individual health action plans.
- Staff were appropriately qualified and competent. They received regular supervision and reflective practice sessions took place weekly.
- The service had good oversight of documents and requirements outlined by the Mental Health Act and Mental Capacity Act. All staff had training on these legislations and were supported by senior staff with extensive training.

However,

- Whilst staff supported patients to access a vast range of activities, these were patient led so sometimes lacked structure, which could prevent patients from developing effective therapeutic routines to support rehabilitation and recovery'

Are services caring?

- Staff interacted with patients positively and patiently. They treated them with respect and supported them to be independent where appropriate.
- All staff we spoke with demonstrated good understanding of the patients needs and preferences and were committed to providing kind and compassionate care.

Are services responsive?

- Patients could access a wide range of facilities, which catered for individual needs and preferences.
- The ward displayed information to support patients and their carers in easy read and pictorial formats.
- Staff could access interpreters and resources to meet varying cultural and religious preferences.

Summary of this inspection

- Staff supported patients to make complaints if they were unhappy with their care. Complaints were investigated and responded to in a timely way.

Are services well-led?

- The ward leadership team had supported staff well through a challenging period. Most staff reported they felt well supported and that the ward manager was approachable and accessible if they had concerns.
- We saw clear evidence of staff being well supported following safety incidents on the ward.
- The ward tracked and monitored numbers of incidents, including restraint and seclusion, to identify how staff were managing patients who presented with behaviours that challenged.
- The ward leadership team promoted a culture of least restrictive practice and positive risk management.

However,

- The provider did not always report notifiable incidents fully to the Care Quality Commission in a timely way.

Detailed findings from this inspection

Mental Health Act responsibilities

- The service had a designated Mental Health Act administrator who had extensive training and knowledge in The Act. They worked on site and ensured that adherence around issues such as patient rights, tribunals, section papers, renewals were followed.
- Staff could access advice and support from the Mental Health Act administrator who had their own support from the provider's Mental Health Act legislation manager. All staff received training on the Mental Health Act during their induction.
- The service had completed the appropriate forms that specified whether patients consented, refused to consent or did not have the capacity to consent to treatment.
- We looked at six records which showed that patients consistently received information regarding their rights under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff received training on the Mental Capacity Act. There was a policy available for staff to refer to for guidance. Staff had reasonable knowledge the Acts guiding principles, however, patients' care records suggested that most decisions around capacity were made by senior clinicians.
- The service monitored adherence to the Mental Capacity Act and the Deprivation of Liberty Safeguards through monthly clinical governance meetings.

Wards for people with learning disabilities or autism

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are wards for people with learning disabilities or autism safe?

Safe and clean environment

- The ward provided a controlled main entrance with an airlock. This ensured security was maintained within the ward. Patients had their own rooms with washing facilities. They could access toilets, baths and showers on the ward. Each patient had a locked cupboard in their rooms and would ask staff for the cupboards to be unlocked when they wished to access their belongings.
- The hospital was contained within a secure perimeter fence. This enabled safe and secure access for patients and staff around the whole site.
- Staff could observe all ward areas which were accessed by patients. They followed observation levels individually risk assessed for all patients. We observed staff regularly walking round the ward completing visual checks on patients. On the day of our inspection, one patient was always being observed by three staff and another patient by one member of staff. Staff undertook a minimum of 15-minute observations on all patients.
- The ward managed ligature risks safely. A ligature risk is an anchor point which patients can tie things from to assist self-harm. All staff had completed training on managing ligature risks and new staff were introduced to the subject during induction. This meant staff were aware of the risk areas within the environments they worked. The ward had many anti-ligature fixtures in bedrooms and bathroom areas and ligature cutters were available to staff. Staff carried out daily environmental risks and concerns were escalated to maintenance. We observed a ligature risk map in the nursing office which was a visual reminder to staff where the high-risk areas of the ward were.
- The service complied fully with national guidance on mixed sex accommodation by providing a gender specific environment.
- The ward had a clinic room that contained emergency resuscitation equipment and emergency medicines. Staff followed regular audits to ensure they were in working order and complete.
- The ward had a seclusion suite. Staff could observe all areas of the suite and were able to communicate with patients through a two-way intercom. The suite had a toilet and shower, appropriate lighting controls, air conditioning and a clock. We noted that patients using the toilet in the seclusion room were directly facing staff from the other side of the viewing window. However, staff told us they could change the lighting to allow privacy during these times.
- The ward also had a calm room. This was a room with soft, durable furnishings that staff could support patients in when they were agitated or distressed. Incident records showed staff frequently used this room as an alternative to the seclusion suite. One patient we spoke with said they liked to use the calm room when they felt distressed.
- Staff carried alarms and radios. This allowed them to summon support and respond to colleagues when required. Staff felt the systems provided an adequate level of safety for patients and staff.

Safe staffing

- On the day of our inspection there were enough numbers of staff to provide safe care and treatment. Staff and patients we spoke with told us there were usually enough staff on duty to meet the patients' needs.
- Most staff told us that there had been a period in the months prior to our inspection where there had not been enough staff to safely meet the patients needs.

Wards for people with learning disabilities or autism

Ward staff described high levels of incidents of violence and aggression from patients which were attributable to a new patient being admitted with highly complex needs and challenging behaviour. Some staff said that during this time they did not feel safe at work and that they were regularly experiencing assaults from patients due to not having enough staff on duty. All staff we spoke with said this had improved in the month prior to our inspection.

- The ward calculated staffing numbers depending on patient numbers and increased levels of observation. We were told that the minimum number of staff of any shift was seven with at least one staff member being a registered nurse. There was a nurse in charge of each shift who could get additional support from the senior nurse on duty for the hospital if required.
- We audited staff rotas for April 2019. This showed that there were enough staff on each shift to cover routine and enhanced observations and provide therapeutic interventions with patients. Rotas also demonstrated that staff were given assigned supernumerary time appropriate for their roles.
- Staff numbers were sufficient to ensure that staff to escort patients on leave in the grounds and wider community. During the inspection, we observed staff escorting patients to the tree house in the grounds, to feed the hospital goats and to the education building as requested.
- The service employed a full-time consultant that was shared between ELS and an adjoining ward. Most staff reported doctors were easy to access routinely and in emergencies. However, one member of staff said that they felt the service would benefit from junior doctor time to support the consultant's work. The ward had an on-call arrangement to provide medical support for patients outside of normal working hours.
- The service provided staff with 28 mandatory training courses relevant to their roles. These included delivering safe physical interventions, safeguarding, immediate life support, the Mental Health and Mental Capacity Act and positive behavioural support. The majority of staff had completed these courses.

Assessing and managing risk to patients and staff

- Between 1 March and 31 May 2019, there were a total of 177 patient safety incidents on the enhanced low secure ward. Of these, 19 were categorised as moderate harm

and the others were regarded as no harm. All the 177 incidents related to incidents of patients being verbally or physically aggressive to other patients, staff or visitors or episodes of deliberate self-harm. There were no serious or major incidents reported in this time period.

- We reviewed all 177 incident reports which showed that incidents were well managed. We saw examples of staff trying a range of recognised techniques to manage patients' agitation, staff using least restrictive options and medicines only administered as a last resort.
- The hospital had an effective system to ensure incidents were recognised, reported, investigated and that any learning was shared. We saw examples where patients' care plans were reviewed and adapted following incidents.
- During the same timeframe, there were 131 incidents of restraint being used on the ward. None of these were reported to have been carried out in the prone position, which is face towards the floor. This can limit an individual's ability to expand their chest and breathe. Staff completed physical healthcare checks in line with national guidance following restraint. Physical intervention trainers were available to staff and offered advice, additional training and support ensure restraints were necessary and safe.
- From March to May 2019, there was one incident whereby a patient required rapid tranquilisation, via injection against their will, to manage aggressive or challenging behaviour on the ward. Following this incident, staff followed national guidance on monitoring patients' physical health. Incident records also showed staff followed guidance on monitoring patient's physical health after administering sedating medicines orally.
- The ward had adopted a positive behavioural support (PBS) approach in line with the rest of the hospital. This is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours and seeks to understand the reasons for their behaviour so that unmet needs can be met. Staff were enthusiastic about the PBS approach and felt it had changed the culture of the ward.
- We reviewed six electronic care records on the wards. Comprehensive risk assessments were in place for all patients. The service used the historical, clinical risk management tool that assessed risk factors for violent behaviour. It also identified protective factors to reduce future risk and support risk management plans. Where

Wards for people with learning disabilities or autism

required, the service used recognised tools to assess and manage the risk of behaviours such as sexual offending and fire-setting. All these assessments were reviewed regularly and documented in patients' individual support guidelines.

- The service managed restrictions on patients through individual risk assessments. We saw examples of the service taking positive risks to reduce restrictions placed on patients on the ward. For example, one patient had been nursed in long term segregation for a period of nine months prior to moving to this hospital. Ward staff had successfully managed to move the patient to being cared for in the main ward, integrating with other patients and engaging with shared activities. We reviewed records of long-term segregation which showed that this was reviewed regularly with clear rationales for any decisions recorded.
- We reviewed four records of seclusion incidents and all were completed thoroughly. They gave clear rationale for the seclusion, were least restrictive as they were reviewed regularly and ended when appropriate and they evidenced that patients had been offered debriefs after the seclusion had ended.
- Staff we spoke with knew how to identify and report any safeguarding concerns.
- The ward stored medicines, including controlled medicines, safely. They were stored securely and at an appropriate temperature. Controlled drugs were stored on the adjoining ward and required the senior nurse on duty to counter sign when they were administered. Medicine fridges were fitted with electronic thermometers which alerted staff if the temperature was not within range. We did a random check of 16 medicines in the medicines cupboard and found they were all in date. All medical devices were regularly calibrated to ensure they gave accurate readings

Reporting incidents and learning from when things go wrong

- Staff had a good understanding of what would be classed as an incident and how to report it on the electronic system. Ward staff could access the reporting system to both report an incident and to review

incidents overall. Ward specific incidents were discussed in the ward's weekly clinical improvement group. Staff could give examples of how they had learnt from incidents.

- Staff discussed incidents in an open and transparent way which was in line with the provider's duty of candour policy. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Any duty of candour requirements were recorded during the incident review process, such as informing relatives. All staff had completed training in duty of candour.
- The psychology team audited all incidents reported and produced spreadsheets that could be used to support local ward governance, the hospital's governance and the wider provider's governance.

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

Assessment of needs and planning of care

- The full-time health promotion nurse oversaw a clear physical health pathway throughout the hospital. Records showed that all patients had a comprehensive physical health assessment on admission, that covered baseline observations, height, weight, nutrition, risk of pressure ulcers, electrocardiogram and feet and oral hygiene.
- Ward staff effectively responded to patients' physical healthcare needs. The health promotion nurse responded to physical health issues and escalated them to the visiting GP, or general hospital where appropriate. The service had a designated room with appropriate medical equipment that was appropriate for facilitating these appointments.
- Ward staff monitored patients' ongoing physical health effectively. The visiting GP completed an annual physical health check appropriate for adults with learning disabilities prior to the patient's annual review. All physical health information was included in

Wards for people with learning disabilities or autism

individual patients' physical health action plans. We saw many examples of identified physical health issues having related care plans to support staff to manage physical health issues. One patient with epilepsy had an epilepsy care plan that identified additional interventions appropriate to his needs.

- We reviewed six care records and found that patients care plans were personalised, holistic and recovery focused. All patients had their care and recovery needs monitored by recognised tools such as the outcome star, individual health action plans, my shared pathway and this is me. We saw a wide range of care plans covering all aspects of care. All six care patients' plans were in date and reflected the current needs of the patient.
- The service used a recognised electronic patients' records system, which allowed staff to securely access and update patient information. The system allowed information, that had been completed on paper, to be uploaded onto individual patients' records. All staff were provided with a secure email account where they could communicate with internal and external colleagues. Staff had access to an intranet site where they could access information such as policies.

Best practice in treatment and care

- Patients could access a broad range of education and activities to support their recovery and wellbeing. Patients on the ward could access the Cedar Academy, the education and activity suite, which was based on site. We saw staff escorting patients to attending the academy at their request. Patients could access easy read pictorial timetables of activities available.
- We observed staff supporting patients to undertake a range of activities which included attending the academy, visiting the tree house in the grounds, playing board games and electronic gaming, tending to the hospital goats and using DJ equipment. However, we noted that this was done in an ad hoc, patient led way. Although patients had a written timetable, they could choose at the time what activity they wanted to do. We were concerned that patients' activities may have lacked therapeutic structure and routine. We also observed that some patients would frequently change their choice of activity and, as such, did not complete or

fully commit to given tasks. Similarly, some patients did not always want to engage in activities meaning they were not supported by staff referencing a guiding timetable to do so.

- We reviewed all prescription charts for patients within the service and found the service followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines. All patients were prescribed medicine within ranges recommended by the British National Formulary and we saw that medicines with sedating properties were only used as a last resort with staff using positive behavioural support techniques in the first instance. The ward provided patients with easy read and pictorial information on medicines.
- The ward team included a psychologist and assistant psychologist who offered a range of psychological interventions to patients. The psychologists offered individual and group therapy aimed to treat and improve behaviours and conditions such as violent behaviour, sexual offending, moral development, post-traumatic stress disorder and fire-setting.
- All patients were registered with a local dental surgery with specialised training in providing dental care to people with learning disabilities. All healthcare appointments in the community were summarised by accompanying staff on a health appointment feedback form that was uploaded to the patients record.
- The service followed the provider's quality assurance framework and audited clinical effectiveness and treatment practice in line with The National Institute for Health and Care Excellence guidelines. The service produced quarterly reports which monitored occurrences such as incidents, physical interventions and seclusion.

Skilled staff to deliver care

- The ward employed, contracted or had service level agreements with staff with professional backgrounds in medical, nursing, psychology, occupational therapy, social work and pharmacology to provide care and treatment to the patients.
- Staff were experienced and appropriately qualified. The service provided regular training in line with national guidance on learning disabilities or autism. Staff we spoke with were knowledgeable and skilled in their roles.

Wards for people with learning disabilities or autism

- New staff completed an induction programme. The programme covered all aspects of supporting people with learning disabilities or autism and allowed new staff to familiarise themselves with individual patients' positive behaviour support plans.
- Except for one staff member, staff with spoke with said they received individual and group supervision. Supervisors gave advice on clinical practice, developmental needs, personal well-being and any concerns with colleagues. In addition, the ward psychologist facilitated weekly reflective practice and patient focus sessions where themes from incidents were discussed.

Multi-disciplinary and inter-agency team work

- Patients had individual ward rounds every two weeks to discuss their aims and goals and comprehensive reviews every six months where all disciplines produced reports to review patients' progress. The senior management team reviewed all patients in a daily morning meeting and delegated any immediate actions to ward staff.
- Staff held handover meetings. These handovers were also used to plan patients' leave and activities during the shift. We reviewed a week of handover recording forms which showed they effectively prepared staff to manage risks and provide care and treatment on their shift.
- Staff used the experience of the local authority safeguarding team and mental health police liaison officer to resolve patient related incidents with the correct outcomes. Staff could access police support in an emergency using a code word to ensure they responded promptly when required.
- We saw examples in care records of staff working well with other agencies in the interests of patients. For example, we saw where staff engaged with the patient's case manager exploring future placement needs and where staff liaised with the patient's community support team.

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

- Staff with appropriate training received and examined Mental Health Act paperwork on admission. The service had a designated Mental Health Act administrator who

had extensive training and knowledge in The Act. They worked on site and ensured that adherence around issues such as patient rights, tribunals, section papers, renewals were followed. All staff received training on the Mental Health Act during their induction.

- The service had completed the appropriate forms that specified whether patients consented, refused to consent or did not have the capacity to consent to treatment.

Good practice in applying the MCA

- All staff received training on the Mental Capacity Act. There was a policy available for staff to refer to for guidance. Staff we spoke with had reasonable knowledge the Acts guiding principles. The service carried out comprehensive capacity assessment for all patients where they could not reasonably assume capacity.

Are wards for people with learning disabilities or autism caring?

Kindness, privacy, dignity, respect, compassion and support

- We observed many positive interactions between patients and staff. Staff showed patience and treated patients with kindness and compassion. Staff were observed engaging in activities, providing practical support and encouraging independence with patients.
- We spoke with two patients during the inspection. They told us staff were caring and kind. However, one patient told us they did not always feel safe on the ward due to the behaviour of other patients. They told us that staff were too focussed on the care of some patients meanings others could be ignored at times. Staff we spoke with reported that in the months prior to our inspection they had needed to prioritise the care of a small number of patients who presented with highly acute needs meaning others may have felt overlooked. During our inspection, we observed staff caring for all patients with the same level of kindness and respect.
- Staff displayed a good understanding of individual patients' care needs. They had access to patients' individual support guidelines and worked cohesively to

Wards for people with learning disabilities or autism

follow them. Staff were universally positive about the positive behavioural support approach the service had taken and felt better equipped to recognise and respond to challenging behaviour.

The involvement of people in the care they receive

- Staff we spoke with said patients were involved in their care planning and individual support guidelines. Staff said patients' received copies of their care plans that contained pictures and symbols to support understanding which patients told us they understood. Five out of six patients had an easy read version of their care plan. The patient who did not was new to the ward.
- The service provided advocacy services which offered both general advocacy and independent advocacy around issues around the Mental Health Act. A general advocate visited the service regularly and information was displayed on the ward about local advocacy services available.
- We saw in case records that ward staff frequently liaised with family members. Relatives could also access the hospital's family liaison nurse (FLN). The service had supported a member of staff to develop a family liaison nurse (FLN) role. The FLN had a dedicated phone number and email address to be contacted on.
- The ward held a weekly community meeting. A daily breakfast meeting to help with planning had been stopped due to poor attendance. After the inspection, the provider sent examples of easy read minutes from the community meetings.

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

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had large communal areas equipped with entertainment such as TVs, computer games and board games. The service had a separate educational and activity suite accessible by all patients. The ward had a quiet room that could be used for patients who were becoming agitated or distressed.

- The ward, within the secure perimeter fence, had access to large outside gardens. Within the garden, patients could access the newly built tree house, tent area and the hospital goats. The service had plans to build an outdoor cinema area.
- Patients accessed their meals on the ward in the dining area. Patients on this ward did not have free access to drinks or snacks, including drinking water. Staff told us that patients could access drinks and snacks at any time at their request. We observed patients requesting hot drinks and snacks during the inspection which staff provided.
- Patients were encouraged to personalise their bedroom, but this was done with safety as the priority in line with the needs of the patient group. We saw that some patients had posters on their walls and patients could access personal items from their locked cupboards at their request.

Meeting the needs of all people who use the service

- The ward was able to admit patients with mobility needs. All wards, facilities and grounds were accessible by people with mobility needs.
- The ward displayed relevant information to support patients, and their carers, in ward areas and the main entrance. Information, where possible, was displayed in easy read and pictorial formats. The service produced a magazine that advertised events such as the hospital talent show and summer fete and this was available on the ward.
- The ward displayed information on advocacy and how to complain. Staff were able to access interpreters when required and had resources to support patients with varying religious and cultural beliefs, including a dedicated multi-faith area within the hospital grounds.

Listening to and learning from concerns and complaints

- Ward staff supported patients to make complaints and ensured they received feedback. Visible easy read information on how to raise complaints was available on the ward and through welcome leaflets and patients were also supported by the onsite advocacy service to make complaints.
- There were two complaints made about the ELS between March and May 2019. Both complaints were raised by patients. One complaint was about noise

Wards for people with learning disabilities or autism

disturbance at night, the other was about discharge planning. The ward manager investigated the complaints and spoke with and wrote back to each patient. One complaint was not upheld, the other was partially upheld. In both complaint response letters, the tone was open and accountable and contained information to support the patients to take their complaint further if they were not happy with the response.

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

Leadership

- Senior managers and nursing staff had appropriate knowledge and experience in areas they carried responsibility.
- The ward manager and charge nurses were visible on the ward and staff found them approachable.

Culture

- Staff were mostly positive. They embraced the positive behavioural support approach and were committing to supporting patients to lead their best possible life.
- The ward manager and staff reported they had come through a difficult period with high levels of incidents relating to violence and aggression from patients. Staff told us they now felt safe at work, though they had not done so in the months prior to our inspection. The ward manager acknowledged that staff morale had been low until recently, but this had now improved. This had been achieved through additional staffing, support for individual staff following incidents and reflective practice.
- Leaders fostered a culture of least restrictive practice. Staff were proud of the work they had done to engage with one patient that had previously been nursed in long term segregation.
- Staff were aware of the whistleblowing process and information on how to contact the regulators was displayed around the hospital.

Governance

- The provider had appropriate processes and systems in place to monitor governance from individual wards up to board level. The ward had a clinical improvement group that reviewed quality scorecards which provided data on incident analysis and trends, supervision and mandatory training compliance, staff sickness rates and complaints. This information fed into the service's clinical governance meeting which fed into the divisional governance meeting which in turn fed into the provider's quality and assurance strategy.

Management of risk, issues and performance

- The ward monitored risks and physical interventions through their electronic incident reporting system. The senior management team reviewed these daily and themes were escalated to the ward's clinical improvement groups. Patients in long term segregation were reviewed by this team weekly.
- Notifications required by regulatory bodies were identified and allocated to appropriate staff to action. However, we found that one notifiable incident had initially not been reported to the Care Quality Commission as staff had not recognised the need to do so. The incident was reported three weeks later. Similarly, we observed that the quality of some notifications was poor and did not contain all information relevant to the incident. For example, the provider submitted a notification reporting that a patient had scalded themselves with hot water. On further review, the patient had done so in an attempt to injure staff which was not recorded. Following the inspection, this was raised with the provider at a safeguarding meeting and they have taken steps to improve in this area. The quality and timeliness of the notifications have both improved.
- The senior nurse on site monitored safe staffing levels on a shift to shift basis. They could move staff across wards to manage staff shortages or pressures.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff use activity plans with patients to promote routine and structure whilst still promoting patient choice and preferences.
- The provider should continue to ensure that all notifiable incidents are reported fully and to relevant bodies in a timely way.