The Breightmet Centre for Austism

Quality Report

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

Ratings

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

Mental Health Act responsibilities and Mental Capacity Act 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.

Summary of findings

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

Overall summary

During an inspection in June 2019 a number of serious concerns were raised, and we used our power to take enforcement action against the provider.

In November 2019 ASC healthcare successfully appealed against our enforcement action at tribunal. In November 2019 the hospital was placed into special measures and a Quality Surveillance Board was convened to oversee the necessary improvements until such time that it was no longer required.

We carried out this inspection to ensure that action had been taken following the findings of serious concerns at our last inspection.

We found a number of improvements had been made. However, we rated The Breightmet Centre for Autism as **requires improvement** because:

- The management and mitigation of risk to staff and patients was not always managed effectively. Staff had not always taken action as a result of incidents, not all staff were trained in the same restraint techniques and staff worked alone with patients without sufficient support.
- Levels of restrictive interventions were high, and staff had been injured as a result.
- Not all staff had received basic autism training and the majority of staff had not received any specialist autism training or training in specialist communication techniques.
- Managers did not always support staff with supervision and new staff were not always offered an adequate induction.
- Effective governance systems were not in place to ensure that all policies and procedures were adhered to by all staff working at the hospital.
- Communication between the hospital staff and parents and carers was not always effective.
- Discharge and transition of patients to alternative services was not always effectively managed.

However;

- All apartment environments were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Patients had access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity.

Although some improvements have been made some areas of concern remain and there remains a rating of inadequate for the safe key question. Therefore, this service will remain in special measures and we will continue to monitor the progress being made to meet the regulations. Where necessary, another inspection will be conducted within six months, and if there is not sufficient improvement, we will move to close the service by varying the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

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Summary of this inspection

Background to The Breightmet Centre for Austism

The Breightmet Centre for Autism is an independent hospital which is provided by ASC Healthcare Limited. It is situated in the Breightmet district of Bolton, Greater Manchester. At the time of the inspection the provider was registered to deliver the following regulated activities from this location:

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

The centre provides enhanced services and support to adult patients with a learning disability or autism, who are either detained under the Mental Health Act or admitted informally. The hospital takes admissions from across the country.

The registered manager had left the service in April 2019 but there was a newly appointed hospital manager in place, supported by a manager from a sister site. The hospital manager was in the process of applying to be the registered manager.

The hospital accommodation is divided into four separate apartments, located over two floors, each interconnecting with another. Each multi occupancy apartment consists of four or five-bedroom suites with full ensuite facilities and shared communal spaces. There is a separate linked annex which contains staff offices and some further shared communal resources such as an activity room and a family room.

At the time of our inspection, there were six patients residing at the hospital, across three apartments. All of the patients were detained under the Mental Health Act.

The hospital was registered with the Care Quality Commission in 2013. There have been six previous inspections including one which took place in June 2019. During the inspection in June 2019 a number of serious concerns were raised, and we used our powers under section 31 of the Health and Social Care Act to take urgent immediate enforcement action against the provider. We imposed the following conditions on the providers registration:

1. To restrict admissions until 30 April 2020 to one new patient every three weeks, subject to a maximum of 12 patients.
2. To report monthly to CQC on risk assessments and care plans for all new patients until CQC consider this no longer necessary.
3. To report monthly to CQC on governance systems and processes to ensure safe and effective care for patients until CQC consider this no longer necessary.
4. To report family, staff and stakeholder views on service quality to CQC by 30 April 2020.

As a result of these concerns, NHS England asked Mersey Care NHS Foundation Trust to take over the running of the hospital.

In November 2019 a tribunal decided that ASC Healthcare Limited should take back control of the hospital. In November 2019 the hospital was placed into special measures and NHS England tasked Bolton Clinical Commissioning Group to convene an Improvement Board to oversee the necessary improvements until such time that it was no longer required. In December 2019 the report from the June inspection was published, this report rated the hospital as inadequate in all five domains (safe, effective, caring, responsive and well led) and inadequate overall.

Our inspection team

The team that inspected the service comprised three CQC inspectors and a nurse specialist adviser with experience in autism and learning disability services.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to ensure that action had been taken following the findings of serious concerns at our last inspection.

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, asked a range of other organisations for information and sought feedback from staff at four focus groups.

During the inspection visit, the inspection team:

- visited all apartments at the hospital, looked at the quality of the environment and observed how staff were caring for patients;
- carried out five Short Observational Framework for Inspectors observations, which enabled us to observe care being delivered to patients;
- spoke with the hospital managers and senior leaders;
- spoke with 12 other staff members; including doctors, nurses, support workers, occupational therapist, psychologist and a speech and language therapist;
- spoke with four parents or carers of patients residing at the hospital;
- received feedback about the service from three care co-ordinators or commissioners;
- attended and observed one hand-over meeting and one multi-disciplinary meeting;
- looked at five care and treatment records of patients:
- carried out a specific check of the medication management processes; 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

During our visit there were only a small number of patients residing at the hospital. The majority of the patients that remained were not able to communicate their experiences with us or were not willing to speak to us.

We did however speak to a number of parents and carers whilst we were carrying out this inspection. The feedback from parents and carers was mixed, some gave us positive feedback, and some did not give us positive feedback. A number of parents were clearly happy with the treatment that their family member was receiving and were very complimentary about all aspects of the hospitals work.

However, those that were not positive said that communication continued to be a problem for them and that they were not confident that staff were able to deliver the standard of care that they expected for their family member.

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?

Inadequate

We rated safe as **inadequate** because:

- Staff sometimes worked alone on an apartment with a patient and we were not assured that effective measures were in place to adequately mitigate risk.
- Staff did not always promptly update risk assessments as a result of incidents and changing risks.
- Senior nurses and manager did not always review incident reports, where the incident report stated this was necessary
- A number of agency staff had not completed the same managing and preventing violence and aggression as other staff. We had concerns that this could lead to confusion or errors when carrying out physical restraints with patients.
- Agency staff had not received any basic training in autism and learning difficulties and the majority of all staff had not received any specialist training in this area.
- Levels of restrictive interventions were high. This service had 484 incidences of restraint involving six different patients between 1 November 2019 and 27 February 2020. As a result of these physical interventions, a number of staff had been injured.

However;

- All apartments environments were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Are services effective?

Requires improvement

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

- The hospital did not participate in clinical audit, benchmarking and quality improvement initiatives.
- During observations, we witnessed a number of interventions that were not age appropriate, in line with the patients' care plans or in accordance with best practice in treatment in care.
- Managers had not made sure that staff had a range of specialist training and skills needed to provide high quality care and meet the specific needs of the patient group.
- Managers did not always support staff with supervision and new staff were not always offered an adequate induction.

Summary of this inspection

However;

- Patients had access to psychological therapies, to support for self-care and the development of everyday living skills and to meaningful occupation.
- Staff ensured that patients had good access to physical healthcare, and they supported patients to live healthier lives.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Are services caring?

Good

We rated caring as **good** because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity.
- Staff treated patient information confidentially and sought consent to share patients' information with others.
- Staff ensured that patients had easy access to independent advocates.

However;

- Staff did not always use effective methods to communicate with patients, we saw very little use of pictorial cards for example.
- A number of parents and carers said they did not feel as engaged in the patients care as they would have liked to have been. They said that communication was sometimes poor, often because of changes in designated staff personnel.

Are services responsive?

Good

We rated responsive as **good** because:

- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- There was a range of facilities available that meant the hospital could effectively meet the therapeutic needs of all patients.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However;

Summary of this inspection

- Staff did not plan and manage discharge well. They did not liaise well with services that would provide aftercare or the next stage of treatment. On one occasion, the lack of effective planning had contributed to an unsuccessful transition which needed to be restarted.

Are services well-led?

Requires improvement

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

- Our findings from the other key questions demonstrated that governance processes did not operate effectively, and that performance and risk were not always managed well.
- Leaders had not been in place long enough to demonstrate that they had the integrity, skills and abilities to run the service. At the time of this inspection there was no registered manager in place.
- Staff did not engage actively in local and national quality improvement activities.
- The fit and proper persons directors' files did not show that appropriate checks had taken place, they contained no reference checks, proof of qualification or experience, or insolvency or bankruptcy checks.

However;

- Managers and leaders made themselves visible and were approachable to staff and patients.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff had easy access to clinical information, and it was easy for them to maintain good quality clinical records – whether paper-based or electronic.

Detailed findings from this inspection

Mental Health Act responsibilities

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff explained patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and those that we spoke to could describe the Code of Practice guiding principles well. As of February 2020, 100% of staff had received training in the Mental Health Act. The training compliance reported during this inspection was higher than the 86% reported at the last inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had regular access to information about independent mental health advocacy, they visited the hospital at least once a week and there were posters up with contact details available.

At the time of this visit, all patients were detained under the Mental Health Act. Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the responsible clinician. There were isolated examples of section 17 leave being cancelled because of specific staffing problems but this was rare and section 17 leave was always rearranged to a suitable time.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. As of February 2020, 98% of staff had received training in the Mental Capacity Act. The training compliance reported during this inspection was higher than the 85% reported at the last inspection.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Requires improvement

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Inadequate

Safe and clean care environments

All ward areas were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The hospital was undergoing an extensive refurbishment which included all the patient apartments, two of the three patient apartments in use had been completed and the other was due to be carried out soon.

Specific modifications had been made to some patient accommodation to ensure that it was safe for them to use. This included soft cushioning of hard surfaces and building modifications to ensure that plaster and electrical points could not be tampered with.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards, layout was simple and there were lots of large open spaces. Closed circuit television (CCTV) was in place in communal areas which would allow staff to review incidents where necessary.

The hospital complied with the Department of Health same sex accommodation guidance as there was no mixed sex accommodation. Because they had four very separate apartments, the hospital could easily separate male and female patients. Each of the apartments had separate living spaces which included a lounge, dining room and space to carry out activities and therapies.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Due to their complexity, all patients were observed by at least one member of staff at all times, therefore ligature risk was very low.

Staff had easy access to alarms and patients had easy access to nurse call systems. These systems were tested on a regular basis to ensure that they were working. The hospital also operated a walkie talkie radio system so that staff on different apartments could communicate with each other and with nurses on duty.

However, a small number of staff reported they felt that the response to them using their alarms was not always sufficient and enough staff did not always respond in a timely enough manner. We spoke to managers about this whilst we were on site and we were assured that adequate systems were in place to ensure that the right amount of qualified staff would respond in an emergency and we found no evidence that directly suggested this was a problem.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. The hospital had recently bought new speciality furniture for all of the patients' rooms and shared communal spaces.

Managers had implemented new guidance for staff carrying out cleaning tasks at the hospital, which included a breakdown of who did what and when it needed to be completed. Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing.

There had been a long-standing problem with the roof, which had been leaking in several places across the hospital. This was being managed well and staff were taking steps to minimise any disruption this might cause. A plan was now in action which included the roof being completely replaced.

Clinic room and equipment

Clinic rooms were located on each patient apartment and there was a separate clinic where doctors carried out medical procedures. They were fully equipped, and staff checked, maintained and cleaned the equipment.

There was accessible resuscitation equipment and emergency drugs easily available to each apartment that staff checked regularly.

Safe staffing

The service had enough nursing and medical staff, who knew the patients well. However, a small number of agency staff were not trained to use the same restraint techniques and none of the agency staff had completed basic autism awareness training. The service relied on a large proportion of agency staff to ensure that adequate staff cover was in place, but the majority of agency staff worked at the hospital on a regular basis and were therefore well known to the patients.

Staff on occasions worked alone on an apartment with one patient. The level of risk associated with this patient had recently heightened and they were displaying more unpredictable behaviour than they had previously. When we asked the managers about this situation, they offered us assurance that there were systems in place to support this member of staff for example; a floating team member, alarms and staff radios. However, we were not assured that the systems would always ensure the safety of both the patient and the lone working member of staff.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Staffing levels varied depending on patient observation levels. There were always enough staff on duty to carry out the prescribed levels of observations at any one time. During the day there were always two nurses on duty and during the night there was always at least one nurse on duty.

The service had low vacancy rates at the time of our visit, and they had just recruited a number of nurses and specialist staff.

The main reasons for bank and agency usage were related to the history of the service. As a result of the concerns raised during a previous inspection, a number of patients were relocated, and a number of staff had left because of uncertainty over their long-term future.

Managers were taking steps to limit their use of bank and agency staff and requested staff familiar with the service. For example, they were reviewing the package and staff benefits for permanent staff to try to attract new recruits.

The service had high turnover rates. This was due to the historical issues described above but they were also undertaking some changes to the way that the teams were managed and structured, however this was at a very early stage

Managers supported staff who needed time off for ill health. The manager told us that the level of sickness did not directly impact on patient care. We saw evidence of welfare checks and return to work interviews being carried out for staff that had been off sick.

Managers could adjust staffing levels according to the needs of the patients. They often had staff that were over and above the prescribed patient observation levels. These staff could be deployed to support in an emergency or if a patient needed additional staff for any reason. Managers could call in bank or agency staff at short notice if they were required. However, a number of staff stated that finding cover for staff at the weekend was more difficult.

Patients that required it had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed. Staff told us that this might occasionally happen at the weekend, due to staffing shortages.

Requires improvement

Wards for people with learning disabilities or autism

Staff shared key information to keep patients safe when handing over their care to others. We witnessed a number of handover sessions which detailed each of the patient's current mood, recent issues, planned activities and other pertinent information. There were also daily safety huddles attended by key staff where specific incidents were discussed.

Medical staff

The service had enough daytime and night time medical cover and a doctor was available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The compliance for mandatory and statutory training courses for permanent staff at the time of our visit was 93%. Mandatory training courses included:

- first aid
- fire safety
- immediate life support
- health and safety
- infection control
- safeguarding adults
- mental Health
- mental capacity act and deprivation of liberty safeguards
- equality and diversity
- autism awareness
- learning disability
- information governance
- CITRUS (preventing and managing violence and aggression).

Of the training courses listed, all achieved the hospital target.

Although the mandatory training programme was comprehensive, staff did not receive specialist training in supporting patients with autism. Due to the complexity of the patients and the specialist status of the hospital, the autism awareness training was not sufficient to provide staff with the specialist skills and knowledge needed to meet their needs. In addition to this, we could not find evidence that agency staff working at the service had carried out the basic autism awareness.

We spoke to managers about the lack of autism specialist training whilst we were on site and they showed us evidence that a plan was in place to design and deliver some bespoke face to face training for staff. A specialist training consultant had already spent a day on site assessing the needs of the service.

A number of agency staff had not completed the same managing and preventing violence and aggression as other staff. We had concerns that this could lead to confusion or errors when carrying out physical restraints with patients. Managers told us that there was an issue with the delivery of their current model of preventing and managing violence and aggression training. The current provider of the training was stopping delivering and moving to a different model. The managers were in the process of sourcing and setting up a new provider for this training and we were assured that agency staff would also receive training in this new model.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff did not always consistently assess and manage risks to patients and themselves well.

Assessment of patient risk

We looked at four patient records. Staff completed risk assessments for each patient on admission or on arrival, using a recognised tool, and reviewed these regularly. However, one patient record we looked at contained details of multiple incidents over a short space of time and clearly the severity of risk for this patient had changed. There was a paper copy of the most recent risk assessment available for staff to read, but it had not been updated to reflect the current level of risk. This could lead to a further risk of harm for the patient and staff that were working with them.

We spoke to managers about this and they explained that incidents were collated over a period of a month and a report was put together which informed a monthly review of the risk assessment. In this case, this information had not yet filtered through. This meant the system had not been effective in identifying and managing the increased

risk in this instance. We did however see evidence that these incidents were being discussed at staff handover meetings and at daily and weekly huddles and at the patients' multi-disciplinary team meeting.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We spoke to a number of staff and they were able to talk to us in detail about the patients they were working with, including current risks, recent incidents and current details of positive behaviour support plans.

Staff had the skills to develop good positive behaviour support plans and we saw evidence that staff were using skills to de-escalate potential incidents.

Staff could observe patients in all areas of the hospital, due to the complexity of the patients they were all on permanent observations by at least one member of staff, unless they were sleeping.

Staff followed hospital policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were high. This service had 484 incidences of restraint involving six different service users between 1 November 2019 and 27 February 2020. This was an increase from the 467 reported during the six months to the last published report when there were also more patients placed at the hospital. The management team pointed out that there was a different patient group at the time of the last inspection and the majority of restraints were carried out on a small number of patients, however, we felt that regardless of these facts, the current levels of restraint were still high.

All permanent staff had participated in the provider's restrictive interventions reduction programme, which met best practice standards. However, a small number of agency staff had carried out a different programme to other staff.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We looked at a number of incidents and saw written evidence in all cases that staff had taken steps to de-escalate before using restraint. However, we felt that the lack of specialist training, support and guidance led to staff not always implementing positive behaviour support plans as effectively as they could have been. For example, staff did not appear to have routine access to pictorial cards, which a number of care plans stated would be useful to use to aid communication.

There were no incidences of prone restraint, the hospital did not teach or use this technique.

There were no recorded incidences of rapid tranquilisation. Staff explained that they did not use this method of medication. There was a policy in place to ensure that staff followed best practice to administer rapid tranquilisation should it be necessary.

There were no incidences of mechanical restraint reported.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Records showed that all staff, including agency workers had training on how to recognise and report abuse and they knew how to apply it.

Staff kept up-to-date with their safeguarding training. Staff could give clear examples of how to protect patients from harassment and discrimination.

Due to the complexity of the patient group it was not appropriate for children to be visiting the ward areas but there was a well-equipped spacious family room which could be used to facilitate visits where it was risk assessed thoroughly.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw a number of examples of incidents that had been reported to appropriate safeguarding teams. These were done timely and there was an open and transparent approach to working with partner agencies to investigate, resolve and learn from these incidents.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. Generally,

if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

In the four months leading up to this inspection, the hospital had made six safeguarding referrals.

Staff access to essential information

Staff had access to all clinical information necessary and it was easy for them to maintain good quality clinical records.

Although the service used a combination of electronic and paper records, staff were able to find information they needed quickly, and systems were well organised. The service was in the process of converting all patient records to electronic ones.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

We reviewed the medication administration records of six patients and generally good practice was being followed. There were a small number of clerical errors, but these were explained and rectified easily when we spoke to staff.

The hospital knew about and were working towards achieving the aims of, 'stopping over-medication of people with a learning disability, autism or both' known as STOMP, although this was just being introduced when we visited.

Overall, all clinic rooms were clean and well stocked.

Track record on safety

We reviewed incident reporting data for the period of 1 November 2019 to 31 January 2020 and this showed that there had been 143 incidents where a physical injury had occurred. This was comparable to the data reported in the previous report, given that there were significantly less patients at the hospital during this more recent period. The management team pointed out that there was a different patient group at the time of the last inspection and the majority of restraints were carried out on a small number of patients, however, we felt that regardless of these facts, the current levels of reported physical injuries was still high.

During the same period of time, the hospital reported that 40 staff had been injured as a result of their involvement in patient restraints. We had concerns that the number of staff injuries was high. However, the majority of staff that we spoke to said they were well supported by management and colleagues and felt that the hospital was taking steps to improve this aspect of their work. A small number of staff said that they did not feel safe or well supported by management.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well in the majority of cases. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole workforce. When things went wrong, staff apologised and gave patients honest information and suitable support.

The hospital had systems in place for recording and analysing safety concerns. All staff could and were expected to report incidents directly themselves. They did so using a paper record that was then updated onto an electronic database. Incidents were supposed to be reviewed immediately by a nurse, we saw a small number of records that did not show evidence that this review had taken place. According to the provider's policy, all incidents should also be reviewed by a member of the senior management team. We did not see evidence that this review had taken place in the majority of the incidents records we looked at.

However, it was clear that a number of new systems had been put in place to improve the reviewing of data as a result of incidents, since the last inspection. These included 72-hour reviews for more serious incidents, daily, weekly and monthly safety huddles and a lessons learnt handbook located on each apartment.

We saw evidence that incidents and lessons learnt were being discussed in a timely manner and that all staff were given the opportunity to review this information. We also

saw evidence that staff were given the opportunity to be involved in a debrief following serious incidents. Debriefs were usually carried out by a senior nurse or a member of the management team.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. However, a small number of patients' carers stated that they did not feel that staff always gave them information or an explanation when they expected.

There was evidence that changes had been made as a result of feedback. For example, the hospital had made modifications to the environment for a patient that had harmed them self. The hospital had also introduced safety pods which were used for patients during incidents and enabled staff to use a least restrictive approach.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

We reviewed four patient records. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Assessments included input from a number of professionals including an occupational therapist, psychologist, doctor and qualified nurse. There was evidence that the assessments had considered information gathered from previous placements and local care coordinators.

All patients had their physical health assessed soon after admission and regularly reviewed thereafter and they had an up-to-date hospital passport. Because of the complex nature of the patients and other factors out of the patients' control, sourcing a regular local GP for patients had been difficult. However, patients' needs were being met through a number of specific arrangements and the hospital employed a doctor who was able to carry out some medical examinations that would otherwise have been difficult to arrange.

Staff were working hard to engage families and carers in the assessment and care planning process and in most cases, there was some involvement in patients care. A number of parents attended multi-disciplinary meetings on a regular basis and had an active role in supporting the care of their loved one.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were personalised, holistic and strengths-based. Positive behaviour support plans were present and supported by a comprehensive assessment. Staff had developed one-page profiles for each patient, which were particularly helpful to update temporary staff or staff that did not work with a patient on a regular basis.

Positive behaviour support plans included specific details about how to support each patient during different levels of arousal, they focussed on de-escalation and a least restrictive approach to supporting a patient. They also included details of different methods that should be used for patients with communication difficulties.

Staff regularly reviewed and updated care plans and positive behaviour support plans when patients' needs changed. We saw evidence of regular multi-disciplinary meetings that had taken place and changes to care plans as a result of this ongoing process.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives.

Staff used a number of different recognised rating scales to assess and record severity and outcomes. Managers also told us they were looking to implement new outcome measuring tools in the coming months once they had decided on a tool that would best suit their patient group.

We saw no evidence that the hospital was participating in benchmarking and quality improvement initiatives. We did not see that managers were carrying out clinical audits and using results to make improvements. However, the hospital was working on a number of projects that would help to improve the overall experience of care, such as Safewards.

We carried out a number of observations of care taking place and the majority of staff understood patients positive behavioural support plans and provided the identified care

and support. However, we saw a small number of interventions which were very childlike and not age appropriate. For example, a patient spoken to like they were a child and a staff member singing nursey rhymes to a patient. Although these techniques did not appear to upset the patients, we could see no evidence that this was an agreed method of communication or thought out strategy.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. These needs were well communicated with the staff that worked in the kitchen and we could see that thought was given about how to meet these needs alongside offering choice and variety.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients had access to a range of activities that could physically and mentally challenge them. Where possible, patients were also being encouraged to make use of section 17 leave to access the community for a range of social activities.

Skilled staff to deliver care

The hospital team included a full range of specialists required to meet the needs of patients. However, not all staff had the range of skills needed to provide high quality care and not everyone had access to regular management and clinical supervision. Managers did not always provide an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. They had recently appointed a team of staff, they all worked part time but were available flexibly across the week. If the amount of patients increased, the manager told us that the input from the multi-disciplinary of team would be adjusted to meet the needs of the hospital. Although new, this team were clearly making improvements to the way that patient care was delivered. Turnover amongst staff in specialist roles had been high which had had a negative impact on the support that staff and patients had received in the past.

The management team had recently introduced a model of staffing that saw specialist staff spending more time on the patient apartments, enabling them to better understand the needs of staff and patients.

All permanent staff had received basic autism awareness training, but the agency support workers had not. We did not see evidence that any staff had received training in positive behaviour support or specific learning disability training. Due to the complexity of the patients and the specialist status of the hospital, the autism awareness training was not sufficient to provide staff with the specialist skills and knowledge needed to meet the patients' needs.

Although there were some gaps in the specialist knowledge of some of the staff delivering care, managers were putting arrangements in place to try to rectify this. They had started working with a specialist autism consultant who was spending time at the service with a view to developing some further training and guidance for staff.

Managers had not made sure that each new member of staff had a full induction to the service before they started. There was evidence that a brief checklist had been completed but this was not sufficiently thorough. Some new staff had not had any documented supervision or checks to see that they were settling in to new roles. However, staff that we spoke to about this said that they felt well supported by managers and colleagues.

Managers showed us a supervision matrix which showed that staff were receiving regular supervision, managers said this included management and clinical elements. We looked at a number of staff files and in some cases, we could not see evidence of written notes of supervision sessions and not all supervision sessions included a clinical element. The hospital did not currently have a long-term plan as to how the specialist multi-disciplinary team members would be clinically supported. At the time of our visit, they were offering each other informal peer support. The manager recognised that this was not an appropriate long-term approach and they had plans in place to formalise these supervision arrangements.

We saw evidence that staff that had been at the hospital for long enough had annual appraisals carried out.

Managers made sure staff attended regular team meetings and ensured that those that could not attend had access to meeting notes. The hospital had recently introduced a range of different meetings that gave different staff the opportunity to get together. These included daily, weekly and monthly safety huddles which gave staff the opportunity to discuss current issues related to the delivery of care and operations of the hospital.

Multi-disciplinary and interagency team work

Requires improvement

Wards for people with learning disabilities or autism

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Hospital staff had effective working relationships with staff from services that provided additional support where required.

Staff held regular multi-disciplinary meetings to discuss patients and improve their care. We observed a multi-disciplinary meeting and it was a positive open discussion which included input from staff from different disciplines. The meeting was well chaired, and the views of the whole team were taken into consideration, including the views of staff not able to attend. Meetings were held weekly, and a small number of patients were discussed at each, which gave a good amount of time for detailed discussion to take place. We saw a number of examples of thorough notes taken from previous meetings and they were always easy to find.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover meetings were attended by all staff who were about to start a shift and led by a nurse who was about to finish, they were detailed, and notes were taken so that staff could look back at them if necessary. Discussions included changes to medication and risk as well as planned activities that were expected to be carried out.

The hospital also held daily, weekly and monthly safety huddles. These meetings gave staff the opportunity to discuss specific incidents or situations and allowed them to escalate them depending on level or risk or seriousness.

The hospital staff were working well with local and regional safeguarding teams to discuss changing risks. They also had good working relationships with placing commissioners as a number of patients were in the process of transitioning to new placements. We were told that these relationships had not always been effective due to poor communication, often because of changes to nominated staff or managers at the hospital. This was improving when we carried out our visit as the staffing team at the hospital was more settled.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff explained patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and those that we spoke to could describe the Code of Practice guiding principles well. As of February 2020, 100% of staff had received training in the Mental Health Act. The training compliance reported during this inspection was higher than the 86% reported at the last inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had regular access to information about independent mental health advocacy, they visited the hospital at least once a week and there were posters up with contact details available.

At the time of this visit, all patients were detained under the Mental Health Act. Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the responsible clinician. There were isolated examples of section 17 leave being cancelled because of specific staffing problems but this was rare and section 17 leave was always rearranged to a suitable time.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. As of February 2020, 98% of staff had received training in the Mental Capacity Act. The training compliance reported during this inspection was higher than the 85% reported at the last inspection.

Requires improvement

Wards for people with learning disabilities or autism

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients in most cases and supported patients to understand and manage their care, treatment or condition.

During our visit we carried out a number of short observational framework for inspectors' observations which enabled us to see how staff interacted with patients. The majority of the observations we saw were positive and it was clear that staff were discreet, respectful, and responsive when caring for patients. However, a very small number of interactions we saw were childlike and not age appropriate ways of communicating with patients.

Staff that we spoke to, including agency staff, were able to explain how they were expected to support patients and this information correlated to the care records that we looked at. Staff and patients appeared to have a good rapport and staff offered help, emotional support and advice when patients needed it.

Staff used basic communication methods to support patients to understand and manage their own care, treatment or condition and they did this in line with patients' care plans. However, the range of communication methods that staff used was limited and they were not always well utilised, for example, the use of pictorial cards was low.

We were not able to speak directly to any patients when we carried out our visit. Most had significant communication difficulties or were not willing to speak to us.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Where it was possible staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff involved patients where it was appropriate and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment, in some cases making use of basic pictorial cards. However, there were occasions where we witnessed staff not using communication methods that the patients' care plan suggested would be useful.

Staff involved patients in decisions about the service, when appropriate. Staff were making efforts to include patients in the layout and redecoration of the apartments and were also trying to capture their ideas to keep the food menu updated and fresh.

Patients could give feedback on the service and their treatment and staff supported them to do this where it was appropriate.

The hospital had recently implemented a new advanced decisions form which enabled them to capture this information. However, there were no patients at the hospital that had the capacity to engage in this process when we carried out this inspection.

Involvement of families and carers

Requires improvement

Wards for people with learning disabilities or autism

Staff informed and involved families and carers appropriately in the majority of cases.

Staff supported, informed and involved families or carers in patients care. We saw evidence that staff were engaging well with some families. When we visited, we saw a number of family members who had travelled to visit patients and be involved in meetings about the care that was being planned. It was clear that these family members were an established part of the care planning process.

We spoke to these family members and they explained that they felt positive about the care that their family member was receiving. They said they felt that their family member was being cared for safely and spoke about progress that had been made. They explained that communication was good, and they received regular updates about their family member.

The hospital had recently carried out a formal consultation process to receive feedback from families and carers. At the time of the inspection, they had only received one submission which was positive and explained how happy the person was with the care their family member had received.

However, we spoke to other family members who said that they felt communication had not been good enough, that they could not always get to speak to someone that they wanted to and that they felt the care being given to their family member was not good enough. They said that sometimes the hospital felt short staffed, especially at a weekend and that this had an impact on their family member. They explained that their family member had not made the progress they would have expected or hoped them to have during the time they spent at the hospital.

The hospital had recently created a new family room which was spacious, child friendly and well equipped. The family room had recently been awarded the 'Jelly baby logo' which is a kite mark issued by Barnardo's. The kite mark indicates that the room had reached a high standard.

Staff gave carers information on how to find the carer's assessment.

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

(for example, to feedback?)

Good

Access and discharge

The hospital could accommodate 18 patients across four different apartments. At the time of this visit, there were six patients admitted to the hospital. Two were due to be discharged in the very near future. A large percentage of the patients that were residing at the hospital had been moved to alternative placements as a result of concerns raised in recent months. Due to these concerns, it had also been difficult for the hospital to admit any new patients and therefore occupancy rates were currently very low.

The average length of stay was 826 days, ranging from between 147 days and 2270 days. The hospital acknowledged that the lengths of stay were long, and they explained that due to the complexity of some of the patients, it had been extremely difficult to find alternative placements. Staff were working closely with placing commissioners to ensure that those that needed alternative placements were supported to find them. Managers regularly reviewed length of stay for patients, where necessary taking steps to support the process.

The hospital accepted patients from across the country, at the time of our visit all of the patients were from out of area. Due to the specialist nature of the hospital, it was normal that they would accept referrals from out of area.

When patients went on leave there was always a bed available when they returned.

Patients were moved between apartments only when there were clear clinical reasons, or it was in the best interest of the patient. However, due to some renovations that had taken place recently, some patients had been moved to accommodate building work. There was no evidence that this had had a negative impact on patients.

Staff did not always carefully plan patients' discharge. During our visit, a patient was being transferred into another service closer to their home. Initially, their transition had been planned poorly and the necessary steps to ensure a smooth transition had not been put in place or implemented effectively. As a result, the patient had a difficult experience and staff had to start the

discharge process again. However, managers investigated this incident thoroughly and learnt lessons as a result. They were then able to plan a more thorough transition for the patient which worked much better.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. Patients that needed it had modifications made to their personal spaces to help ensure they were able to use personal space safely. Each apartment had a communal bathroom and toilet.

Patients had a secure place to store personal possessions. There was a well organised storage room which was managed by staff but which patients could access whenever they wanted.

Staff used a full range of rooms and equipment to support treatment and care. These included a well-equipped activities of daily living kitchen, a well-stocked spacious activity room, sensory room, safety pods and a range quiet lounges. Patients had access to computers and games consoles which were used for both educational and recreational purposes.

The service had quiet areas and a family room where patients could meet with visitors in private, where appropriate. They had considered and responded to the needs of patients with autism in the apartment environments however, some of the shared communal areas needed further decoration or displays to break up some of the large blank walls. When we raised this with the management team, they explained that this was due to some of the apartments being recently redecorated and that they were in the process of arranging for patients to be involved in developing some displays and choosing colour schemes.

The service had an outside space that patients could access easily and when they wanted to. The garden had recently undergone some work to make it more private so that patients could use it without being overlooked by local residents or businesses.

Patients could make phone calls in private or were supported to use a mobile phone if they needed to.

Patients that were able to, could make their own hot drinks and snacks and were not dependent on staff. Each apartment had its own small kitchenette in the dining room.

The hospital had two vehicles to enable patients to travel into the local community and they were well used when we carried out our visit.

Patients' engagement with the wider community

Staff supported patients to maintain contact with their families and carers. They had set up a number of events which were focussed around families and carers, these included celebrations and open days so that families and carers could learn more about the hospital and what it did.

Details of families and carers were easily located within care plans and on the apartments so that staff and patients had easy access to them.

We saw evidence of patients making use of the local community, for example using public transport, going to the local supermarket and other recreational activities that they enjoyed.

Meeting the needs of all people who use the service

The service met the basic needs of all patients. Staff helped patients with basic communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs, however staff were not always making best use of documented preferred communication methods, for example pictorial cards.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. The service had information leaflets available in languages spoken by the patients and local community.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support and patients and staff had access to a multi-faith room.

Requires improvement

Wards for people with learning disabilities or autism

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Patients, relatives and carers knew how to complain or raise concerns. We saw evidence of a complaint that had been received and information was displayed telling people how they could make a complaint.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. This service received two complaints between November 2019 to February 2020. Both of these were still under investigation. We saw evidence that they were being thoroughly investigated following the services complaints process. As a result of one of these complaints, some feedback had already been shared with staff and changes made to the way they operated were in place.

The service used compliments to learn, celebrate success and improve the quality of care. This service received five compliments between November 2019 to February 2020. These compliments came from family members and external professionals. They detailed positive comments about the care that staff were giving patients, thanking staff for events that they had hosted and complimenting staff on the way they had dealt with a complaint.

A small number of staff told us that they did not feel safe at work and that they had raised concerns but did not feel like they were being listened to or taken seriously. We raised this concern with managers, and they explained what measures they were taking to engage with staff more effectively and ensure that staff felt listened to.

The hospital had introduced a number of initiatives to enable them to give and receive feedback from staff. These included a 'you said we did board' which was populated with a large number of suggestions from staff and responses from management. We saw evidence of a number of sessions that managers had carried out with staff, exploring if they felt safe at work. Responses varied but were overall positive. Staff also told us about an email address which enabled them to anonymously feedback straight to the provider board.

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

Requires improvement

Leadership

Leaders had the integrity, skills and abilities to run the service, but they had only been in post for a short period of time. They understood the issues, priorities and challenges the service faced and were taking steps to manage them. They were visible in the service and supported staff.

During recent months the hospital had been managed by several different people and at the time of this inspection there was no registered manager in place. The hospital had appointed an individual who was in the process of registering to become the registered manager. The hospital had also lost some of their more senior clinical staff and had only recently replaced all of the multi-disciplinary team members.

We had concerns that due to the changes in the way the hospital was managed and the turnover of clinically experienced staff, that there was a lack of clinical leadership at the hospital. There were only a small number of clinical staff in leadership roles which resulted in a gap in the amount of clinical supervision that was available.

Although there were plans in place to rectify the majority of the issues that we raised, leaders needed more time to allow their strategies and ways of working to bed in and become more effective.

The board met at least every month and board members routinely spent time working at the hospital. They attended management meetings and were heavily involved in operational decision making. However, board members had not had all the necessary fit and proper person checks carried out. It was unclear if hospital managers had the decision-making autonomy necessary to allow them to take operational leadership of the hospital. We did not see evidence that there was a clear scheme of delegation process in place.

Vision and Strategy

The hospital had recently set out a new set of values and they had been taking steps to ensure that staff knew about

them. We saw posters and observed activities where managers were taking measures to help staff understand the values and they gave them examples of how the values related to care being delivered to patients.

We spoke to staff who had an understanding of the hospitals vision and values and the care we saw being delivered was in line with these principles in the majority of cases.

Culture

The majority of staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear.

We spoke to groups of staff and individuals during our visit and the majority of staff we spoke to said they felt like there was a much-improved culture at the hospital and the morale amongst staff was also improving. A small number of staff we spoke to said that the culture was not positive and that they did not feel they could speak out without fear.

We saw a number of examples of ways in which the hospital managers were communicating with staff both in groups and as individuals, and also anonymously where staff preferred. We saw a number of measures that managers had taken as a result of staff giving feedback. For example, improvements had been made to the staff rest areas in the hospital and additional staffing had been agreed as a result of some staff concerns about safety and their ability to take breaks.

Governance

Leaders did not ensure there were effective structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and responsibilities but we were not assured that all staff had regular opportunities for management and clinical supervision.

We looked at three director fit and proper person files, one was not available. Each file contained an up to date disclosure and barring service checks, a form of identification and completed right to work forms. None of them contained reference checks, details or proof of qualifications, proof of capability or competence checks or any insolvency or bankruptcy checks. There was also a number of small checks missing from staff files but when we asked for these the staff were able to locate them. We raised this issue with managers and following the inspection they provided us with at least one reference for each of the four listed directors.

Due to the number of concerns that we found, we concluded that governance systems were not all either in place or sufficiently effective to ensure safe and effective care was being delivered. These included concerns about staff training, staff supervision, new starter inductions, fit and proper person checks and risk assessments.

However, a number of new structures, meetings and ways of working had either recently been introduced or were about to start, to address these issues. For example, the hospital managers were making improvements to the way that risks were discussed and communicated, and it was clear how risks could be escalated up to the most appropriate level. Also, the new multi-disciplinary team members spoke with us about a number of ideas they had that would better support staff working with patients and improve the way that they worked.

Management of risk, issues and performance

The service had a risk register and we saw evidence that this was discussed at hospital management level and at board level. It was clear that hospital managers were responding to items placed on the risk register and it was clear that concerns we had previously raised had been addressed to completion or ongoing work was continuing.

Information Management

The hospital had a number of system for collecting and disseminating information to the apartments. These systems were effective but there could sometimes be a delay in managers receiving information because it needed to be input into an electronic system, for example incident reports. This could sometimes slow down the response to incidents.

Although patients' records were stored in a number of different places and formats, information was always easily accessible. Staff and managers were always easily able to locate pieces of information that they were looking for. All information was kept securely.

Managers had sent notifications to external bodies where needed, such as safeguarding bodies and placing commissioners. There had been a delay in notifications

being sent to the Care Quality Commission, this was due to changes in management staff. However, at the time of the inspection all notifications that should have, had been sent.

Engagement

The service engaged well with patients, staff and carers in most cases. We saw examples of routine weekly communications that were sent to carers and commissioners to update them about patients' stay, where required. However, a small number of stakeholders felt that hospital staff did not always effectively communicate with them, and they felt that they did not get the opportunity to give and receive feedback about patients or the hospital in general.

We saw evidence and examples of carers being invited to and attending meetings about patients care. We observed a meeting which was attended by a parent and their views were encouraged and valued by the other people in attendance. Patients that could do were engaging in decisions about their care and the development of the hospital.

Learning, continuous improvement and innovation

All staff were committed to continually improving services, but we did not see evidence that they had a good understanding of quality improvement methods. Leaders did not encourage innovation or participation in research.

A number of staff had been given the opportunity to develop into new roles and it was clear that the hospital was taking steps to encourage this.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that necessary fit and proper checks are carried out for all directors.
- The provider must ensure that risk assessments are updated as a result of incidents.
- The provider must ensure that incidents are reviewed by nurses and senior staff.
- The provider must ensure that any member of staff working alone with a patient is adequately supported.
- The provider must ensure that all staff have completed suitable training to ensure that they can safely carry out any necessary restraints.
- The provider must ensure that a plan is put in place which aims to reduce the amount of physical restraints that are carried out and that aims to reduce the number of staff injured as a result.
- The provider must ensure that all staff delivering care to patients have received specialist autism training.
- The provider must ensure that governance systems to ensure that policies and procedures are being followed are effective.
- The provider must ensure that all new staff receive a thorough induction.
- The provider must ensure that all staff receive appropriate supervision and appraisals.

Action the provider SHOULD take to improve

- The provider should ensure that staff are delivering age appropriate interventions in line with a patients care plan and good practice in treatment and care.
- The provider should ensure that each patient has a contactable named member of staff and that all stakeholders know who they are.
- The provider should ensure that they manage discharge and transitions to alternative placements effectively and in a way that least impacts the patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors Appropriate background checks had not been carried out for all directors.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff were working alone with patients and risks to people were not effectively mitigated. Incidents were not always effectively responded to and risk assessments updated as a result. Staff did not have the right skills to enable them to support patients safely and effectively. The was a high number of restraints and staff had been injured as a result.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective governance systems were not in place to ensure that all policies and procedures were adhered to by all staff working at the hospital.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received specialist autism training.

Staff did not always receive adequate supervision and appraisal.

Staff inductions were not always put in place for new starters.