

The Brightmet Centre for Autism

Quality Report

The Brightmet Centre for Autism
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Date of inspection visit: 8 and 9 July 2015
Date of publication: 26/11/2015

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

Ratings

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

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

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

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

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

We rated wards for people with learning disabilities or autism as good because:

- The ward layout enabled staff to observe all parts of the apartments, and there were no blind spots. The provider had completed ligature risk assessments, and put appropriate mitigating actions in place.
- There had been staffing issues in the past but this had improved significantly. The established staffing levels consisted of 51 whole time equivalent (WTE) staff but the provider had purposely over-recruited and had a full staff team of 54 permanent staff members in post at the time of our inspection. Reliance on agency staff had reduced accordingly. Staffing numbers were good and all shifts were filled with sufficient levels and grades of staff. Staffing rotas took into account the gender mix in the unit, and there were male and female staff on all shifts.
- Patients received multidisciplinary assessments, which included input from psychiatry, nursing, clinical psychology, occupational therapy (OT), and speech and language therapy teams.
- Patients had good access to physical healthcare and the service ensured their physical health needs were assessed and monitored.
- We observed kind and respectful interactions between staff and patients. Patients gave positive reports of how staff treated them. Staff knew the patients and their needs, which reassured patients. All care plans showed evidence of patient involvement in care planning, risk assessment and management and activity planning.
- Patients had access to private telephone facilities as they could use the apartment's cordless telephone in their own bedrooms or in the quiet rooms.
- Patients could make hot and cold drinks and snacks throughout the day. Comments from patients about the food served at meal times were mainly positive. Food choice and quality was good, and there was a strong focus on healthy eating.
- Patients had activity planners, which were person-centred and supported their individual rehabilitation programmes. Staff completed individual activity planners in accessible formats for patients with limited verbal communication. Patients had access to a range of activities on and off-site, including at weekends.
- Staff knew the organisation's visions and values. Ward systems and processes were working effectively. Staff reported increased trust in management and said that the new manager was visible on the unit. Staff recognised that the provider had made improvements to the service and were positive about the future.
- There was an effective governance structure in place, which included adequate systems and processes to ensure regular monitoring of all areas within the service. The provider was committed to service improvement. As well as having a comprehensive internal audit process in place, the provider had commissioned a number of external audits and peer reviews.

However:

- Although there was one psychiatrist supporting the service on a part-time basis, who was available out of hours, there was no additional capacity available to cover sickness or annual leave.
- The provider's vision was for the service to become a highly specialist centre for autism. The provider acknowledged that to achieve this, the service required further development and staff required additional specialist training on autism.
- Patients did not have advance statements in place, that is, a record of their wishes for future care. However, there was information recorded in care records to guide staff on supporting patients' preferences for managing their distress.
- Although two staff were trained in total communication methods and the use of "now and

Summary of findings

next” cards to help patients with limited verbal communication structure their day, during our inspection, we noticed that staff had not changed the cards to show the next activity.

- Staff had occasionally cancelled activities unnecessarily, for example, not going to a café because it was raining. In response to this, the provider had developed an individual activity-recording sheet to monitor activities, and these were reviewed weekly.
- The centre did not have a sensory room, but the provider had plans to install one in the future. In the meantime, staff supported patients to access sensory rooms in community settings.
- We found two occasions where there were delays in meeting patients’ individual needs for specialist clothing and hairdressing.

Summary of findings

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Good 

The Brightmet Centre for Autism

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to The Brightmet Centre for Autism

The Brightmet Centre for Autism is an independent hospital providing enhanced support services for the care of up to 19 adults with learning disabilities and/or autism. Care is provided for informal patients and patients who have been detained under the Mental Health Act. The centre is a purpose-built, autism-friendly unit that provides accommodation in four separate apartments (wards). The centre also contains a single self-contained apartment used as a family visiting room. Each ward contains four or five single bedrooms with full ensuite facilities, a communal lounge and a dining room. The centre is located in the Brightmet area of Bolton, close to public transport.

At the time of inspection, the centre had two female and three male patients accommodated in two wards (apartment two and apartment three).

The Brightmet Centre for Autism registered with the CQC in August 2013. There have been three inspections carried out at the centre. These include two routine inspections on 3 September 2013 and 30 January 2014, and an inspection in response to concerns on 14 August 2014.

At the inspection on 14 August 2014, The Brightmet Centre for Autism did not meet the essential standards relating to:

- consent to care and treatment (Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010);
- care and welfare of people who use services (Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010);
- safeguarding from abuse (Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010);
- supporting workers (Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010);
- assessing and monitoring the quality of service provision (Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010).

We inspected these compliance actions, now referred to as requirement notices, as part of the comprehensive inspection and found that the provider had met them.

Our inspection team

Our inspection team was led by:
Si Hussain, Inspector, Care Quality Commission (CQC)

The team was comprised of three CQC inspectors, including one inspector with expertise in autism, and one specialist advisor, with expertise in clinical governance.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

Summary of this inspection

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all wards at The Brightmet Centre for Autism,
- looked at the quality of the ward environments, and observed how staff cared for patients;
- spoke with five patients;
- spoke with three relatives;
- interviewed the centre manager;
- interviewed the clinical nurse lead;
- spoke with six other staff members including doctors, psychologists, nurses and support workers;
- spoke with one advocate;
- spoke with one human resources officer;
- interviewed the director with responsibility for these services;
- attended and observed multidisciplinary team meetings for two patients;
- attended and observed one community meeting;
- looked at medication records for five patients;
- looked at care records for five patients;
- looked at one staff record;
- looked at incident records;
- carried out a specific check of the medication management on all wards;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five patients, three relatives and one advocate. Patients were generally positive about their experience of care but in one unit, patients expressed concerns about their safety from other patients. Patients wanted more activities, especially outside the unit. Relatives gave good feedback about the care given, and

were pleased with the progress patients had made. Some relatives said they experienced very good communication from staff and others said that it needed improvement. Both patients and relatives expressed concerns about the high turnover of staff in the unit but were pleased that things appeared to be settling down.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The ward layout enabled staff to observe all parts of the apartments, and there were no blind spots. Staff had carried out ligature risk assessments on all five apartments within the building, which identified potential risks and appropriate mitigating actions.
- There had been staffing issues in the past but this had improved significantly. The established staffing levels consisted of 51 whole time equivalent (WTE) staff but the provider had purposely over-recruited and had a full staff team of 54 permanent staff members in post at the time of our inspection. Reliance on agency staff had reduced accordingly. Staffing numbers were good and all shifts were filled with sufficient levels and grades of staff.
- Staff had received and were up to date with mandatory training. Staff were trained in safeguarding and knew how to raise concerns.
- Staff reported incidents appropriately, and received feedback on them through handovers, team meetings and supervision.
- There was good medicines management practice in place. Medicines were securely stored in the clinic rooms on each apartment in line with national guidelines.

However:

- Although there was one psychiatrist supporting the service on a part-time basis, who was available out of hours, there was no additional capacity available to cover sickness or annual leave.

Good



Are services effective?

We rated effective as good because:

- Patients received multidisciplinary assessments, which included input from psychiatry, nursing, clinical psychology, occupational therapy (OT), and speech and language therapy staff.
- Patients had good access to physical healthcare. Patients' physical health needs were assessed and monitored. All patients had health action plans, and patients had separate physical healthcare plans specific to their health care issues.

Good



Summary of this inspection

- The service kept their records in good order and coded them for ease of access to specific events, for examples, incidents. Patients' records contained a 'grab and go' file, for ease of access and reference, which summarised the key information relating to the patient.
- The service had adopted the positive behaviour support approach to working with people with learning disabilities who exhibited challenging behaviour. All patients had positive behaviour support plans in place.
- Staff received an induction and specialist training for their roles. This included management of violence and aggression, positive behaviour planning, risk assessment and autism awareness training.
- Staff had access to six-weekly supervision sessions, monthly team meetings and weekly reflective practice discussions.
- Staff had a good understanding of the principles of the Mental Capacity Act, in particular, concerning the presumption of capacity and its decision-specific application.
- The service was adhering to the Mental Health Act (MHA) and the MHA Code of Practice. The MHA monitoring visit on 29 June 2015 had identified issues, which the provider was addressing.

However:

- The provider's vision was for the service to become a highly specialist centre for autism. The provider acknowledged that to achieve this, the service required further development and staff required additional specialist training on autism.

Are services caring?

We rated caring as good because:

- We observed kind and respectful interactions between staff and patients. Patients gave positive reports of how staff treated them.
- Staff knew patients and their needs well, which reassured patients.
- Staffing rotas took into account the gender mix in the unit, and there were always male and female staff on all shifts.
- The care plans we reviewed showed evidence of patient involvement in care planning, risk assessment and management and activity planning.
- Patients had access to advocates who supported them at meetings, such as care programme approach (CPA) meetings, multidisciplinary team (MDT) meetings, and community meetings.

Good



Summary of this inspection

- Staff organised community meetings in each apartment, at which patients could raise issues and complaints. The centre also held a relatives and carers forum on a monthly basis.

However:

- Patients did not have advance statements but there was information recorded in care records to guide staff on supporting patients' preferences for managing their distress.

Are services responsive?

We rated responsive as good because:

- The Brightmet Centre was a purpose-built, autism-friendly unit located in a community setting, with a full range of facilities. Patients' commented that the facilities were comfortable and supported their recovery.
- There was a multi-faith room, which was equipped with faith books for the major religions as well as a religious calendar and information about festivals.
- Patients had access to private telephone facilities as they could use the apartment's cordless telephone in their own bedrooms or in the quiet rooms.
- Patients could make hot and cold drinks and snacks throughout the day. Food choice and quality were good, and there was a strong focus on healthy eating. Comments from patients about the food were mainly positive.
- Patients had activity planners, which were person-centred and supported their individual rehabilitation programmes. Staff completed individual activity planners in accessible formats for patients with limited verbal communication. Patients had access to a range of activities on and off-site, including at weekends.
- The provider had a robust complaints process and handled complaints appropriately. There were easy read versions of the provider complaints procedure displayed in each apartment and the provider had updated these to include the details of the new manager.

However:

- Although two staff were trained in total communication methods and the use of "now and next" cards to help patients with limited verbal communication structure their day, during our inspection, we noticed that staff had not changed the cards to show the next activity.
- Staff had occasionally cancelled activities unnecessarily, for example, not going to a café because it was raining. In response

Good



Summary of this inspection

to this, the provider had developed an individual activity-recording sheet to monitor activities, and these were reviewed weekly. Staff recorded the outcomes of the planned activity, and any reasons for cancelling or changing it.

- The centre did not have a sensory room but the provider intended to install one in the future. In the meantime, staff supported patients to access sensory rooms in community settings.
- We found two occasions where there were delays in meeting patients' needs for specialist clothing and hairdressing.

Are services well-led?

We rated well-led as good because:

- Staff knew the provider's visions and values. Ward systems and processes were working effectively. Staff reported increased trust in management and said that the new manager was visible on the unit.
- Staff morale had improved significantly in recent months. Staff recognised the improvements to the service and were positive about the future.
- There was an effective governance structure in place, which included adequate systems and processes to ensure regular monitoring of all areas within the service.
- The provider was committed to service improvement. As well as having a comprehensive internal audit process in place, the provider had commissioned a number of external audits and peer reviews.
- The provider reported incidents and safeguarding concerns appropriately. The provider attended regular meetings with the local safeguarding team as part of their quality assurance process.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

We found the service adhered to the MHA and MHA Code of Practice.

There had been two MHA monitoring visits to the service on 14 August 2014, and 29 June 2015. In August 2014, the findings included the following issues:

- Risks assessments were not routinely completed before leave was authorised.
- Leave forms did not record if patients received a copy.
- Patients' files contained out of date leave forms which were not scored through.
- Care plans were not routinely reviewed.
- Discharge discussions had not taken place.
- Physical health checks were not carried out.

By June 2015, the provider had partly addressed these concerns. At this visit, the concerns identified included:

- Various care plan formats with sporadic use of outcome measures and some with no review dates recorded.
- The outcome of leave was not recorded in patients' notes.
- Patients were not offered the opportunity to complete advance statements.

- There was no recorded evidence of patients' involvement in the planning of their care.
- Some patients did not feel safe from other patients on the ward.
- Patients indicated that activities were not taking place.

Following the visit in June 2015, the provider submitted plans indicating all these issues would be addressed by 30 August 2015. We found some of these issues were already fully resolved by the time of our comprehensive inspection in July 2015. For example, there were review dates recorded in care plans, care records showed patients' involvement in their care, patients undertook a range of activities, and patients' notes showed the outcomes of section 17 leave.

The provider employed a permanent full-time Mental Health Act administrator who oversaw matters relating to the MHA, for example, patients' rights, detention, renewals, and section 17 leave. The MHA administrator undertook monthly audits specific to the MHA and MHA Code of Practice. Patients received their rights on a regular basis. However, approved mental health practitioner (AMHP) reports were missing for two patients, as they had not been provided at the point of admission.

Mental Capacity Act and Deprivation of Liberty Safeguards

All patients were detained under the MHA. Staff had a good understanding of the principles of the Mental Capacity Act (MCA), in particular, concerning the presumption of capacity and its decision-specific application. Staff gave examples of when best interest assessments had been required. Staff knew they could consult the MHA administrator or psychiatrist for further information.

MCA and Deprivation of Liberty Safeguards (DOLS) training was not included in the mandatory training

programme. However, the provider had an up to date MCA and DOLS policy, and staff received online training on MCA/DOLS as part of induction training and on a twelve monthly basis thereafter. Two new staff confirmed they had completed it. There was also a drop-in training session for staff on mental capacity, best interest meetings and the law scheduled for 25 September, led by the consultant psychiatrist.

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

- The ward layout enabled staff to observe all parts of the apartments, and there were no blind spots.
- Staff had carried out ligature risk assessments on all five apartments within the building. These identified potential risks and appropriate mitigating actions. For example, taps in corridor bathrooms and bedroom toilets presented ligature points. As such, all patients received individual risk assessments.
- The hospital complied with the Department of Health gender separation requirements by allocating separate apartments for male and female patients.
- The building and apartments were modern and well-maintained. All apartments were safe, clean and clutter free. Windows had restrictors fitted. Records showed the provider regularly addressed the upkeep of repairs and building maintenance. Staff adhered to a cleaning schedule to ensure all areas of the building were clean. A cleaning list showed staff last cleaned the toilets on 7 July, the day before the inspection.
- Patients were encouraged to take responsibility for cleaning their own bedrooms as part of their rehabilitation. Patients told us staff checked they were using the right equipment and cleaning products, and helped them clean.
- There was a fully equipped clinic room within each apartment. The blood pressure monitoring equipment and weighing scales were located in the ground floor

apartment clinic. Oxygen and defibrillators were available in each apartment's clinic. Staff checked the equipment for operational safety each month. There were fridges for storing drugs in each apartment clinic and staff monitored the operational temperature daily.

- All portable electrical appliances had passed appropriate safety tests in June 2015.

Safe staffing

- There had been staffing issues in the past but this had improved significantly. For example, the centre had had three managers since it opened in September 2013. These changes had contributed to concerns about the stability of the service; however, in May 2015, the provider recruited a suitably qualified and experienced manager on a permanent basis. There had been difficulties with staff retention. The staff sickness rate for 1 June 2014 to 31 May 2015 was 4% and the staff turnover rate was 105%. During the three-month period from 1 March to 31 May 2015, bank or agency staff had filled 372 shifts, with no shifts left unfilled. During the same period, there were eight vacant posts for nursing staff. However, as of 8 July 2015, staff were recruited to all posts, and there were no vacancies in the service. The staffing establishment was 51 WTE staff but the provider had purposely recruited to 54 WTE posts to allow for contingencies. This consisted of six qualified nurses, 38 unqualified nurses (support workers), five allied healthcare professionals and five administrative staff.
- Reliance on agency staff had reduced accordingly. Staffing numbers were good and all shifts were filled with sufficient levels and grades of staff. Agency staff supported the service at times of additional pressure and the provider tried to use agency staff who were familiar with the service.

Wards for people with learning disabilities or autism

- Staffing levels on both day and night shifts varied in response to patients' needs. Day shifts comprised a minimum of one registered nurse and five support workers. One registered nurse and a minimum of three support workers covered night shifts. On night shifts, the registered nurse was based on the ward where patients had the most complex needs. Staffing rotas for two weeks during June 2015 showed at least one registered nurse and five support workers were rostered on each shift. On some day shifts, two registered nurses and up to 10 support workers were on duty. The rotas confirmed there was one registered nurse rostered on each night shift, and between five and eight support workers. During the day, the service also had access to the centre manager and the clinical lead, who were both registered nurses and were not included on the staff rota. The service ensured there were male and female staff on duty on all shifts.
- There was one psychiatrist supporting the service on a part-time basis, who was available out of hours. However, there was no additional cover available to cover sickness or annual leave. The provider acknowledged this was an issue and told us they were in the process of making additional cover arrangements. At the time of our inspection, the provider had contacted a local psychiatrist and commenced discussions about the level of cover required.
- The provider's staff team included a lead for creative intervention training in response to untoward situations (CITRUS), a least restrictive approach to managing violence and aggression. The CITRUS lead reviewed incidents of restraint for learning purposes and helped staff improve their skills in managing violence and aggression. All staff had received CITRUS training and benefited from debriefs following incidents. Staff spoke positively about the influence of the CITRUS lead on their practice.
- Staffing numbers were good and no section 17 leave was cancelled because of staff shortages. At the time of the inspection, there were delays to leave and outdoor activities because the service was sharing one minibus.
- Each patient had an allocated key worker, which patients valued highly. One patient said it was a positive aspect of their care and treatment. They benefited from having a trusting relationship with their keyworker, and the opportunity to share their anxieties and experiences.

- Staff had received and were up to date on their mandatory training. The average mandatory training rate was 90%. Mandatory training included positive behaviour support, CITRUS training and autism awareness for all clinical staff.

Assessing and managing risk to patients and staff

- The centre did not have a seclusion facility. The provider had a policy of no seclusion and no segregation at the centre.
- There were 157 incidents of restraint in the six-month period to 31 May 2015. None involved the use of prone restraint or rapid tranquillisation.
- Patients' records showed that staff undertook a risk assessment of every patient on admission and updated this regularly. Staff used the Salford tool for assessing risk (STAR) to support the assessment and management of risks.
- There was good medicines management practice in place. Medicines were stored in the clinic rooms in each apartment. Medicines were stored safely, though we noted one minor error of a medicine placed into the wrong packet, which staff rectified immediately. We looked at ordering, receipt, storage, administration and returns or destruction of medicines. There were records of ordering and receipt of medicines. There were no errors noted in the medicines administration charts. No controlled drugs were stored on site. Scheduled medicines were stored in a controlled drugs cupboard and administered in line with national guidelines. We checked the recorded stock levels against the stocks held and found no discrepancies.
- Staff used restraint only after de-escalation failed. The provider was committed to reducing restrictive practices, and employed a CITRUS lead to support staff with least restrictive approaches. The CITRUS lead reviewed all incidents of restraint, and gave feedback to staff and management. In one case, a patient was prone to dropping to the floor in the corridor when in distress. This led to a risk of prone restraint. In response, the provider purchased a settee and installed it in the corridor. This meant that staff could apply least restrictive practice by supporting the patient to the settee as they were falling.
- The psychiatrist had supported some patients' requests for medication to be part of their de-escalation plan. One patient said this improved the way in which staff supported them during crises.

Wards for people with learning disabilities or autism

- Staff understood how to access information about risk assessments. They described how the assessment of patients was used to determine the patient's levels of observation. Staff reported a reduction in incidents as a result of discussions at handovers and reflective practice meetings. The provider employed a data analyst who collated and analysed information about the numbers of incidents reported.
- Staff were trained in safeguarding and knew how to raise concerns. Staff made referrals when appropriate. For the twelve-month period up to June 2015, the CQC received 43 safeguarding notifications raising concerns about patient safety and staffing levels. At the time of our inspection, the local safeguarding team was undertaking an investigation, which has since concluded. The findings were that at the time of their investigation, patients appeared to be safe. However, the team intended to make recommendations for improving the quality of the service.

Track record on safety

- The service reported two serious incidents from July 2014 to May 2015. We reviewed the local incident reports for April and May 2015, which contained detailed analyses of incidents. During this two month period, staff reported 186 incidents. Of these, 11 were potential safeguarding incidents. Seventy per cent of all incidents involved 'harm to others', most of which were patient to staff incidents of low level harm. De-escalation was the only action required in 46% of incidents.
- The service opened in August 2013. From around January 2014, it had experienced a series of adverse events, which resulted in an inspection in August 2014 that found numerous breaches of regulations. The provider had embarked upon a programme of improvement and had made progress. However, the service had continued to face challenges including the high turnover of staff, safeguarding issues and concerns about the quality and safety of patient care.
- The provider had implemented the following changes to help improve the service:
 - Recruitment of a safety lead experienced in least restrictive practices for managing violence and aggression.
 - A permanent staff team in post, with no vacancies, and reduced reliance on agency staff.

- Recruitment of dedicated support functions including human resources, a Mental Health Act (MHA) administrator and a data analyst.
- A multidisciplinary team (MDT) including psychiatry, psychology, occupational therapy, nursing, and speech and language therapy staff, and the safety lead.
- An externally commissioned audit of medicines management.
- An externally commissioned review of the service.
- Registration with an autism-specialist organisation.

Reporting incidents and learning from when things go wrong

- Staff reported incidents appropriately. Each staff member was responsible for informing the clinical lead or manager of the incident and completing an incident form. We saw fully completed individual incident records. The data analysis logged details of incidents onto a database for ease of reference and data analysis. The analyst produced analytical incidents reports on a bi-monthly basis, and provided details on types of incidents, time of day, locations, impact and responses.
- Staff received feedback on reported incidents through handovers, team meetings and supervision. Staff also received support and counselling, if necessary. We saw notes of a debrief session following a serious incident, which made recommendations for improving practice that had been actioned.

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

Good 

Assessment of needs and planning of care

- Assessment of needs and planning of care had improved since the service had employed a clinical psychologist and occupational therapist (OT), and arranged support from a speech and language therapist (SaLT). Patients had received specialist assessments, where appropriate, for example, sensory and communication needs.
- Staff benefited from the expertise available. For example, one staff member was encouraged by the

Wards for people with learning disabilities or autism

occupational therapist to seek further information about a patient, for whom there was little background information on their early life. Staff contacted the patient's family, who were described as hard to engage, and obtained the required information. As a result, the staff member and OT developed a tailored activity plan based on the patient's interests, and saw the positive impact this had on the patient.

- We reviewed the care records for all five patients. Care records contained relevant signed and dated documentation such as care plans, health action plans, risk assessments, personal profiles, hospital passports, and health of the nation outcome scales (HONOS). All patients had positive behaviour support plans. Documents were person-centred and autism-friendly, and showed each individual patient's specific needs, preferences and behaviours. They were goal-oriented towards rehabilitation and discharge.
- The provider had developed a health improvement strategy, which was learning disability-focused. This identified a comprehensive range of potential physical and mental health issues, from which an action plan was developed. Records and audits showed completed actions and those in progress. For example, there was a healthy eating programme in place, all patients had health action plans, and patients had separate physical healthcare plans specific to their health care issues.
- Patients had good access to physical healthcare. Two patients we spoke with said they could see their local GP when they needed and had physical health checks as part of their care and treatment. Care records showed that staff regularly monitored the patients' physical health, and made referrals were to primary and secondary health care services, where required.
- There were a range of a therapies and interventions available to patients according to their needs. These included cognitive behaviour therapy and anger management. The positive behaviour support approach underpinned the provider's model of care. The service had a strong commitment to rehabilitative care, which included the development of independent daily living skills and access to community-based activities.
- The service used paper records. The service kept their records in good order and coded them for ease of access to specific events, for examples, incidents. Patients' records contained a 'grab and go' file, for ease of access and reference. The service had recently reviewed its record storage system and found that the

same key operated the archives room and all the offices. As such, the lock was changed and the duty manager held the key. There was a log to record retrieval and return of documents.

Best practice in treatment and care

- The service was complying with Department of Health (DoH) April 2014 Guidance Positive and Proactive Care: reducing the need for restrictive interventions. The provider had changed its managing violence and aggression approach and training to the British institute of learning disabilities (BILD) accredited CITRUS model. The provider had recruited a CITRUS trainer to help implement the changes, and all staff had received training in the new approach.
- The service had adopted the positive behaviour support approach to working with people with learning disabilities who exhibited challenging behaviour. Staff had received training in positive behaviour support planning and patients had positive behaviour support plans in place. Staff discussed individual patients' plans in reflective practice discussions supported by the psychologist. The plans helped guide them in dealing with patients' distress and behaviour appropriately.
- The service adopted evidence-based practice for risk assessment and care planning. Staff used the Salford tool for assessing risk (STAR), and the health of the nation outcome scales (HoNOS) approach. Staff were trained in these approaches. The service was planning to adopt a recovery-based model of care for autism such as spectrum star.
- Medicines management practice and prescribing was in line with best practice and national institute of health and care excellence (NICE) guidance. Patients' care records showed there were plans to reduce the use of anti-psychotic and PRN (pro re nata - as required) medicines for some patients.
- The service had undertaken a comprehensive audit programme. A range of staff were involved in the audits, as appropriate. Audits completed included physical health monitoring charts, accident/incident debriefs, care files, ligature, infection control and training. External audits included a review of medicines management, and peer reviews by other autism and learning disability providers.
- At the time of our inspection, the green light toolkit and the NICE guideline for autism self-audits were in progress.

Wards for people with learning disabilities or autism

Skilled staff to deliver care

- A wide range of mental health disciplines and workers provided input into the wards. These included psychiatry, psychology, occupational therapy, speech and language therapy, and nursing. The provider commissioned a specialist sensory occupational therapist for one patient with specific needs.
- Staff demonstrated a detailed knowledge of patients and their needs. Staff described patients' triggers and warnings signs, and responded appropriately. Staff gave examples of how they supported patients' rehabilitation, for example, cooking and domestic tasks in the hospital, and activities in a community setting.
- Staff received an induction and only worked with patients directly when they completed it. Staff received a range of specialist training for their roles. This included CITRUS, positive behaviour planning, risk assessment and autism awareness training. In addition, staff were invited to attend weekly drop-in training sessions, developed by the psychologist. These were intended to build the expertise and knowledge of staff on specific issues, for example, mental capacity, best interest meetings and the law; learning disability nursing; challenging behaviour and its meaning; and autism. There were arrangements made for staff to access training materials if they could not attend the sessions.
- Staff had access to six-weekly supervision sessions, monthly team meetings and weekly reflective practice discussions. These supportive mechanisms encouraged staff to take initiatives and be more active in care provision.
- Staff gave examples of courses they had undertaken. These included a qualifications and credit framework (QCF) level 3 course in health and social care, which included a component on autism. The OT was undertaking a course on sensory impairment. Two staff received training on total communication methods to help support patients with limited speech. One staff member was undertaking training in mentorship.
- The provider's service provision had a broad focus on learning disabilities and rehabilitation. The provider's intention was to develop a stronger focus on autism. The provider had plans in place to support this development, which included additional training on autism for staff. The psychologist had developed weekly drop-in sessions for staff, which covered topics such as autism diagnostic systems, autism quotient, speech and

language therapy for autistic clients, and advocacy for autistic clients. The provider had registered with an autism specialist organisation, National Autistic Society, and had undergone a peer review.

- There were thorough processes in place for staff recruitment. Staff records were up to date and contained the required documentation and information, for example, disclosure and barring service checks.

Multidisciplinary and inter-agency team work

- Multidisciplinary team (MDT) meetings were effective. They occurred weekly and any staff member working with a patient could attend. There was regular participation from psychiatry, nursing, psychology and occupational therapy staff. In addition, owing to difficulties recruiting to a permanent post, the provider had commissioned sessional input from a private speech and language therapist. Patients' keyworkers attended the MDT meetings and gave their reports on the patients' progress. The MDT listened to all participants and encouraged them to contribute.
- We observed MDT meetings for two patients and found they were thorough and inclusive. Patients were discussed in a respectful manner. All aspects of their care were discussed including general health and wellbeing, medication, incidents and events, risk assessments, and leave. Key workers supported their patients at the meetings.
- Handovers were effective and staff discussed all patients in detail. Staff reported recent improvements in handovers in that they were more structured and productive. A nurse from the closing shift led the handovers. Handovers often included input from the psychologist and CITRUS trainer.
- The service maintained regular contact with commissioners and the local safeguarding team. Staff were also invited to attend and contribute to commissioners' reviews of patients.
- Staff benefited from reflective practice meetings and said the psychologist's input helped them understand approaches to patients.

Adherence to the MHA and the MHA Code of Practice

- The service adhered to the MHA and MHA Code of Practice.

Wards for people with learning disabilities or autism

- The provider employed a permanent full-time MHA administrator who oversaw all matters relating to the MHA, for example, patients' rights, detention, renewals, and section 17 leave.
- The MHA administrator undertook monthly audits specific to the MHA and MHA Code of Practice. The audits identified issues, which were addressed. Audits included section 17 leave forms, certificate of consent to treatment (T2) and certificate of second opinion (T3) forms, and detention documents. Nurses also checked T2 and T3 forms on a weekly basis. Patients received their rights on a regular basis. However, approved mental health practitioner (AMHP) reports were missing for two patients because they had not been provided at the point of admission.
- The MHA and MHA Code of Practice training was not included in the mandatory training programme. However, staff received online training on the MHA as part of the induction programme, and annually thereafter. There was a drop-in training session for staff on MHA administration and function scheduled for 9 October, and led by the MHA administrator.
- There had been two MHA monitoring visits to the service on 14 August 2014, and 29 June 2015. In August 2014, the findings included the following issues:
 - Risks assessments were not routinely completed before leave was authorised.
 - Leave forms did not record if patients received a copy.
 - Patients' files contained out of date leave forms which were not scored through.
 - Care plans were not routinely reviewed.
 - Discharge discussions had not taken place.
 - Physical health checks were not carried out.
- In June 2015, the provider had partly addressed these concerns. At this time, the concerns identified included:
 - Various care plan formats with sporadic use of outcome measures and some with no review dates recorded.
 - The outcome of leave was not recorded in patients' notes.
 - Patients were not offered the opportunity to complete advance statements.
 - There was no recorded evidence of patients' involvement in the planning of their care.
 - Some patients did not feel safe from other patients on the ward.
 - Patients indicated that activities were not taking place.
- Following the visit in June 2015, the provider submitted plans showing all these issues would be addressed by 30 August 2015. We found some of these issues were already fully resolved by the time of our comprehensive inspection in July 2015. For example, there were review dates recorded in care plans, care records showed patients' involvement in their care, patients were undertaking a range of activities, and patients' notes showed the outcomes of section 17 leave.

Good practice in applying the Mental Capacity Act

- All patients were detained under the MHA. Staff had a good understanding of the principles of the Mental Capacity Act (MCA), in particular, concerning the presumption of capacity and its decision-specific application. Staff were able to give examples of when best interest assessments had been required. Staff knew they could consult the MHA administrator or psychiatrist for further information.
- MCA and Deprivation of Liberty Safeguards (DoLS) training was not included in the mandatory training programme. However, the provider had an up to date MCA and DoLS policy, and staff received online training on MCA/DoLS as part of induction training and on a twelve monthly basis thereafter. Two new staff confirmed they had completed it. There was also a drop-in training session for staff on mental capacity, best interest meetings and the law scheduled for 25 September, and led by the consultant psychiatrist.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- We observed kind and respectful interactions between staff and patients. We observed a staff member encouraging a patient to speak for themselves rather than have staff speak for them. Staff did this in a supportive manner, which increased the patient's confidence.

Wards for people with learning disabilities or autism

- Patients gave positive reports of how staff treated them. Staff knew patients and their needs well, which reassured patients.
- Patients who were on prescribed observation levels were treated respectfully and staff respected their need for time alone and space to relax.
- Staff wrote care plans and records in a respectful manner.
- Relatives were pleased with the progress patients had made at the centre.
- Staffing rotas took into account the gender mix in the unit, and there were always male and female staff on all shifts.

The involvement of people in the care they receive

- All care plans showed evidence of patient involvement in care planning, risk assessment and management and activity planning.
- Staff invited relatives to MDT meetings and care programme approach (CPA) meetings.
- Patients had access to advocacy. There was a female advocate supporting female patients owing to dignity issues. Advocates attended meetings such as CPA, MDT and community meetings, where appropriate. For example, one advocate frequently supported a patient with limited verbal communication.
- There were community meetings in place on each apartment, at which patients could raise issues and complaints. For example, following the introduction of a new menu, patients requested changes to the menu format. In response to this request, staff designed the new menu in pictorial format. There were notes taken at the community meetings. Advocates supported the meetings, where necessary.
- Management had undertaken three stakeholder consultation meetings in March and April 2015. Staff, patients and relatives had been invited to attend.
- Patients did not have advance statements in place, that is, a record of a patient's wishes for future medical treatment. However, there was information recorded to guide staff on supporting patients' preferences for managing their distress.
- Two patients told us they attended meetings about their care. Both said they were attending sessions with the psychologist, and one patient said they were managing their anxiety better as a result.
- The centre held a relatives and carers forum on a monthly basis. At the meeting, relatives were invited to

raise any issues or concerns, as well as make suggestions for improving the service. For example, the provider placed a staff photo board in the reception area following a suggestion from relatives.

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

(for example, to feedback?)

Good 

Access and discharge

- The centre contained a total of 19 beds. There were five patients on the unit at the time of our inspection who were all from the local region. In March 2014, the service had 10 patients but this number had reduced and the service had maintained an average of six patients in the six months to 31 May 2015.
- The service received referrals from clinical commissioning group (CCG) commissioners. Referrals came from anywhere in the country but were mainly from the north-west region. The service assessed patients for suitability for the service via the pre-admission assessments process. Upon admission, patients had a 72-hour care plan to assess their immediate needs. The service then completed risk assessments and positive behaviour support plans using STAR tools.
- Patients' records included discharge plans. Discharge planning was integral to care planning in general. For example, one patient was accessing activities in the area where they wished to reside in the future.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients' commented the facilities were comfortable and supported their recovery.
- The Brightmet Centre was a purpose-built, autism-friendly facility located in a community setting. The centre comprised five apartments (wards) on the ground and first floor. At the time of our inspection, only two apartments were in use because of the low number of patients. There were secure external areas to the front

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and back of the building. There was a large grassed area at the back, which was pleasant and private. The provider was considering options for improving the outside area.

- Each apartment contained four or five bedrooms, all of which had ensuite bathrooms. Each apartment contained a kitchen and dining room, and two lounges so patients could access a quiet room. There were no restrictions to patients' bedrooms. Patients were able to personalise their bedrooms. Two patients showed us their bedrooms. They were very proud of their personal electrical equipment and furniture. Bedrooms were equipped with a bed and storage, including a lockable piece of furniture. Patients could have a key to lock their bedroom doors.
- On the ground floor, there was a large therapy room used for art and creative therapies, one to one therapy and group sessions. There was a rehabilitation kitchen used to support patients with daily living skills such as cooking and baking. There was a gym with an exercise bike and treadmill. Laundry facilities were also located on the ground floor. Staff supported patients to use the laundry facilities as part of their rehabilitation. There was a multi-faith room, which was equipped with faith books for the major religions as well as a religious calendar and information about festivals.
- Patients had access to private telephone facilities as they could use the apartment's cordless telephone in their own bedrooms or in the quiet rooms. Access to the internet was available in the therapy rooms under staff supervision. However, the provider was looking at how they could provide individual internet access, subject to restrictions to patients under the MHA.
- Patients could make hot and cold drinks and snacks throughout the day. The service employed its own cook on-site. Food choice and quality was good, and there was a strong focus on healthy eating. Comments from patients about the food were mainly positive. Bolton Council awarded a food hygiene rating of 5 (very good) to the centre in November 2013.
- The centre did not have a sensory room but the provider intended to install one in the future. The provider had completed the planning and design stages. In the meantime, staff supported patients to access sensory rooms in community settings.
- Each patient had an individualised activity planner, which reflected their rehabilitative needs and personal interests. In addition to daily living skills such as

cleaning, laundry, and cooking, there was access to activities on and off-site, including at weekends. On-site activities included barbeques, art and crafts, games, gym and pamper sessions. Community-based activities included swimming, dance classes, drama, walks and bike rides, and visits to parks, stables and car boot sales.

- However, on some occasions, activities were delayed or cancelled. The reasons given included staffing issues and changes in the weather. For example, in one case, when going out on a drive, staff and patients did not get out of the car and engage in other activities. On another occasion, staff and the patient were going for a drive, followed by a walk in the park, and then onto a café. Staff returned to the centre because it had started to rain and did not consider going directly to the café. In response to this, the provider developed an individual activity-recording sheet to monitor whether activities were taking place. Staff were expected to record details of the activity and reasons for any changes, and these were discussed at the weekly reflective practice meetings. Staff were encouraged to plan for contingencies. For example, if the weather changed, staff could change an activity instead of cancelling it.

Meeting the needs of all people who use the service

- At the time of our inspection, the patient population included people with learning disabilities, autism and Asperger's Syndrome who were experiencing mental health issues. Staff supported patients to access activities based on their specific needs, for example, visiting a sensory room in the community, and attending a social group for people with Asperger's Syndrome.
- The provider commissioned a specialist sensory occupational therapist for one patient to help identify their specific needs, and respond accordingly. A speech and language therapist had assessed a patient's communication needs and identified appropriate methods and tools to enhance the patient's capacity for communication. As a result, two staff received training on total communication methods, and "now and next" cards were being used to help the patient structure their day and activities. However, during our inspection, we noticed that staff had not changed the cards to show the next activity.

Wards for people with learning disabilities or autism

- The service identified and responded to gender issues. There was a female advocate available for female patients. There were always male and female staff allocated to each shift.
- Patients had activity planners, which were person-centred and supported their individual rehabilitation programmes. There was a range of activities available to patients according to their needs and preferences. Staff completed individual activity planners in accessible formats for patients with limited verbal communication.
- There were easy read versions of the MHA available in each apartment.
- There was information about the advocacy service, which visited the hospital on a weekly basis. All patients were accessing advocacy. In one example, an advocate attended meetings to support a patient with limited verbal communication.
- We found two occasions where there were delays in meeting some patients' needs for specialist clothing and hairdressing. The delays were partly due to the availability of some community services, but were also due to the slow responsiveness of some staff. As such, the provider was supporting and encouraging staff to be more proactive and take initiatives.

Listening to and learning from concerns and complaints

- The provider had a robust complaints process in place and handled complaints appropriately. There were easy read versions of the provider complaints procedure displayed in each apartment and the provider had updated these to include the details of the new manager.
- There were four complaints in the 12 month period to 31 May 2015. Two were upheld, one was not upheld and no outcome was recorded for the fourth complaint.

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

Good 

Vision and values

- Staff knew the organisation's values. Staff had attended meetings and workshops, which discussed the vision

and purpose of the service. The provider held staff consultative meetings on a monthly basis and the company's investor attended the meeting on 20 May 2015. These gave staff and management the opportunity to share information and raise concerns about the organisation and operational matters. These also helped ensure alignment of team objectives to organisational objectives.

- Staff reported increased trust in management and said that the new manager was visible on the unit.

Good governance

- There was a good governance structure in place, which included adequate systems and processes to ensure effective monitoring of all areas within the service. There were dedicated meetings for health and safety, clinical governance, and medication management. The provider held hospital management meetings every two weeks. The provider held risk management committee meetings monthly although there were gaps between February and May 2015. These meetings discussed a wide range of items including the risk register, incidents, departmental reports and operational systems and processes.
- Ward systems and processes were working effectively. Staff received mandatory training, appraisals and supervision. Sufficient numbers of staff of the right grades and experience covered shifts. Staff were able to dedicate a large proportion of their time to face to face patient care.
- Staff reported incidents and safeguarding concerns appropriately. The provider attended regular meetings with the local safeguarding team as part of their quality assurance process. There were processes in place for debriefs following incidents. The provider used learning from incidents to improve practice. For example, in one case, an incident review and debrief with staff had identified the need for further training on the provider's new managing violence and aggression approach (CITRUS).
- The service had developed a business continuity plan. This provided guidance and procedures on handling adverse events that could affect safe and effective service delivery.
- The service had undertaken a comprehensive programme of audits to identify issues and make service improvements. All patients' care records had undergone

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a thorough audit covering general presentation, admission documents, daily records, MDT notes, care plans, discharge plans and risk assessments. Compliance was generally good.

- The provider had developed a quality monitoring schedule for 2015/16, which showed the key areas for action, systems for monitoring and frequency, the responsible owner and the governing committee. For example, the named nurse audited health action plans on a monthly basis, and reported the findings to the clinical governance committee.
- The provider employed a full-time data analyst who helped ensure there were robust data collection and analysis systems in place, which assisted the provider in monitoring and improving the service.

Leadership, morale and staff engagement

- Staff morale had improved significantly in recent months. At the time of our inspection, there was a full staff team of permanent employees and no vacant posts. Staff knew how to complain and felt confident in doing so.
- Staff reports, team meeting notes and the findings from a peer review showed staff felt more positive about their work than they had done. Staff had started to experience some job satisfaction and benefited from the additional support mechanisms such as reflective supervision, CITRUS training, and debriefs. Staff recognised the improvements to the service and were positive about the future. There were monthly staff consultation meetings taking place, and there was a suggestion box for staff comments in the reception area.
- We saw a 'you said, we did' notice the provider had produced for staff to show it listened and responded to staff. For example, staff asked for additional pay for working Christmas Day and New Year's Day and this was agreed.

Commitment to quality improvement and innovation

- The service was committed to service improvement. The provider had a comprehensive internal audit process in place, and had also commissioned a number of external audits and peer reviews, for example, a medicines management audit.
- The provider's vision was for the service to become a highly specialist centre for autism, and it had plans in place to achieve this. The provider had registered with an autism specialist organisation, National Autistic Society, and undergone a peer review. One recommendation was to consider adopting a 'grab and go' file for each patient, which would hold key information and provide ease of access and reference. The recommendation was actioned and 'grab and go' files were in place at the time of our inspection.
- The service had commissioned a peer review from Cheswold Park Hospital, an independent provider of inpatient mental health and learning disability services. This took place on 24 and 25 June 2015. The findings were generally positive, for example, access to physical health care, and a well-functioning MHA office. Areas for improvement included:
 - Formal arrangements for medical (psychiatry) cover. The provider had commenced discussions on this with a local psychiatrist.
 - Epilepsy awareness training for staff. The provider had included this in its training needs analysis.
 - Autism Spectrum Disorder specific training for staff. The provider had given staff training on autism awareness, and set up a number of drop-in training sessions on autism-related topics.
- The provider had commenced the green light toolkit and the baseline assessment tool linked to the NICE guideline on autism in adults in order to benchmark their practice and help identify any further service improvements.

Outstanding practice and areas for improvement

Outstanding practice

The provider had commissioned a specialist sensory occupational therapist to help assess the specific needs of a patient. The provider employed a permanent full-time data analyst who helped ensure there were robust data collection and analysis systems in place, which assisted the provider in monitoring and improving the service. The provider employed a permanent full-time MHA administrator who helped ensure compliance with

the MHA. This administrator oversaw all matters relating to the MHA, for example, patients' rights, detention, renewals, and section 17 leave. As well as a comprehensive internal audit process in place, the provider had also commissioned a number of external audits and peer reviews. This helped the provider benchmark its service against best practice and plan service improvements.

Areas for improvement

Action the provider **SHOULD** take to improve

- Staff should have a good understanding of patients' individual communication needs and utilise the appropriate tools and methods for communicating with the patient.
- The provider should meet individual patients' needs in a timely manner.
- The provider should ensure robust arrangements for comprehensive psychiatry cover.
- The provider should ensure clarity about the services it provides and the patient groups it supports. To achieve its vision of a highly specialist centre for autism, the service will need to further develop its focus on autism, and ensure staff receive additional specialist training on autism.