

**Outstanding**

## Cheshire and Wirral Partnership NHS Foundation Trust

# Wards for people with learning disabilities or autism

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXARE	Trust Headquarters, Redesmere	Greenway Unit	SK11 8HE
RXARE	Trust Headquarters, Redesmere	Eastway Unit	CH2 1BQ

This report describes our judgement of the quality of care provided within this core service by Cheshire and Wirral Partnership NHS Foundation Trust.. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cheshire and Wirral Partnership NHS Foundation Trust. and these are brought together to inform our overall judgement of Cheshire and Wirral Partnership NHS Foundation Trust..

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Outstanding



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated Cheshire and Wirral Partnership NHS Foundation Trust, wards for people with learning disabilities as outstanding because:**

- Staffing levels on the units ensured patients did not miss out on social leave and outings, and was sufficient to provide consistent care. Staff worked long days, and could adjust their routine during the day. This meant that staff were able to respond to the needs of the patients rather than impose a routine on them. The managers were extra to the staffing compliment so they could provide support if they were unable to get staff to cover short notice sickness.
- Patients admitted to the units had an assessment within 72 hours of their admission. The assessment was then developed in to a care plan which was reviewed and re-written when necessary. Patients were fully involved in the development of their care plans.
- The use of restraint was closely monitored, recorded and risk assessed after every incident. Staff had on several occasions used prone restraint and the trust should ensure it is only used in line with the MHA Code of Practice.
- Incidents on the units were reported and reviewed on a daily basis and learning from these incidents was shared across the trust.
- Staff had a good understanding of safeguarding and worked closely with the local safeguarding boards to ensure people's right were protected.
- Medicines were managed appropriately and the units received support from the trust pharmacist on a weekly basis to ensure the medicines were administered and stored in a way that protected people.
- Unit managers supported staff in their roles. Staff received monthly supervision and had completed the majority of their mandatory training. Staff could also access external training to enhance their skills. Staff also received support when they needed it to ensure they were able to continue at work.
- Staff had a good understanding of the Mental Health Act (MHA), the MHA Code of Practice and the Mental Capacity act (MCA) 2005. They applied the principles of the MCA in their daily practice.
- There was a clear collaborative approach between patients and staff with patients treated as equal partners in decisions about their care. Interactions were positive and patient-centred, and staff responded to patients with patience and warmth.
- Patients and their carers knew how to make a complaint. Staff ensured that information was available to them regarding their rights and the complaints process in various
- Both units were clean and benefitted from a maintenance programme. Eastway was waiting for its décor to be upgraded and we were shown a selection of styles they had opted for.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **Good** because:

- Both units were clean and benefitted from a well-planned maintenance programme.
- Staffing levels on the units ensured patients did not miss out on social leave and outings, and was sufficient to provide consistent care and to ensure the safety of patients.
- Patients admitted to the units had an assessment within 72 hours.
- The use of restraint was closely monitored, recorded and risk assessed after every incident, including incidents of 'none physical restraint'.
- Incidents on the units were reported and reviewed on a daily basis and learning from these incidents was shared within the trust.
- Staff had a good understanding of safeguarding.
- Medicines were managed appropriately.

However:

The seclusion rooms on both units did not have two way method of communication. The seclusion room on Greenways had to be passed by patients to access their bedroom and had a blind spot. Also people could see in to the room from communal areas.

**Good**



### Are services effective?

We rated effective as **Good** because:

- Patients had a comprehensive care plan with risk assessments.
- Physical health checks were carried out.
- Staff were appropriately skilled and supported by their managers in their roles.
- There was a multi-disciplinary approach to providing support, including from external agencies.
- Staff had a good understanding of the MHA and the MHA Code of Practice.
- Staff understood the MCA 2005 and applied the principles of the Act in their daily practice.

**Good**



### Are services caring?

We rated caring as **Outstanding** because:

- There was a clear collaborative approach and patients were treated as equal partners by staff in decisions about their care.

**Outstanding**



# Summary of findings

- Interactions between staff and patients were very positive and demonstrated a high level of respect and knowledge about people's preferences and lives.
- Staff responded positively to behaviours that enabled patients to communicate where they couldn't verbalise their wishes. Staff adjusted body language, volume and tone when talking to patients to promote privacy and dignity.
- Patients had a communication passport that enabled staff to understand what they wanted.

## Are services responsive to people's needs?

We rated responsive as **Outstanding** because:

- Planning for patients' discharge started on the day of their admission and was focussed on what they wanted from their future.
- Staff worked with independent providers to ensure the provider understood the support the patient would need once they had been discharged from hospital.
- Staff provided on-going support to providers to assist in the patient settling in their new environment.
- Activities were personalised and planned on a daily basis. Patients had access to activities in the local community as well as on the units.
- Patients and their carers knew how to make a complaint. Information was available in different formats.

**Outstanding**



## Are services well-led?

We rated well-led as **Good** because:

- Staff understood the vision and values of the trust and agreed with the values.
- Performance was monitored and used to improve services.
- Managers had the authority to manage their teams and take on extra staff when necessary.
- Staff felt supported by their immediate managers.

**Good**



# Summary of findings

## Information about the service

We visited two assessment and treatment units. Eastway assessment and treatment unit is based in Chester and Greenways assessment and treatment unit is based in Macclesfield.

Greenways assessment and treatment unit had a maximum of 12 beds for both male and female patients who had a diagnosis of learning disabilities with or without autism.

Eastway assessment and treatment unit had a maximum of 10 beds for both male and female patients who have a diagnosis of learning disabilities with or without autism.

The units both provide staff support to patients on a 24-hour basis.

The team around the patient consists of nursing staff, a consultant psychiatrist, occupational therapy, physiotherapy, psychology, and speech and language therapy.

## Our inspection team

### OUR INSPECTION TEAM SECTION

Our inspection team was led by:

**Chair:** Bruce Calderwood, Director of Mental Health, Department of Health (retired)

**Head of Inspection:** Nicholas Smith, Care Quality Commission

**Team Leader:** Sharon Marston, Inspection Manager (mental health), Care Quality Commission

Simon Regan, Inspection Manager (community health services), Care Quality Commission

The team that inspected this core service comprised two Care Quality Commission (CQC) inspectors and:

- a psychologist
- an expert by experience who was a user of services
- a mental health nurse
- a mental Health Act reviewer
- an occupational therapists
- a physiotherapist

## 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 get to the heart of patients' who use services' experience of care, 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 visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. We attended the trust's annual members meeting and invited patients and members of the public to meet with us. We carried out an announced visit between 22 June to 26 June 2015.

# Summary of findings

We visited two units and looked at the quality of the units' environment and how staff were caring for patients. We looked at a range of policies, procedures and other documents relating to the running of the service.

During the visit we met and interviewed 22 members of staff who worked within the service, including:

- Various grades of qualified nurses
- Managers
- Psychiatrists
- Psychologists
- Senior house officer
- Speech and language therapist
- Occupational therapists
- Health care assistants

We met with seven patients who shared their views and experiences of using the services.

We spoke with five providers who support patients in the community who have previously been cared for at this service, two independent mental health advocates and a social worker.

We observed how patients were being cared for talked with carers and/or family members, and reviewed care or treatment records for 10 patients.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where they may not be able to fully describe these themselves because of cognitive or other problems.

We looked at 10 patient records, including clinical and management records.

We reviewed 10 patient medicine administration records.

We attended one multi-disciplinary meeting and two care programme approach review meetings.

During the inspection of this core service we also spoke with two carers.

## What people who use the provider's services say

Patients told us they felt safe on the units. They knew who their key worker was and understood they had a care plan. A key worker was someone assigned to a patient and was responsible for developing their care plan and working with them on a one to one basis and was a member of unit staff. Patients told us that the staff were very nice and they helped them organise activities such as outings in to the local community.

We were also able to speak with the parents and carers of patients who had limited communication skills. They told

us that they had seen improvements in the patients. One parent commented they were disappointed their child would not be able to stay on the unit in the long term as they had improved so much during their stay. They told us that if they rang up to find out any information it did not matter who answered the phone, their questions were always answered. The parents and carers said that nothing was too much trouble for the staff.

## Good practice

Staff provided support that enabled patients to fully contribute to their own life. They identified what activities the patients' enjoyed taking part in and included this information in their care and risk assessment.

All interactions we observed during the inspection were positive and patient-centred.

A panel of patients were involved in the recruitment and selection of new staff. If the panel did not approve of a potential member of staff then they were not appointed.

Personal behaviour support plans were in place and staff were proactive in reviewing and re-assessing the patients behaviours.

# Summary of findings

## Areas for improvement

### **Action the provider SHOULD take to improve**

The trust should;

- Ensure the seclusion rooms are fit for purpose and meet the guidelines of the MHA Code of Practice.

## Cheshire and Wirral Partnership NHS Foundation Trust

# Wards for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Greenways Assessment and Treatment Unit	Greenways
Eastway Assessment and Treatment Unit	Eastway

#### Mental Health Act responsibilities

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

Staff from all units had received training and showed a good understanding of the Mental Health Act (MHA) and the Code of Practice. The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA and the Code of Practice. Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.

We carried out a Mental Health Act monitoring visit to Greenways on 6 February 2015. We found that there was little evidence to confirm staff had been recording patient's consent to treatment on a regular basis. On this visit we saw evidence that demonstrated patient's consent was sought throughout their treatment.

We carried out a Mental Health Act monitoring visit to Eastway on 6 January 2015. We found no areas of concern at this visit.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with was aware of the statutory requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We saw that capacity was recorded in people's care plans within the holistic assessment. We saw that capacity assessments carried out were decision specific. Staff carried out the assessments and used a variety of methods

to determine capacity. They used picture cards, pitched their explanations at a level that could be understood by the patient, and had more than one person explain what was happening to ensure they had the opportunity to understand what was expected.

Applications for DoLS had been made and where these had been successful they had notified CQC about these.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

### Our findings

#### Safe and clean environment

There was a clear management plan in place on how to minimise risk. Patients were risk assessed on an individual basis on their risk of suicide and management plans were in place. Staff were also trained in ligature risk and suicide prevention.

The layout of Greenways and Eastway units had blind spots. These had been mitigated by the use of mirrors to enable staff to observe patients when necessary. The wards had anti-ligature fittings and furniture

We looked at the seclusion rooms on each unit and found that neither seclusion room had any way for people to communicate through the solid door. In addition the Greenways seclusion room had a blind spot and its window was not fitted with a privacy screen, so it could be viewed from the outside of the building. This room was also positioned in such a way that patients had to pass it to access bedrooms.

Both units were mixed gender and all had en suite facilities. Bedrooms were allocated on the basis of need. There was no dedicated female lounge on Eastway unit, but space could be identified and signage provided if patients did not want to mix. The units had a shared lounge and dining area.

Both units had well-equipped clinic rooms with all emergency equipment such as automated external defibrillators and oxygen. Equipment was checked regularly to ensure it was in good working order so that it could be used well in an emergency. Medical devices and emergency medication were also checked regularly.

Greenways unit was clean, well-maintained with good furnishings and was well maintained. Eastway unit was due for an upgrade in décor. We were shown the final design decided on for this unit. Patients had been involved in the

planning of the upgrade. Staff had shown them designs and colour schemes and they had decided on wallpaper that was of photographic quality so the effect gave a realistic picture of a field of wild flowers or a woodland walk. The unit manager was unsure of when the upgrade would take place.

Patients and relatives told us that the standards of cleanliness were good. Regular audits of infection control and prevention were carried out. Staff practiced good infection control procedures and hand hygiene to ensure that patients and staff were protected against the risks of infection.

Portable appliance tests were carried out on the equipment. Equipment used was serviced at regular intervals to ensure it continued to be safe to use and clearly labelled indicating when it was next due for service. Environmental risk assessments were carried out for health and safety and infection control and prevention.

On both units staff carried personal alarms to alert their colleagues if they needed help.

#### Safe staffing

Eastway unit had 14 whole-time equivalent qualified nurses and the equivalent of 10.3 nursing assistants. There was one vacancy for a band 6 and band 5 qualified nurse and no vacancies for nursing assistants. Greenways had no vacancies for either qualified nurses or nursing assistants.

Staff were recruited in line with the trusts policies and procedures and criminal and professional checks were carried out before anyone started with the trust.

The sickness rates for both units had been high, but had come down to under 5% between the 1 October 2014 and 31 March 2015. Information from the trust prior to the inspection showed that 27 shifts had not been covered on Eastway unit in the 12 months from 1 April 2014 to 31 March 2015 and four shifts had not been covered on Greenways over the same period. The managers on these units told us they were supernumerary and even though gaps in staffing were not covered by agency staff patient care was not compromised as managers could provide support to the units.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

Both units had used the safer staff guidance produced by NHS England to calculate the number and grade of staff required for each unit. The number of nurses recorded on e-roster matched the number of nurses and nursing assistants. There was appropriate use of agency and bank nurses to cover sickness, special observations and annual leave. The managers told us that the bank staff they used were familiar with the unit and its patients, and were able to engage with patients well. The managers told us that they were able to adjust staffing resources for additional staff to meet the patients' needs where this was assessed as requiring one-to-one observation.

Activities and community leave were rarely cancelled because there were not enough staff on duty. We looked at the log of community leave and saw that patients were accessing the community on a daily basis. There were enough staff available so that patients could have regular one-to-one time with their named nurse.

Records seen showed that patients could access medical input during both day and night. Out of hours an on-call doctor was available and would arrive on site quickly in an emergency.

Staff received appropriate mandatory training. Information provided by the trust prior to the inspection indicated that a low percentage of staff had completed their training. However we found information on the units to show mandatory training had been completed by 93% of staff. Those staff that had not completed it were either off sick, new starters or on maternity leave. One doctor had been revalidated on the units.

## Assessing and managing risk to patients and staff

On Eastway unit there were 32 episodes of restraint between 1 October 2014 and 31 March 2015 with 20 of these recorded as being in the prone position and one resulting in rapid tranquilisation. During this period the ward had two patients that required a greater level of support and once a bed became available they were transferred to a unit that provided more intensive support. Whilst on Greenways unit during the same period there were 13 episodes of restraint, with two of these being recorded as being in the prone position. One of these episodes involved a patient who was banging their head against the wall. Restraint was only used after de-escalation had failed. Staff were trained in the techniques required which ensured patients were restrained in the least restrictive way and for the shortest possible time. An

incident report was completed following each incident. Each patient had a 'bespoke' method of conflict resolution and several staff told us these were discussed after each incident to see how staff could have dealt with the situation better. Training for staff in conflict resolution had been accredited by the British Institute of Learning Disabilities.

There were no restricted items on either units and patient searches were not routinely undertaken. If searches were carried out the responsible clinician would be contacted prior to the search as per the trusts protocol.

When each patient was admitted a comprehensive assessment of needs was carried out within 72 hours which took account of previous history, risk, and social and health factors. It included the agreed risk assessments and a plan of care to manage any identified risks. These were regularly reviewed. Each patient had a personal behaviour support plan. A personal behaviour support plan informed staff of behaviours that an individual patient may demonstrate and the plan was used to interpret what those behaviours meant. If a patient displayed behaviour others might find challenging then the plan would inform staff how best to manage that patient so as not to escalate their behaviours. There were detailed risk assessments and risk management plans which identified how staff were to support each patient when they behaved in a way that could cause harm to themselves or others.

There was information to let informal patients know that they were able to leave the unit if they wanted to was displayed by the front door.

Both units had policies and procedures in place for the use of observations to manage risk to patients and staff. These procedures were followed by staff and episodes of seclusion were documented. One patient had been nursed in segregation at their request. The patient accessed the unit during the day and returned to the segregated unit when they were distressed and at night. Staff had worked with the patient who was now fully integrated on the units.

We looked at the recorded incidents and how the unit managed risk. There were detailed discussions within the multi-disciplinary team and risk management plans were reviewed to increase the level of observations to ensure that the unit was safe. The trust rapid tranquilisation policy followed the National Institute for Health and Care excellence guidance and had been followed by staff. Staff worked with patients on a consistent basis. This meant that

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

all staff followed the same guidance within a patients care plan. This had resulted in rapid tranquilisation being used only once between 1 October 2014 and 31 March 2015. Patients care plans were reviewed at regular intervals and updated to exclude the use of rapid tranquilisation as a method of managing challenging behaviour.

On both units staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse. The teams shared some of the safeguarding incidents that they had reported with the inspection team. Staff knew the trust's designated lead for safeguarding and confirmed that they were available to provide support and guidance. The units had a dedicated lead nurse for safeguarding, referred to as the 'safeguarding champion'. Safeguarding issues were shared with the staff team through staff meetings and emails. Information on safeguarding was readily available to inform patients and staff on how to report abuse.

There were appropriate arrangements for the management of medicines. Specific monitoring of some medicines were checked by the pharmacist and pharmacy technicians to ensure safe doses were prescribed. We found good links were in place between the units and the pharmacy. We reviewed 10 medicine administration records across both units and the recording of administration was complete and correctly recorded as prescribed. The medicines were appropriately stored and the temperatures were regularly monitored. Patients were provided with information about their medicines. For patients who were detained their consent forms were held with their medication records.

A separate family room away from the unit's communal areas was made available on both units to enable visit to take place in a calm environment.

## Track record on safety

Information provided whilst on the units indicated there had been no adverse event in the last year that required a root cause analysis. One incident reviewed by the units involved the use of a ligature on an open casement and pivot mechanism to the window. As a result the ligature risk

assessment, which was provided with pictures of what the risk was along with written instruction, had been added to. This information had been shared by the units manager to staff on the units and had been raised it across the trust.

## Reporting incidents and learning from when things go wrong

Staff on Greenway and Eastway units recorded incidents, near misses and never events effectively on a computer system. Incidents were reported via an electronic incident reporting form. Staff knew how to recognise and report incidents through the reporting system. The units had clear structures which reviewed all reported incidents. Incidents sampled during our visit showed that thorough investigations took place, with clear recommendations and action plans for staff and sharing within the team. The modern matron reviewed all incidents. If they identified any areas for improvement this was fed back to the units and through a governance meeting so that learning could be shared within the trust.

Staff from both units were open and transparent and explained the outcomes of incidents to patients. Patients told us that they discussed any changes with staff after an incident.

Staff from both units were able to explain how learning from incidents was shared with all staff. Their responses indicated that learning from incidents was distributed to staff. Learning from incidents was discussed in staff meetings, reflective practice sessions and handovers.

Learning from incidents on other units within the trust was discussed at the unit's managers' weekly meetings. This information was provided to staff in an email, and discussed at a team meeting and was contained in minutes from these meetings.

Staff were offered debrief and support after serious incidents, one member of staff had received cognitive behaviour therapy support following an assault and felt supported by the trust. Patients involved in incidents were encouraged to discuss what had happened with their key worker or lead nurse.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

### Our findings

#### Assessment of needs and planning of care

We looked at 10 records across both units. They contained comprehensive assessments that had been completed when patients were admitted. These covered all aspects of care as part of a holistic assessment, including advanced directives. Individualised care plans and risk assessments were in place, regularly reviewed and updated to reflect discussions held within the clinical review meetings.

Patients' needs were appropriately assessed and clearly identified and were updated when needed. Information about patients was kept in computer notes and a copy of the care plan was kept on paper in the office. This was to ensure staff could access information quickly if they needed to.

There was evidence of regular and excellent physical health checks and monitoring in records. Physical health was discussed and further assessment had been offered. Where physical health concerns were identified, patients were referred to specialist services and care plans were implemented to ensure that patients' needs were met.

Detailed person-centred care plans were available as paper records in a document called 'my file'. Patients had up to date health action plans, nutritional assessments, communication passports, contingency plans, personalised, holistic and recovery orientated care plans.

Electronic records within both teams were managed appropriately. Staff knowledge on the use of the electronic records system was good. Records were organised, stored securely and internal team members could access people's records when needed. The paper records held reflected the information held in the electronic records.

#### Best practice in treatment and care

National Institute of Clinical Excellence (NICE) guidance were followed when prescribing medication. We saw good

examples of this in 10 patients' records in all units. NICE guidance was also followed for psychiatric conditions this meant patients were receiving treatment from staff who kept their practice up to date.

A GP visited monthly and practice nurses visited weekly to provide primary care and support the team with ongoing monitoring of physical health issues. Annual health checks and regular physical health checks which included dysphagia assessments and nutrition and hydration were taking place where needed. People had access to specialists such as dentists, chiropodist, podiatrist, diabetic team, dietician, epilepsy nurses and district nurses. Patients told us that they were supported by their nurses to visit GP and hospital appointments.

The modified early warning score clinical pathways risk assessment and intermediate risk assessment and management were used as clinical outcome measures. The occupational therapist used the model of human occupation screening tool.

Progress was monitored regularly in nurse records and the teams recorded data on progress towards agreed goals in each patient's notes.

The units involved staff in regular programmes of clinical audits to monitor the effectiveness of the service provided. They conducted a range of audits on a weekly or monthly basis such as dysphagia and nutrition, CPA, medicines, care plans and risk assessment. These were used to identify and address changes needed to improve outcomes for patients.

#### Skilled staff to deliver care

On both units, the internal team consisted of doctors, nurses, nursing assistants and occupational therapists (OTs). A full range of specialist learning disabilities disciplines and workers provided input to the unit and were from the community learning disability team. These included psychologists, physiotherapists, and speech and language therapists to ensure that patients received the care they needed. Re-introduction of psychology services two days a week focused primarily on supporting staff to meet patients' needs through supervision, reflective practice and formulation work. There was limited psychology input to direct clinical care.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Staff told us that they had developed good working relationships with stakeholders including GPs, district nurses and social services. They told us that information sharing and access was easy between internal and external professionals.

We saw that community and external professionals attended patients' CPA meetings. For example, social workers based in local authority teams and private providers of services were invited to multidisciplinary team (MDT) meetings when required. Patients told us that other professionals who were involved in their care and treatment attended their meetings. A physiotherapist told us they stood outside the core MDT but felt their opinion was as important as everyone else is in the meeting. An expert by experience attended an MDT and found that everyone attending the meeting were able to express their view and took a positive role in the meeting.

All staff received appropriate training and professional development.

New staff had a period of induction, which involved shadowing experienced staff before they were included in staff numbers.

Staff were supervised and appraised and had access to regular team meetings every month. Poor staff performance was addressed promptly and effectively.

## Multi-disciplinary and inter-agency team work

We attended MDT meetings and found that there was a full range of other health professionals involved including; speech and language therapist, an occupational therapist, social workers and psychology. There were regular and effective clinical review meetings that involved the relevant members of the MDT working with the patient.

There were effective handovers within the teams. Each team had allocated a minimum of 30 minutes for each handover. This meant that staff were available for the handover and there was time to discuss each patient in detail. Any incidents on the units were also discussed at each handover.

There were good working relationships and effective handovers between teams within the trust. Community nurses worked in partnership with inpatient team to gather information about risks and clinical needs. The teams also worked together to review the risk assessment and crisis plans within the CPA process and facilitate safe discharge.

There was evidence of effective working relationships and external partnership working with GPs, forensic team, independent sector, local authority, and health facilitation nurses. Several independent providers told us the support and involvement from the units was excellent.

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

Staff from all units had received training and showed a good understanding of the MHA and the MHA Code of Practice.

On Eastway unit four patients were on a section 3 and one patient was held on an inherent jurisdiction. On Greenways one patient was on a section 2, five patients were on a section 3 and one patient was informal.

The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA and the code of practice. Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

Information on the rights of people who were detained was displayed and independent mental health advocacy (IMHA) services were readily available to support people. Staff automatically referred a patient to the IMHA service on admission. Patients from out of area were also supported by the IMHA service.

The explanation of rights was routinely conducted and audited regularly. Easy read leaflets were made available to patients. This ensured that people understood their legal position and rights in respect of the MHA. People we spoke with confirmed that their rights under the MHA had been explained to them.

Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.

## Good practice in applying the Mental Capacity Act

Over 90% of staff on both Greenways and Eastway had received training about the MCA. Staff were able to demonstrate a good understanding of the MCA and how to apply the five statutory principles.

Patients were assumed to have capacity in relation to their admission or for any specific decisions regarding their care.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

and treatment. We saw evidence that when necessary best interest meetings were taking place. This ensured where someone lacked capacity/understanding to make their own decision any decision made was in their best interest.

Staff were aware of the policy on the MCA and Deprivation of Liberty safeguards (DoLS) and knew the lead person to

contact about the MCA to get advice. Two applications had been made for DoLS however the lead agency had said that patients had capacity to understand their situation and the application was denied.

Staff understood and where appropriate worked within the MCA definition of restraint.

# Are services caring?

Outstanding



By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

### Our findings

#### **Kindness, dignity, respect and support**

All interactions were positive and person centred. In one example, a patient was hesitant about joining a leaving party for a fellow patient. Staff tried a variety of techniques to encourage the patient to attend. They were patient, supportive and enabled the patient to attend the party with support from them. On another occasion, a patient expressed a wish to have children. Staff acknowledged and recognised their need and engaged in a positive discussion with the patient. Not all of the patients could use verbal communication but we observed staff responding positively to behaviours such as a patient fetching their shoes from their bedroom, they told us this indicated they wanted to go out. Another patient had coloured wristbands and each colour represented a mood. This enabled staff to engage with the patient in a proactive manner.

Staff adjusted body language, volume and tone when talking to patients to promote privacy and dignity.

#### **The involvement of people in the care that they receive**

There was a clear collaborative approach and patients were treated as equal partners in decisions about their care. Interactions demonstrated how staff supported

patients to be independent and make decisions about their care. For example, one patient asked why they needed to put shoes on to go the party. Staff explained that there was a risk of having their feet stood on as there would be dancing at the party. The patient then happily put their shoes on and went to the party.

Interactions between staff and patients were very positive and demonstrated a high level of respect and knowledge about people's preferences and lives. Patients changed their mind several times about activities they wanted to do, and staff responded and helped with patience and warmth.

We observed several care programme approach (CPA) reviews and patients were fully involved in these meetings if they wanted to be. On one occasion the patient refused to attend the meeting but the responsible clinician checked with them throughout the meeting to see if they would like to be involved. The patient eventually joined the meeting. At all the CPA meetings, the patients were at the centre of discussions and fully involved in any decisions made.

On the 30 June 2015 we carried out an unannounced short observational framework for inspection on Greenway Unit. This visit further demonstrated that there was a clear collaborative approach to patient care and that patients were treated as equal partners in decisions about their care. Interactions were seen where patients were able to determine how they engaged with the staff. Staff had a good understanding of the support patients needed and how best to communicate with them.

# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

### Our findings

#### Access and discharge

Eastway and Greenway units provided inpatient support for adults with a learning disability. Beds were mostly available to people living in the catchment area when needed. There was an average occupancy level of between 60-70%. These meant patients were able to access their beds on return from section 17 leave. Patients remained on the same unit during their admission period.

They worked closely with the community learning disability team, commissioners and local authority to ensure that patients who had been admitted were identified and helped through their discharge. All discharges and transfers were discussed in the MDT meetings and were managed in a planned or co-ordinated way.

Staff told us that they had experienced delayed discharges due to a lack of suitable placements to adequately meet patients' needs in the community or delays in funding. At the time of our inspection there were two patients awaiting a suitable placement to be found, whilst another was ready for discharge. A care provider had been involved in discharge planning for the patient ready for discharge. They had been involved for a year and were included in the CPA and MDT meetings. The process for discharge had been carried out at a pace the patient could cope with. Staff from their future placement had worked on the units with staff so that the patient could get to know them before they moved. Another provider told us that once someone had been discharged to them the units continued to provide support until the placement had settled.

#### The facilities promote recovery, comfort, dignity and confidentiality

Both units had rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities. It had an art room, computer room, easy read library, occupational therapy kitchen and a games room. Both units had well-equipped clinic rooms with an area to examine patients.

There were designated rooms where patients could meet visitors in private away from the patient area. Patients were

able to make phone calls in private. Some patients had their own mobile phones and they could use them any time they wanted to in privacy. Where patients did not have verbal communication the occupational therapy assistant and staff kept the family informed about the person they cared for.

The units had access to a secure garden area, which patients had access to throughout the day.

Meal times were protected time on both units. Meals arrived ready prepared and were served by kitchen staff. There was mixed feelings about the quality of food. Patients were given the opportunity to feedback on food. A choice of food was available and special diets could be catered for. Patients had access to hot drinks and snacks any time of the day.

Patients were able to personalise their own bedrooms. Each patient had an individual bedroom fitted with a solid door and an allocated locked cabinet where values could be secured.

A wide range of activities was offered to patients on both units. Each patient had a weekly activity plan related to their individual needs. At the start of each shift patients were asked what they wanted to do that day. One patient enjoyed mechanical projects and staff had arranged for them to visit the JCB factory and tried to involve them in planning activities. Other patients visited the local beauty salon to have their hair and nails done.

The art room was well stocked and contained artwork in progress. A patient on Greenways had a job in the local community two days a week. The assistant practitioner had won a trust best practice award as she had worked with the patients to send letters home. One carer told us "XX cannot speak and in all their life I have never been called 'mum' and then I received a letter addressed to 'mum and dad' I can't put in to words what that means to me and their dad" The letters home were a mix of pictures and print and reflected the activities patients were involved in. Another member of staff had won a best practice award for the development of scrap books with patients.

On Greenways and Eastway units a patient panel, supported by staff was involved in the recruitment of new staff. They formed a panel and were supported by staff and

# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

if the panel objected to any of the candidates then they were not appointed. The manager told us, "they are not a token panel; they have real input to the recruitment process".

## Meeting the needs of all people who use the service

There were assisted bathrooms for patients with mobility issues in all units. All areas of the units could be accessed by patients with mobility issues.

Information leaflets were available in an easy read and pictorial format. Staff told us that leaflets in other languages could be made available through the advice and liaison officer when needed.

Staff were supported through their personal development records to identify training that would ensure they had the skills to meet the needs of all patients admitted to the units.

Interpreting services were available within the teams when needed to meet the needs of people who did not speak English well enough to communicate when receiving care and treatment.

There were information leaflets which were specific to the services provided. Patients had access to relevant information in an easy read format which was useful to them such as treatment guidelines, medicines, conditions, advocacy, religion, patients rights and how to make complaints.

A variety of communication tools were used by staff to help individuals communicate their needs. These included the use of Makaton, pictures, objects of reference and photographs.

Both units offered and supported patients with the choice of food they wanted to meet their dietary requirements to meet their religious and ethnic needs when required.

In each patient's file a summary of their needs were highlighted such as likes and dislikes, cultural, religious, ethnic and spiritual needs. All of these were discussed with the patient and family where appropriate. Patients told us that staff supported them to meet their needs. Where appropriate advance directives were in place. These had been discussed with the patient and their carer.

Contact details for representatives from different faiths were on display in the units.

## Listening to and learning from concerns and complaints

Two formal complaints had been received one on each unit in the last 12 months. These had been resolved.

Information on how to make a complaint was displayed in the units. Patients could raise concerns at any time. During our time on the units patients interacted in a positive way with staff. The environments were friendly and relaxed and this helped patients to feel comfortable about raising concerns. Families and carers told us that they were able to raise any concerns and complaints freely. An advocate knew how to complain but had 'never had to' and told us "There is an abundance of empathy here".

Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. We observed that staff responded appropriately to concerns raised by relatives and carers of patients and received feedback. Staff were aware of the formal complaints process and knew how to support patients and their families when needed.

Staff from both units told us that any learning from complaints received by the trust was shared with the staff team through the handovers and staff meetings.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

### Our findings

#### Vision and values

Staff understood the vision and values of the trust. The unit management team monitored how well they performed against these values and used to improve services.

Staff spoken with demonstrated a good understanding of their team objectives and how they fit in with the trust's values and objectives. The vision and values of the trust were embedded in to their supervision and personal development records. Staff knew who their senior managers were and told us that these managers visited the units.

#### Good governance

The trust had clear arrangements in place to manage quality and safety. The unit managers used these methods to give information to senior management in the trust and to monitor and manage the units. The managers attended the trust's quality and safety meetings. The information discussed was then shared with staff and used to act on where there were deemed to be gaps.

Managers provided data on performance to the trust consistently. All information provided was analysed at team level to come up with themes and this was measured against set targets. These performance indicators were discussed weekly in the unit's managers meeting and monthly in the operation managers and risk meeting. Where performance did not meet the expected standard action plans were put in place. This information was displayed on the units' notice boards and shared with the staff team as a way of improving performance in areas identified.

The managers felt they were given the freedom to manage the teams and had administration staff to support the team. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

#### Leadership, morale and staff engagement

Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and would be listened to. There were no grievances being pursued, and there were no allegations of bullying or harassment.

Staff told us that they felt supported by their line manager and were offered the opportunities for clinical and professional development courses. Staff felt their career progression was good and they were encouraged and supported to undertake extra training. Staff felt they understood the shared vision of the trust but felt they were out of the way and not part of the trust.

Our observations and discussion with staff confirmed that the teams were cohesive with good staff morale. They all spoke positively about their role and demonstrated their dedication to providing high quality patient care. They told us that staff supported each other within the teams. Different specialities such as occupational therapists and physiotherapists also benefited from professional meetings to ensure their practice remained up to date and this was an extra forum for them to discuss issues concerning them in their role.

Staff told us that managers were accessible to staff, had an open culture, invited new ideas on how to improve the service and willing to share ideas. Staff told us that the managers were very approachable and encouraged openness and transparency when things go wrong. Each morning there was a 30 minute minimum slot for unit's handovers and incidents that had happened on the units in the previous shift was discussed and if beneficial patients risk assessments were altered. This meant staff were aware of what was happening on the units on a daily basis.

Staff told us the board informed them about developments through emails and intranet and sought their opinion through the annual staff surveys.

#### Commitment to quality improvement and innovation

Greenways had AIMS accreditation for inpatient mental health services – learning disabilities (AIMS-LD) by the Royal College of Psychiatrists. This programme is valid until October 2015 when they will be re-assessed against these standards. Eastway units did not have such accreditation

This section is primarily information for the provider

## Enforcement actions

### 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.