

South Staffordshire and Shropshire Healthcare NHS
Foundation TrustWards for people with
learning disabilities or autism

Quality Report

Trust Headquarters
St George's Hospital
Corporation Street
Stafford
ST16 3SR
Tel: 01743 261181
Website: sssft.nhs.uk

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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)
RREX8	Oak House	Oak House	SY3 8XQ

This report describes our judgement of the quality of care provided within this core service by South Staffordshire and Shropshire Healthcare 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 South Staffordshire and Shropshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of South Staffordshire and Shropshire Healthcare 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

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 / 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 Oak House as good because:

- Documentation to support the delivery of care was strong. Full recording of peoples care and support needs was in place with a person centred, MDT approach to care planning, and risk assessment.
- The physical health needs of the patient group dictated that a strong emphasis be placed on the monitoring and early warning indicators of any deterioration of physical symptoms. There was strong evidence of ongoing physical health monitoring and access to specialist care if required.
- There was strong leadership at ward level and we were impressed by the effect that this had on staff morale & engagement
- Staff consistently demonstrated a caring attitude towards patients and their families
- Feedback from patients and their families reflected the perceptible cohesion of the MDT to deliver high quality care.

Summary of findings

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

Are services safe?

We rated safe as Good because:

- we found that the environment was safe, clean and appropriate in layout for the patient group. Staff made appropriate use of observation and environmental and infection control risk assessments in order to ensure that safety was an ongoing priority.
- the ward complied with NHS guidance on same-sex accommodation to protect patient dignity, privacy & confidentiality. The ward layout ensured that males & female had access to gender specific bedrooms and toilets.
- the ward had systems to make sure lessons were learnt when things went wrong. Discussion of incidents readily took place with the clinical team and demonstrated a culture of continued improvement.
- risk assessments were completed, up to date & robust in their detail of each patient. The assessments contained information that was both relevant & individualised.
- staffing levels were appropriate to the needs of the patient group and ensured that care was able to be delivered in a patient centred and dignified manner

Good



Are services effective?

We rated effective as good because:

- high quality multidisciplinary work meant that all staff had a good clinical overview of patients' needs. The multidisciplinary team consisted of a range of professionals who met the physical and mental health needs of their patients.
- staff were trained in the Mental Capacity Act and the inspection team saw that patients capacity was routinely assessed with best interest decisions and deprivation of liberty safeguard referrals made where appropriate
- care planning was person centred and inclusive. Plans included patient and family involvement in the formulation of care plans and emphasised the current and known opinions and views of the patient.
- physical health monitoring was carried out on a regular basis and staff monitored early warning indicators such as vital signs. There was also evidence of liaison with external specialist professionals.

Good



Summary of findings

Are services caring?

We rated caring as good because:

- staff demonstrated attentiveness and attention to detail in their dealings with patients and families. They treated them with kindness, dignity and respect at all times.
- Staff ensured that patients and carers were fully involved in the care delivered; this was evident in care plans and from feedback from patients and carers.
- patients and carers comments were that staff were well organised and fully met their individual and personalised needs.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- staff prioritised liaison with patients and carers before and after admission and made sure there were no long delays to admissions or discharges. Staff often accommodated the dates and times of admission and discharge most suitable to the needs of carers
- easy to read leaflets informing carers and patients of the seven days a week structured activities program were available. Other resources prominently displayed included posters informing people of interpreters, music and other arts and crafts sessions.
- leaflets informing patients and carers how to complain were clearly available and patients said that staff knew how to support them in making complaints.

Good



Are services well-led?

We rated well led as good because:

- staff described the importance of making patients the centre of all they did. They integrated this wider trust value into their work with support from senior clinicians and managers who were available and visible on the ward. Senior clinicians and managers also led clinical excellence groups covering key clinical areas to help improve services to patients
- staff had received mandatory training and were appropriately trained to do their job. This included following safeguarding and Mental Capacity Act (MCA) procedures in a well organised manner
- there were low levels of staff sickness and absence. The senior nurse manager was managing two long-term episodes of absence effectively and there were plans in place for phased returns to work.

Good



Summary of findings

Information about the service

Oak House is a 10-bed unit in the grounds of Shrewsbury Hospital and provides an inpatient service for adults with a learning disability. The service provides planned respite and health reviews in a nurse-led environment, as well as an acute liaison service between Royal Shrewsbury and Princess Royal hospitals.

We inspected Oak House in December 2013. At this inspection, we found information was missing about the recording of assessments of patients' mental capacity and of their consent to care and treatment. Following

this, the provider sent us a written report in February 2014 that recorded the actions it had taken. We received further information from the provider in March and April 2014, which informed us of the continuing action taken to support compliance with the regulations. The information provided assured us that the provider had suitable arrangements in place for obtaining and acting in accordance in the best interests of people who used the service. We reviewed the information provided in 2014 at this inspection.

Our inspection team

Sub team leader: Nick Maiden, CQC Inspector

The team that inspected the core service comprised one CQC inspector, an expert by experience (someone who

has developed expertise in relation to health services by using them or through contact with those using them – for example as a service user or carer), a psychiatrist and a mental health act reviewer

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?

Before the inspection visit, we reviewed statistical and other information that we held about the service.

During the inspection visit, the inspection team:

- visited Oak House, looked at the quality of the environment and observed how staff were caring for patients

- spoke with one patient using the service and seven carers of patients on the ward
- spoke with the senior manager and consultant for the service
- reviewed four care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service
- checked the adherence to the Mental Health Act (MHA) and the MHA code of practice
- checked the adherence to the Mental Capacity Act (MHA) and Deprivation of Liberty Safeguards (DoLS)
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with one service user and seven carers.

- the ward and the bedrooms were clean and carers said that thought they were comfortable. Staff always tried to ensure patients who visited regularly had a familiar room.
- carers stated that they would not leave there loved ones on the ward if they had any concerns. They also said they would have been lost without the service and not have coped without it. They felt there was a continuity of care because of the familiarity with the service.
- a service user said that nurses were there to help at all times and responded quickly to patient's needs. Staff discussed patients' feelings and thoughts with them, were kind and always polite and professional. The service user said that he liked the staff very much.
- service users liked the activities on the ward and the information given in pictorial form
- carers were keen to praise the staff and said that they listened and were genuinely interested in the service users' wellbeing. They also felt involved in the planning of their loved ones care

South Staffordshire and Shropshire Healthcare 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
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Oak House	South Staffordshire and Shropshire Healthcare NHS Foundation Trust
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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.

Oak House did not accept patients under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

A capacity audit had showed poor compliance with the MCA. Because of this audit, their compliance with the act had improved over the previous year. This was important as poor compliance with MCA procedure had been a finding of the last CQC inspection. Patient capacity was well assessed (how much the patient is able to make their own decisions and be independent in respect to their illness or disability). The doctor's capacity assessment made sure that the patient had a correct understanding of the treatment they would be receiving. Carers were also included in this process where possible.

We discussed the use of the MCA and DoLS with the clinical director for the learning disability service, the acting ward manager, the mental health legislation manager and the manager's assistant. The mental health legislation manager gave us copies of the forms used to record the decision-making process in applying DoLS to patients admitted to the unit. These were the trust's policy on DoLS and forms for mental capacity assessment, screening for capacity to consent to admission and best interests decision making. We scrutinised two patient records and the DoLS file held by the mental health legislation manager.

Detailed findings

WHAT WE FOUND

All four patients on the unit were treated under DoLS. Staff had received training in the assessment and application of the process. Requests for DoLS authorisations were made to local authorities (supervisory bodies) and there were backlogs of requests awaiting authorisation. A process was set up to track and monitor all requests and to ensure that none was lost in the system. These were the responsibility of ward staff. All authorisations went directly to the mental health legislation manager's office.

We found that staff followed the trust's policy, assessed capacity and consent on admission, and made appropriate requests for authorisation of treatment under DoLS. The

records in the electronic patient record system and the paper records held in the office of the mental health legislation manager were comprehensive and in good order. Staff had a good understanding of the working of the MCA and DoLS.

The MCA created a new Independent Mental Capacity Advocacy (IMCA) service to provide independent safeguards for people who lacked capacity to make certain important decisions and had no-one else (other than paid staff) to support or represent them or be consulted. The IMCA visited and saw patients. However, many of the patients cared for in the unit did not qualify for this service as they had family or carers' staff could consult with.

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

Our findings

Safe and clean environment

- The annual environmental risk assessment for 2015/16 described the plan in place for managing ligature risk (fixtures and fittings used as a means of hanging oneself). Removal of some ligature points by the service provider meant that there were now collapsible rails in wardrobes. Curtain rails were also collapsible. There was no patient access to laundry facilities or equipment and therefore no risk from ligature. Multidisciplinary assessment of individual patients was the means of managing risk elsewhere on the ward including the bedrooms. In the ward's common areas, there were good policies and procedures in place for observation of patients. The predominantly disabled patient group was always in visual distance of staff in common areas. This meant almost no risk of harm to any patient from any remaining ligature points due to the patient's limited physical ability.
- There were rarely challenging behaviours on the ward. Oak house did not use restraint and only used low-level de-escalation techniques on one occasion. There was no seclusion room.
- Equipment was well maintained and there was evidence of annual checks
- The ward layout allowed staff to observe all parts of the ward. During the night, staff carried out checks on patients every 15 minutes.
- Staff call buttons in all but one room meant patients could alert staff in an emergency. Some were by beds and others in other parts of the room. This meant that not all call buttons were accessible for some patients. Staff did not carry nurse call alarms
- The ward was of a high standard of cleanliness and the 2015 Patient-Led Assessments of the Care Environment (PLACE- a system for assessing the quality of the patient environment, including cleanliness) score for Oak House was 95.4%; this compared to 97% for the whole trust. Ward cleaning schedules were on display on the notice board and were all up-to-date.

- The clinic room was fully equipped and tidy although rather cramped. It was also not possible to examine patients in this room due to the lack of space. Staff, therefore, saw patients in their rooms and examined them on their beds. This was acceptable given that most patients were bed bound. The ward was equipped with well-maintained emergency resuscitation and physical health monitoring equipment and infection control cleaning logs were complete and up to date.
- Handwashing signs demonstrating hand-washing techniques were visible, as were up-to-date cleaning schedules on noticeboard. Keeping furniture clean was easier as the room had wipe-able furniture in accordance with infection control guidelines.

Safe staffing

- For the early, middle, late, twilight and night shifts there was one registered nurse on duty. The nurse was supported by either one or two health care assistants on all the shifts except for the twilight shift. At weekends, this was the same except for the early shift when there were two registered nurses on duty.
- The number of shifts filled by bank and agency staff in the preceding 12 months pre-to the inspection was 634. The annual staff turnover rate for the financial year 2105/16 was - 11%. The ward was operating at low bed occupancy and the ward manager could rely on the near permanent temporary staff to give plenty of warning if they could not cover a shift. If temporary agency staff had to cover the ward on occasions of sickness or absence, staff were always the same people; they were familiar with the ward and available for duty at short notice. A flexible substantive nursing team supported this arrangement.
- There is no single evidence based workforce calculator tool for Learning Disability (this is currently under development by Health Education England). Staffing levels for the ward were decided using professional judgement.
- The ward had a nursing staff establishment of 10.32 whole time equivalent (wte). At the time of inspection, there were five band 5 nurses and the service was advertising for a sixth. There were also two band 6

Are services safe?

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

nurses, one of whom was covering the ward manager role at band 7 and the other acting into the band 6 roles. Advertising of all senior nursing posts was on hold pending a review of services. There were 11.94 establishment nursing assistant posts with 3.11 vacancies. Nursing assistant posts were not on hold. There was always enough staff for patients to have personal one to one sessions with staff as well as time for nurses and medics to carry out physical health interventions

- There was adequate medical cover day and night from the consultant psychiatrist and the GP assistant. Both doctors could attend the ward quickly in an emergency. Shrewsbury and Telford Hospital NHS Trust accident and emergency department was also on the same site to provide extra support if required. The service rarely cancelled ward activities due to having too few staff.
- In October 2015, 100% of staff were up-to-date with mandatory training except for basic life support, clinical risk management and medicines management where they were below targets

Assessing and managing risk to patients and staff

- There had been no incidents of seclusion and no incidence of long-term segregation in the 6 months prior to our inspection. Oak house did not use restraint. There had therefore been no incidents of restraint in the same period including any in a prone position. Oak House also did not use rapid tranquilisation.
- There were limited blanket rules on the ward apart from those negotiated with patients and carers. There was therefore no imposition of rigid visiting hours and carers and friends could visit unannounced.
- The employment of de-escalation techniques before restraint was custom and practice and there had been no incidents of rapid tranquilisation although it was available as stipulated in NICE guidance.
- Good medicines management was in place and patient's prescriptions checked on admission and at

discharge. Patients then saw the doctor who completed medication reconciliation (a formal process for creating the most complete and accurate list possible of a patient's current medications and comparing the list to the prescription brought in by the patient. A permanent record of the information then scanned into the electronic patient (EPR) record system.

- A system was in place for monitoring pressure ulcers, falls and other accidents.
- Children rarely visited the ward and safe procedures were in place for those that did.
- One hundred per cent of staff were trained in safeguarding; they knew how to recognise different forms of abuse and how to make a safeguarding referral.
- Staff carried out a risk assessment of every patient on admission and updated this regularly using a recognised risk assessment tool. Staff were maintaining the whole staff team had achieved accurate and appropriate records and compliance with Regulation 20 and risk to patients was therefore reduced.

Track record on safety

- There had been no serious incidents (SIs) between April 2015 and March 2016

Reporting incidents and learning from when things go wrong

- There had been one-reported incident in the preceding 12 months before the inspection. This was an accident recorded as a fall on trust systems in January 2016. The care plan changed in response.
- Staff did know how to report incidents and staff could discuss feedback from investigations at the regular clinical and team meetings.

Staff were open and transparent and explained to patients if things went wrong and were debriefed and offered support after serious incidents if they occurred.

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.

Our findings

Assessment of needs and planning of care

- Following CQC inspection in December 2013 and the subsequent information provided to CQC in February 2014, the clinical director confirmed that all the nursing staff were trained in how to use the Moulster and Griffiths Nursing Model (an evidence-based, person-centred care planning framework for learning disability nursing).
- The inspection team examined four sets of care records reviewing care plans. All of them met the standards set by the approved nursing model. The inspection team then reviewed the same four sets of care records on the trust's new electronic patient record (EPR) system. These matched perfectly meaning there had been a successful transfer of data and clinical information from the paper to files to the new system.
- The care records contained comprehensive and timely assessments completed after admission and all showed that care records were up to date, personalised, holistic and recovery orientated care plans placing emphasis on the wishes of the patient and carers.
- Care records showed that a physical examination has been undertaken and that there was ongoing monitoring of physical health problems and the treatment arranged or provided. Timely completion of care records meant that other professionals were able to read about the care and treatment of shared patients

Best practice in treatment and care

- The Health Equality Framework had been scored for each patient (HEF - a way for all specialist learning disability services to agree and measure outcomes with people with learning disabilities) and staff used validated tools to measure the health and social functioning of patients.
- The patients brought in their medication from home and the drug type, dosage and frequency of administration carefully recorded by nursing staff and then dispensed at the appropriate times as prescribed.
- The nutrition and hydration needs of service users, met through careful assessment, noted any changes since the last admission. All food supplied by the trust was given as specified in the patients care plan.

- Nurses completed Monitoring of Early Warning Signs (pulse, blood pressure, respiratory rate, colour) (MEWS) assessments, and Venus Thrombo Embolism (VTE screens) for the identification and prevention of blood clots. The doctor and staff gave all patients a complete physical health assessment so that patient's physical health did not deteriorate in hospital. If a patient's physical health needs required further treatment then specialist advice was sought. This included the taking of blood samples. The multidisciplinary team carried out a six-month follow ups of the initial screens to make sure the correct physical healthcare continued throughout the patients stay on the ward. A medication review also took place at agreed intervals. This information informed the weekly clinical ward round. Physical health screens were annual unless there was a clinical reason not to do so. This process was a recent improvement to the care provide to patients at Oak House.
- Nursing and medical staff followed NICE guidance on epilepsy (Epilepsies: diagnosis and management) and all patients had access to psychological therapies to help patients overcome problems if needed.
- Clinical staff made sure they knew if their service was doing well, how they could make improvements and whether the healthcare they provided was in line with standards by taking part in a clinical audit. This helped them to develop and share good practice.

Skilled staff to deliver care

- Staff were appropriately qualified for their duties and received an induction to the ward. Nurses, including the regular temporary agency staff, were experienced in nursing patients with learning difficulties.
- The percentage of staff that had an appraisal just prior to the inspection was 85.7%. This represented 12 out of the 14 ward staff.
- All of the staff were regularly supervised every five to six weeks.
- Specialist training was considered as part of nursing staffs' continuing professional development. This training included dementia, autism, and activity training. The staff team demonstrated a high level of expertise in their role.
- All staff attended team meetings to reflect on their clinical practice and were open to constructive feedback on their work from their peers and senior nursing managers. The multidisciplinary team met regularly

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.

making sure that there was effective discussion and handover of clinical information. Two nurses confirmed and reinforced this good practice when we interviewed them. The notes made on the EPR also demonstrated high-quality clinical decision making.

- The full range of mental health disciplines and workers provided clinical input on the ward. This included doctors, nurses, a speech and language therapist, an occupational therapist, intermediate pharmacist attendance and other professionals as required.

Multi-disciplinary and inter-agency team work

- There was a culture of regular multi-disciplinary team meetings. These meetings were particularly effective in sharing good practice and detailed information regarding patients' needs and care.
- There was an effective nurse handover system had been changed and improved since the last CQC inspection in 2013. Nurses coming on shift signed handover notes to confirm that they understood them. This confirmed that the incoming nursing shift had critical information and learning about the patient in order to make appropriate changes to patient care. These changes, made because of feedback from the last inspection, minimised risk to the patient. There were also systems in place for clinical reflective practice and debrief within the multidisciplinary team to learn from incidents.
- There were good working relationships with external teams including the Intensive Support Team (IST) helping to reduce the need for inpatient admissions and length of stay on the ward.

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

- Oak House did not accept patients under the Mental Health Act (MHA)
- Eighty six per cent of Oak House staff had received mandatory Mental Health Act training.

Good practice in applying the Mental Capacity Act

- Staff were trained in the Mental Capacity Act (MCA) and were able to discuss the principles of the Act specifically in relation to their patient group. This meant they could adapt their interventions to the difficulties their patients faced and exercise least restrictive options.
- Nursing and medical staff assessed and recorded capacity to consent appropriately by making sure patients could understand information to make a decision and communicate any decision made.
- In 2015, there were 21 Deprivation of Liberty Safeguards (DoLS) applications made for the people who use Oak House regularly and two for people who were admitted for assessment and treatment. There was a backlog in receiving authorisations from the local authority and the trust and the local authority were discussing action to resolve this.
- Staff could refer to a policy on the MCA including DoLS and knew to ask for advice when they were unsure.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- The Patient-Led Assessments of the Care Environment (PLACE) data for dignity and well-being was 83.6%. This was lower than the higher than national average for the trust as a whole.
- Staff attitudes and behaviours when interacting with patients were particularly sensitive to the needs of the patient group and they made sure that they understood the individual capacity of those under their care all times. In doing so, staff demonstrated a high level of respectful, appropriate, practical and emotional support.
- Care was taken to normalise activities and outings out, with regular explanations and prompts given to patients about what they were doing and why. There was also creative use of games to encourage interaction between staff and patients. Patients were also empowered to help each other, supervising able patients to operate the chair lift on the mini-bus.
- Relatives of patients said that their family members did not exhibit any behaviours of anxiety whilst being on the ward. Carers also felt confident in the care and treatment provided at Oak House and praised staff for their polite and professional attitude commenting that staff were genuinely interested in the patients' well-being often remembering small things that the patients liked.

- A service user interviewed by the inspection team said that their bedroom was always clean and that they always felt safe on the ward. If they had to call during the night, a nurse always responded very quickly. They felt that staff were always kind and nice and that they remembered what patients' likes and dislikes were.
- The capacity of patients was often very limited at Oak House although staff made every effort, using skilled interventions, to make sure patients were included in the decisions made about them. For example, patients were encouraged to point to the cereal they wanted to eat in the morning. These and other small examples of sensitive and thoughtful care contributed to a high quality service for patients.

The involvement of people in the care that they receive

- Patients understood their rights and were involved in their care planning. This was successful with a patient group of limited capacity due the time and care taken by staff to listen and observe their wishes and needs.
- Time taken with carers to understand what particular individual requirements of care ensured patients were cared for as they might be at home.
- Patients gave feedback about their care through their carer and supported to do this personally when and if they had the capacity to do so.
- Decisions about what treatment patients might receive if they became unwell were made in advance and in consultation with the patient's carer. Advocacy from third parties was also available if patients and carers required support for these and other decisions.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Between October 2014 and September 2015, there were 283 admissions to oak house. Referrals to the service came predominantly from GPs with a view to planned respite
- Although oak house was mostly used for respite care, some of the service users accessed the service for specific assessment and treatment. During our inspection, we saw that two referrals received were outside of the usual criteria in that they were of a more urgent nature and the ward was able to be very responsive with the support of the Intensive support service.
- The ward provided an acute liaison service between Royal Shrewsbury and Princess Royal Hospitals. Discharges were well organised, timely and considerate of the patient and carers needs and made at an appropriate and convenient times of day.
- Between April 2015 and September 2015, there were no delayed discharges from Oak House.
- The average bed occupancy in the 6 months prior to our inspection was 56%. Bed occupancy was routinely low as the referral of new patients was rare. The acting ward manager also knew of admissions six months in advance.
- Beds were available when needed for local people.

The facilities promote recovery, comfort, dignity and confidentiality

- The trust sub-contractors supplied all of the wards food and patients were able to make snacks and drinks with support if they needed it. A Choice of food to meet dietary or religious and ethnic groups was available.
- Patients had secure storage within their individual bedrooms for personal belongings.
- There was a large activity room having a range of equipment including a television, drawing materials and DVDs. The dining room was large enough to cater for all the patients and acted as an overspill area for activities. A display board prominently showed all the activities for seven days a week. This was in colourful and accessible pictorial form.

- All the bathrooms were well equipped with safety equipment for washing and bathing and included hoists to assist in lifting those patients who were not able to move themselves very easily.
- Bedrooms could be personalised if patients had the capacity and desire to do so.
- There was a quiet room with observation glass on the ward for visitors and patients to meet
- Patients could access a telephone to make calls if they had the capacity to do so.
- There was a pleasant large garden to the rear of the ward with well-maintained shrubs and flowers for patients to take fresh air and recreation. Patients had privacy as the garden had secluded areas.

Meeting the needs of all people who use the service

- The ward had adjustments for people requiring disabled access. The majority of the patients had a physical disability and there was plenty of space and wide doors to accommodate wheelchairs, and appropriate bathroom adaptations.
- There were accessible easy read information leaflets and other resources prominently available on the noticeboards for patients and visitors. These were available in different languages.
- There was access to interpreters and signers with a period of notice.

Listening to and learning from concerns and complaints

- Staff gave patients and carers information on how to complain and supported them in understanding the complaints procedure.
- There had been no formal complaints made in the 12 months prior to our inspection although staff were aware of how to act on them and had access to the complaints policy. The ethos of the team was to respond in a positive and timely manner.
- Staff received feedback on other complaints within the wider trust at governance and other wider trust meetings. This information, then fed back to the staff team for further learning.

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.

Our findings

Vision and values

- Staff demonstrated that they understood and carried out the trust value of placing the patient at the heart of all they did. Changes they had made to handover practice, clinical recording, risk assessment and care planning provided further evidence of this. The sustainability of these changes and subsequent high quality clinical practice demonstrated that the team's clinical objectives were reflective of the trust's values.
- Staff knew who the most senior managers in the organisation were and said that managers visited the ward. The clinical director with responsibility for the Specialist Learning Disabilities Directorate was a frequent visitor had been instrumental in making sure changes required by CQC at the last inspection were now in place.

Good governance

- Shifts were covered by a sufficient number of staff of the right grades and experience and the where temporary agency staff were used they were responsive and experienced in the care of patients with learning difficulties.
- Strong leadership from the acting ward manager ensured that safeguarding, Mental Capacity Act and Mental Health Act procedures followed to trust and national guidelines.
- The acting manager, supported by administrative staff provided good support to staff through supervision and informal clinical meetings.
- Both local and trust procedures were in place to learn from incidents, complaints and service user feedback.
- Staff had received mandatory training and apart from two modules had met trust targets for the percentage of staff that were compliant.
- Discussion took place within team meetings regarding the local risk register and used to highlight risk to the wider trust.

Leadership, morale and staff engagement

- The annual sickness and absence rate from 01.05.15-30.04.16 was 6.29% with long-term sickness and absence cases managed under the trust's revised sickness and absence policy.
- There were no bullying and harassment cases reported
- Staff had a good understanding of the whistle blowing policy and process. Staff clearly said they could raise concerns with the ward manger or any other member of staff at any time and that there was a culture of openness and transparency. They understood their duty of candour and trusted their colleagues to admit when things went wrong.
- The high level of team working and mutual support clearly helped as staff said they were used to receiving both positive and constructively critical feedback.
- Opportunities to develop skills on the ward were available and the activities work and development was a good example of how nursing staff had been encouraged to be creative.
- The acting ward manager had taken up leadership development opportunities and the acting Band 6 nurse and both were employing their skills well in these roles by supporting staff and making sure that care on the ward was of a high standard.

Commitment to quality improvement and innovation

The inspection team were informed about the following clinical excellence groups:

- autism clinical effectiveness
- mental health clinical effectiveness
- positive behavioural support effectiveness and
- physical health effectiveness
- These groups met twice per month to help make sure that care delivered for those with a learning disability and physical health needs was of the highest quality. This was through work on the development of pathways, audits, training and the dissemination of good practice. The inspection team saw evidence of this in the changes made on the ward to clinical practice in handover, physical health procedure and risk assessment and care planning.