

**Outstanding**

## Central and North West London 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)
RV3CA	Kingswood Centre	Carlton and Preston	NW9 9QY

This report describes our judgement of the quality of care provided within this core service by Central and North West London 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 Central and North West London NHS Foundation Trust and these are brought together to inform our overall judgement of Central and North West London 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?

Outstanding



Are services caring?

Outstanding



Are services responsive?

Outstanding



Are services well-led?

Outstanding



### 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 wards for people with learning disabilities or autism as **outstanding** because:

- Patients received an exemplary service that was tailored to meet their individual and diverse needs and preferences. There was a truly holistic approach to assessing, planning and delivering care and treatment to patients which focused on each patient's strengths and needs. There was a strong focus on recovery. Staff engaged with patients in a positive way which promoted their well-being. There was an open and positive culture which focussed on patients.
- Patients and others important to them were fully and actively involved in all aspects of the planning and delivery of their care and worked in partnership with the staff team. Staff delivered care in a way that ensured flexibility and individual choice. Patients told us they felt safe.
- Risk management arrangements were robust and staff promoted a culture of positive risk taking. Patients were involved in managing risks to their care.
- The service used every opportunity to learn from incidents to support the improvement of the service. Learning was based on a thorough investigation and analysis and was embedded throughout the service.
- The standard of care provided was outstanding. Staff delivered a wide range of evidenced based, therapeutic treatment interventions which meant that patients received effective care, treatment and support. Patients and carers spoke very highly of the staff and the quality of the care they received.
- Staff monitored and reviewed patients' physical healthcare needs effectively.
- Staff from different disciplines worked together professionally and with mutual respect to achieve the best possible outcomes for patients using the service. There was a multi-disciplinary approach towards every aspect of the patient journey from admission to discharge. Staff were committed to partnership and collaborative working and there was an embedded culture focussed on the delivery of holistic care.
- Staff were supported by regular supervision and appraisals and had access to specialist training which was designed around the needs of the patient group. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring and improving high quality care and support provided.
- Staff were confident in managing behaviours which were challenging to the service with clarity and thoughtfulness. We saw exceptional use of positive behaviour support to effectively understand, anticipate and meet patients' needs. Staff monitored and reviewed restrictive interventions robustly. Staff were committed to reducing the need for restrictive interventions such as restraint. Patients contributed to their own positive support plan using their preferred communication method.
- Staff had an in-depth understanding of each patient. They supported patients to communicate effectively because staff had undertaken comprehensive communication assessments and used appropriate communication methods/styles to support people's individual needs. We saw excellent examples of information that was presented to people in ways they could understand, such as the use of transition calendars, easy read leaflets for 35 psychotropic medicines and the use of photographs to put together booklets to support patients with different aspects of their care such as planning for discharge.
- Consent practices and records were actively monitored and reviewed to improve how the patients using the service were involved in making decisions about their care and treatment. Staff demonstrated an excellent understanding of consent practices and how these supported patient's rights.
- We saw exemplary practice with the patient-led care programme approach meetings and ward reviews. Patients took a role in chairing their care programme approach meetings if they wished to. Staff in conjunction with the patients had developed new care programme approach documentation to support patients so that they could understand the process better and monitor their progress.

# Summary of findings

- The service had an excellent advocacy service. Patients had their voice heard on issues that were important to them and all staff genuinely considered individual views and wishes when patients made decisions.
- The service undertook numerous initiatives to ensure that patients were engaged and involved in the care they received. This included a focus on collaborative risk assessments, patient-led care programme approach meetings, staff recruitments and representation at the care quality meeting.
- There was excellent use and implementation of 'this is me' life history documentation to provide person-centred care.
- The provider used innovative and proactive methods to improve patient outcomes. Re-admission rates had reduced as the service had developed a comprehensive transition plan to support patients leaving the service. This included facilitating specific training for staff in the patient's future service, reviewing the community provider's risk assessment and risk management plan for the patient, to determine if the community provider could provide appropriate care and treatment.
- The service had a positive, open and inclusive culture which centred on improving the quality of care patients received through empowerment and involvement. Throughout our inspection we saw that staff embedded the values of the trust in all aspects of their work and spoke about the patients being at the heart of the service.

# Summary of findings

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

### Are services safe?

We rated safe as **good** because:

- The service delivered care in a clean and hygienic environment. Staff regularly monitored the cleanliness of the wards and audited the quality of infection control procedures to ensure they were effective.
- Individual risk assessments were comprehensive and involved the patient and regularly reviewed. Person centred risk management processes were in place to anticipate, manage and reduce the risks of patients experiencing harm.
- The provider ensured there were sufficient staff on duty to meet patient needs and keep patients and staff safe. Staffing levels were flexible and determined by people's needs.
- The provider monitored and reviewed robustly restrictive practices such as restraint. The service had good understanding of their current use of restrictive practices and shared this information with commissioners of the service. The staff were committed to minimising the use of restrictive practices such as restraint as part of the overall trust plan to reduce restraint.
- Patients were supported to take their medicines safely and staff provided accessible information to support their medicine needs.
- There were reliable systems, processes and practices to keep people safe. Staff had undertaken training around safeguarding adults and children. They had a good understanding in relation to identifying safeguarding concerns and ensuring they were reported and recorded.
- There was an open safety culture Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The service used every opportunity to learn from internal and external incidents, to support improvement.

However:

- Neither ward risk register detailed the timescales to replace a number of wooden beds that were in use.

Good



### Are services effective?

We rated effective as **outstanding** because:

Outstanding



# Summary of findings

- Patients received an exemplary service that was tailored to meet their individual needs and preferences. There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. There was a strong focus on recovery.
- Staff from different disciplines worked together professionally, constructively and with mutual respect to achieve the best possible outcomes for patients using the service. Staff were highly skilled, proactive and delivered a wide range of evidenced based, therapeutic treatment interventions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were confident in managing behaviours which were challenging to the service with clarity and thoughtfulness. We saw exceptional use of positive behaviour support to effectively understand, anticipate and meet patients' complex needs.
- We saw exemplary practice with the patient-led care programme approach meetings and ward reviews. Patients took a role in chairing their care programme approach meetings if they wished to. Staff in conjunction with the patients had developed new care programme approach documentation to support patients so that they could understand the process better and monitor their progress.
- Staff were clear about their responsibilities around the Mental Capacity Act (2005) and were dedicated in their approach to supporting patients to make informed decisions about their care and treatment.
- Staff were supported by regular supervision and appraisals and had access to specialist training which was designed around the needs of the patient group and enabled them to carry out their roles and responsibilities effectively.
- Patients had individually tailored recovery-orientated therapeutic activity programmes, which took account of their preferences, likes and dislikes.
- The service worked effectively and constructively with other health and social care professionals to secure quality outcomes for patients.

However:

- Information provided by the trust indicated that only 12% of staff had completed their Mental Health Act (MHA) training. Whilst staff did not receive mandatory training relating to the

# Summary of findings

MHA, they had a good understanding of how it affected their daily work with patients who were detained. All of the ward and team managers were trained and were available to provide advice to staff on relevant MHA related issues.

## Are services caring?

We rated caring as **outstanding** because:

- Patients received high quality care and support from a staff team that worked within a strong, visible and person-centred culture. There was a unique caring ethos throughout the service.
- Staff delivered care and treatment that was inclusive, valued people, respected their rights and diverse needs. The service was exceptional at empowering patients to express their views, make decisions and choices. Staff communicated effectively with patients and treated them with compassion and respect.
- Patients and others important to them were fully supported and involved in all aspects of their care and worked in partnership with the staff team. Patients and their families were seen as equal partners in planning, developing and reviewing care.
- Care records were very detailed, person specific and considered all aspects of a person's life including their wishes, aspirations and values. Patients were listened to and responded to in a way that helped them feel understood.
- The service had made reasonable adjustments to meet the communication needs of the patients using the service. Staff told us that effective communication was key to ensuring safety and managing risk.
- The service undertook numerous initiatives to ensure that patients were engaged and involved in the care they received. This included a focus on collaborative risk assessments, patient-led care programme approach meetings, staff recruitments and representation at the care quality meeting.

**Outstanding**



## Are services responsive to people's needs?

We rated responsive as **outstanding** because:

- The service was tailored and delivered care to patients to meet their individual needs.
- Staff worked effectively and in collaboration with patients, their carers, community teams and NHS commissioners in relation to

**Outstanding**





# Summary of findings

the admission and discharge of patients. Discharge planning was an active part of care and treatment. The average length of stay for patients on learning disability and autism wards was 286 days. The service worked with patients that had very complex care needs and did everything that it could to move people on to the most appropriate setting. Staff worked closely with external providers to facilitate this.

- The provider used innovative and proactive methods to improve patient outcomes. Re-admission rates had reduced as the service had developed a comprehensive transition plan to support patients leaving the service. This included facilitating specific training for staff in the patient's future service, reviewing the community provider's risk assessment and risk management plan for the patient, to determine if the community provider could provide appropriate care and treatment.
- Patients' communication needs were identified and responded to effectively by staff who had been trained in a variety of communication techniques including Makaton and intensive interaction.
- There was excellent information provided in a variety of formats for both patients and carers to support them with their care and treatment.
- Patients received an outstanding advocacy service. Patients had their voice heard on issues that were important to them and all staff genuinely considered individual views and wishes when patients made decisions.
- Patients had access to a comprehensive activities programme within and outside of the service which was based on their individual needs, preferences and abilities. These were provided on a one to one or group basis.
- The service had a robust complaints procedure that was designed to ensure people's complaints were dealt with in a prompt, open and honest manner. This was available in an accessible format with pictures and symbols. Patient and carer feedback was listened to and changes made as a result.

## Are services well-led?

We rated well led as **outstanding** because:

**Outstanding**



# Summary of findings

- The service actively promoted a positive, open, inclusive and transparent culture. Management were visible, led by example and embodied the highest standards of care and support for people and staff.
- There was a clear vision and set of values which the staff team had embedded in all aspects of their work and was integral to the way care was delivered to ensure patients benefitted from the best possible care.
- Morale was high and staff were positive about their leadership. Staff were supported, felt valued and felt they could raise issues of concern and would be listened to by the management team.
- Robust performance management systems were in place to ensure the quality of the service was monitored and actions were in place to constantly drive improvement.
- The service had a culture of continuous improvement which focused on improving the quality of care that patients received.

# Summary of findings

## Information about the service

The wards for people with learning disability provided by Central and North West London NHS Foundation Trust are located at the Kingswood Centre. They provide inpatient assessment and treatment services for adults with learning disabilities and autism. Patients who use the service have complex care needs including mental health issues and behaviours that challenge.

There are two wards:

Preston ward has eight beds for and admits both men and women.

Carlton ward also has eight beds and admits men only.

There has been one visit to Carlton ward by the Mental Health Act reviewers in July 2016.

## Our inspection team

**Team Leader:** Rekha Bhardwa Inspector (mental health) Care Quality Commission

The team that inspected this service comprised three inspectors, one pharmacy inspector, two specialist advisors who had experience of working in wards for

people with learning disabilities and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses similar mental health services.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme. When we last inspected the trust in February 2015, we rated the wards for people with learning disabilities or autism as good overall. This inspection was undertaken to check that the standards within the service had been maintained.

Although we issued no requirement notices, following the inspection in February 2015, we told the trust that it should take the following actions to improve the wards for people with learning disabilities or autism:

- Recruitment of staff to work in the services both nursing and other allied professions should continue to be a priority for the trust until posts are filled.

- The care planning process should be more individualised. Care plans should be in a format that is meaningful to that person, there should be a strong recovery focus and the care plans should be put into practice for each person.
- The service should have accurate training records so that people's training needs can be identified and addressed.
- The service should work with commissioners to make arrangements for a replacement independent mental health advocacy services at the Kingswood Centre and staff should know who to contact when this service is needed.
- Staff should ensure that the activities on people's programmes should happen in practice.
- Staff should ensure that patients receive the support they need to practice their faith if they wish to do so.

# Summary of findings

## How we carried out this inspection

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

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

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

This inspection was a short-notice, announced inspection. During the inspection visit, the inspection team:

- visited Carlton and Preston wards and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with the managers for each of the wards
- spoke with six patients who were using the service
- spoke with two carers
- spoke with 18 other staff members; including doctors, nurses, student nurses, advocate, occupational therapist, psychologist, activity co-ordinators and support workers
- interviewed the clinical lead and service manager with responsibility for this service
- attended and observed two hand-over meetings and one multi-disciplinary team meeting
- attended and observed patient activities and one patient meeting
- read 8 patient care and treatment records
- checked how medicines were managed on Carlton and Preston wards
- reviewed a range of policies, procedures and other documents relating to the running of the service

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

We spoke with six patients and two carers during our inspection. Patients told us that they were actively involved in all aspects of their care and treatment and worked together with the staff team towards their recovery goals.

Patients told us that they found the staff to be caring, compassionate, respectful, kind and professional. Patients reported feeling safe on the wards and had positive relationships with the staff.

Patients spoke highly of the support they received from the advocate in making decisions around their care and treatment. Patients told us they enjoyed the numerous activities that were on offer within the service and the community.

Carers told us staff invited them to attend multi-disciplinary meetings. They said staff gave them clear explanations about the patient's treatment and, progress. Carers said staff fully involved them in decision-making and discharge planning.

## Good practice

- Staff developed and used personalised communication tools for each patient such as the use of photographs to put together booklets to support patients with different aspects of their care such as planning for discharge and intensive interaction.
- Patient-led care programme approach meetings took place where people were involved in chairing their care programme approach meetings, and supported with their preferred communication method.

## Summary of findings

- Patients going out into the community were provided with an easy read crisis card which could be carried in their pocket. This provided essential information about them and details of people that could be contacted in the event of a crisis.
- The provider used the peer network through the Royal College of Psychiatrists quality network for Inpatient Learning Disability Services to drive improvements. Preston ward met 100 percent of the standards in their annual peer review in February 2017.

## Areas for improvement

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

- The trust should ensure that timescales are included in the risk register for the replacement of wooden beds.
- The trust should review how it records and monitors its training requirements relating to the Mental Health Act.
- The trust should ensure that timescales are included in the risk register for the replacement of wooden beds.
- The trust should review how it records and monitors its training requirements relating to the Mental Health Act.

## Central and North West London 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
Carlton Ward	Kingswood Centre
Preston Ward	Kingswood Centre

#### 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.

- The administration of the Mental Health Act 1983 (MHA) was consistently good across the service. There were 13 patients detained under the MHA at the time of our inspection.
- Where patients were subject to the MHA, staff protected their rights and complied with the Mental Health Act code of practice. Although MHA training was not mandatory, and only 12% of staff had been recorded as having completed this training, staff had a good understanding of the MHA and how it affected their daily work. Training sessions on the MHA Code of Practice issues and a workshop on Community Treatment Orders for staff had taken place. All of the ward and team managers were trained and were available to provide advice to staff on relevant MHA related issues. Further face to face training had been planned for all existing and new staff during the year.
- Patients had access to an independent mental health advocate. Patients told us they knew who their advocate was. The advocate supported patients when they attended Mental Health Act tribunal hearings.
- Staff risk assessed patients before section 17 leave took place.
- We found that all necessary paperwork relating to treatment forms were attached to medicine records as required and were completed accurately.
- Patients were given information about their rights under the MHA regularly and routinely. This was recorded

# Detailed findings

comprehensively. Easy read information was available to support patients understanding of their rights. All relevant detention paperwork was completed accurately.

- There was a MHA administrator at the service who was able to provide advice and support. Staff could also consult the central Mental Health Law Team if required.
- Staff undertook regular audits to ensure that the MHA was being applied correctly.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated an excellent understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining consent and enabling patients to make their own decisions wherever possible. Supporting patients to make decisions was embedded throughout the service. Training on the MCA was part of induction for all new staff and was incorporated into the trust safeguarding training. 100% of staff had completed this training.
- Staff spoke passionately about upholding and promoting patients' human rights and were able to give us examples of everyday practice where they implemented this. We saw that staff and the advocate took time to make information accessible and explain potential risks and benefits. For example, a patient had refused to attend hospital for a medical condition. The consultant had assessed the patient as having capacity to make the decision. This decision the patient had made was acknowledged and respected.
- We saw excellent records relating to the assessment and understanding of capacity across the service where

decision specific assessments had been made and the best interests of the individual considered. For example, we saw a comprehensive capacity assessment and best interest decision for a patient concerning medicines for physical health needs. The views of the patient (via the advocate), family and the multi-disciplinary team were thoroughly considered and recorded clearly.

- The service had access to an independent mental capacity advocate.
- Advice and guidance on the MCA was available from the Mental Health Act office. Flow charts showing how to apply the MCA were displayed for staff to use when needed. MCA specialists within the trust ran surgeries on each ward and other team settings to ensure that training was applied practically too individual cases and to embed learning into frontline practice.
- The provider had made three DoLS applications in the last twelve months. The service used a DoLS tracking tool to ensure that any conditions and length of DoLS authorisation were complied 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

- Patients were safe. In both Carlton and Preston wards there were some areas that did not allow for clear observation because there were blind spots and restricted lines of sight. Risks to patients and staff had been mitigated by the use of mirrors, staff observations, patient engagement and individual risk management of high risk patients.
- Staff we spoke with were aware of the current risks that had been identified on the ligature audit for their ward. They were able to articulate clearly the measures in place to manage these through patient and environment observations. Staff had very good understanding of relational security through in-depth knowledge of individual patients and understanding the patient group dynamic.
- Carlton ward accommodated male patients only. Preston ward accommodated both male and female patients and complied with the guidance on same sex accommodation. There were separate male and female corridors with bathing and toilet facilities in each area. This meant males and females did not have to pass through areas of the opposite gender to use these. There was a female only lounge on the ward.
- Each ward had a fully equipped clinic room and access to emergency resuscitation equipment including a defibrillator and oxygen supply as well as emergency medicine supplies. Staff monitored these supplies and equipment regularly to ensure they were safe for use. Other equipment for physical health monitoring such as electrocardiogram, weighing scales, pulse oximeter and blood pressure machine were all checked, calibrated, in date and labelled with 'I am clean' stickers.
- There were no seclusion facilities on either ward.
- The wards were clean. Maintenance issues were reported promptly and action taken to address the issues identified. Both kitchens were in a poor condition and plans were in place for them to be refurbished in May and June 2017.

- Furnishings in both wards were in good condition and there was a programme of redecoration and refurbishment in place. Special safety furniture such as weighted chairs were in place. Pictures had been placed high on the walls to prevent them being taken of the walls.
- The risk register identified a few wooden beds on each ward that were to be replaced. However, no timescale for this had been identified.
- There were effective systems in place to manage infection control. Staff had undertaken infection control training and followed infection control practices. Hand cleaning gels were available throughout the hospital. Infection control audits including hand hygiene audits were carried out regularly. Domestic staff were present and cleaning was regularly completed.
- All staff carried personal alarms. Each bedroom had a nurse call system, as did the main bathroom and areas of the main wards.

### Safe staffing

- On both wards, the ward manager planned and reviewed the staffing skill mix to ensure patients received safe care and treatment. Each ward had a minimum of qualified and unqualified staff on duty. Managers had the flexibility to adjust staffing levels daily to take account of patient needs, escort duties and observation levels. For example, on Carlton ward the ward manager booked extra staff on some weekends to carry out activities with patients.
- The staffing establishment for both wards was 8.7(WTE) qualified staff and 23 (WTE) for unqualified staff.
- As at 28 February 2017, the highest numbers of qualified staff vacancies were on Preston ward with 2.4 vacant posts.
- As at 28 February 2017, the highest numbers of unqualified staff vacancies were on Preston ward with 2 vacant posts.
- There were 6.9 vacancies across the service, giving a vacancy rate of 17.5%.



# Are services safe?

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

- In the previous 12 months the trust reported that 18 shifts had not been filled by bank and agency staff.
- The overall sickness rate across the service was 3%. Carlton ward had the highest sickness rate at 2.5%. This was due to long term staff sickness.
- The average total turnover rate for the 12 months leading up to our inspection across the service was 16%.
- Any staff shortages or additional shifts were responded to appropriately. Both wards used mainly bank staff. Agency staff were used rarely. In the previous 12 months across both wards, 3,227 shifts were filled by bank staff to cover sickness, absence or vacancies, 29 of these were filled by agency staff. Managers used regular bank staff that were familiar to the patients and service which helped maintain consistency of care.
- Bank and agency staff had a short induction on their first shift so that they were familiar with the wards and patients on the wards. Bank staff read 'about me' information about each patient. The 'about me' information was extremely detailed and included all essential information about the patient's safety, behaviour and preferences.
- Staff and family members we spoke with said there were sufficient numbers of staff to deliver care and support to meet patient's needs.
- We observed staff present and accessible in patient areas during our inspection, including qualified nurses.
- Patients had regular one to one sessions with their primary/allocated staff member at least weekly. These were clearly recorded. Patients we spoke with knew who their primary staff member was and told us they saw them regularly.
- Leave was rarely cancelled due to staffing, and this would be if there was an emergency and a patient needed transfer to acute hospital with a number of escorts.
- All staff on the wards said there were enough staff to carry out physical interventions safely when required.
- There was appropriate psychiatric and medical cover to meet the needs of the patients. The GP for the service visited weekly and there was a senior nurse and learning

disability consultant on-call rota. The ward consultants told us staff could also contact them if needed as they knew the patients well and if required would also visit the ward.

- Staff received and were up to date with their mandatory training. The overall compliance rate for mandatory training was 97%. Training included information governance, equality and diversity, health and safety, infection prevention and control, learning disabilities prevention and management of violence and aggression, safeguarding adults and children training.

## Assessing and managing risk to patients and staff

- The service did not practice seclusion or long term-segregation. Staff told us the service was a 'seclusion free' zone.
- De-escalation was used wherever possible. We observed staff supporting people to calm down when they were distressed or agitated. We were told of another incident which was successfully resolved by staff knowledge of the patient. Staff were able to recognise quickly when a patient felt unsafe. They spoke confidently about reporting on tiny changes that had triggered a change in behaviour.
- Each patient's positive behavioural support plan identified strategies rated green, amber and red, which were then merged with the indications for using as required medicines. The strategies in place for individuals took into account people's individual and diverse needs. Staff spoke of 'letting the patient calm themselves down' if there was no immediate risk to others.
- The provider had strategies in place to ensure that staff only used minimal restraint as a last option when attempts at de-escalation had failed. Staff were trained in de-escalation and had undertaken specific training for prevention and management of challenging behaviour to meet the needs of people with learning disabilities. Staff told us they routinely used de-escalation techniques. Records confirmed this and we observed staff calming patients who were distressed.
- NICE guidance for challenging behaviour had been mapped to the service through the care quality meeting

# Are services safe?

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and was being used as part of service improvement. The Department of Health's 'Positive and Proactive Care: reducing the need for restrictive interventions' (2014) was embedded within the service.

- Between 1 March 2016 and 28 February 2017, there had been 180 incidents of restraint for 66 different patients. These were highest on Preston ward with 125 incidents. Carlton ward had 55 incidents of restraint.
- There were a total of 47 prone restraints. These were the highest on Preston ward with 41 incidents and Carlton ward with 6 incidents.
- Two patients on Preston ward accounted for 88% of the overall incidents of prone restraint. The increase in the number of incidents of restraint were attributed to new admissions to the service or delayed discharges. Both wards provided care and treatment to patients with very complex needs. We saw there was a reduction in the use of prone restraint on Carlton ward where no incidents had been reported for the previous three months. Prone restraint care plans were in place for patients where this may be required to help prevent injury to themselves and to others.
- Each episode of restraint was discussed, reviewed and analysed within the multi-disciplinary team to understand how the patient could be better supported. All incidents were reviewed using a newly introduced multi-disciplinary team checklist. This included a detailed review of the incident, the patient's positive behaviour support, risk assessments and care plans to ensure patients were being supported effectively and safely. Staff focused on what they could do better to prevent further incidents of restraint.
- We checked the recording of restraint and how it was understood on the wards. Restraint records were comprehensively completed.
- The patient's view of the incident was also sought. We saw that easy read information on the use of restraint was available for patients.
- Least restrictive interventions were audited monthly to ensure that review processes were being carried out in practice. The service had good understanding of their current use of restrictive practices and shared this information with commissioners of the service. The staff were committed to minimising the use of restrictive practices such as restraint as part of the overall trust plan to reduce restraint.
- Person centred risk management processes were in place to anticipate, manage and reduce the risks of patients experiencing harm. Assessments considered people's individual abilities and needs. A comprehensive risk assessment and risk management plan was undertaken for all patients on admission to the service. Staff worked in collaboration with patients to manage risk effectively. Patients contributed to their risk management plans and staff told us that they worked on positive risk management and looked at the individuals' strengths and weaknesses. For example, staff had developed a comprehensive risk assessment regarding the management of a patient's breathing difficulties.
- Patient risk assessment and management plans were reviewed and updated after incidents to ensure that they reflected the person's needs and how they would be met. For example, we saw that for two patients following an incident staffing was increased to two to one for each patient.
- There were some blanket restrictions in place to keep patients safe. For example, the kitchen and laundry areas could only be accessed with staff supervision. If the multi-disciplinary team decided that additional restrictions were required to ensure a patient's safety, this was discussed with the patient and family/carers and planned and implemented on an individual basis.
- Staff undertook close observations of patients according to the policies and procedures of the trust. Observation levels were dependent on the risks the patient presented and were more frequent when the patient had been assessed as high risk. Additional staff were rostered on duty where required to ensure observations were carried at the planned frequency.
- Between 1 March 2016 and 28 February 2017, there were 153 incidents of the use of rapid tranquilisation (RT), which included intramuscular and oral tranquilisation. The highest use was on Preston ward at 113 incidents. Where rapid tranquillisation had been used, staff had carried out and recorded regular checks of the patient's

# Are services safe?

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

physical health. Rapid tranquilisation was reviewed at the weekly multi-disciplinary team meeting together with positive behaviour support plan and risk assessments.

- The provider had a rapid tranquilisation protocol in place. We found that the stock quantities of these medicines reconciled to that kept in the weekly records which meant there was a good overview of the management of these medicines. We found that patients had been administered these high risk medicines in a safe manner, with observations taken at appropriate intervals in line with national guidance.
- The provider had robust systems in place to identify report and act on signs or allegations of abuse. Staff had undertaken training around safeguarding adults and children and were encouraged to challenge their colleagues if they thought people's safety was at risk. Staff were familiar with the different types and signs of abuse and could describe these and the action they would take if they discovered any. There was a safeguarding lead identified for the service where staff could obtain advice and support.
- Staff were able to give examples of the safeguarding referrals they had made. Safeguarding protection plans were in place for some patients to keep them safe. These had been prepared in conjunction with the local authority safeguarding team.
- Safeguarding information was available in an easy read format for patients, who were encouraged and empowered through one to one meetings, the patient group and advocacy service to raise any concerns including bullying.
- Between 1 March 2016 and 28 February 2017, the service had made 18 safeguarding referrals. A safeguarding tracker was used to monitor the progress and outcome of each referral. Safeguarding audits were undertaken to ensure processes were being followed effectively.
- There were robust systems in place to ensure medicines were managed safely. Patients received their medicines as prescribed and in a safe way. Medicines were stored safely. Medicines requiring refrigeration were monitored and temperatures recorded were within range. Unwanted medicines were disposed of in line with waste regulations.
- People consistently received their medicines as prescribed. We looked at 14 medicine administration records and found no gaps in the recording of medicines administered.
- Controlled drugs were appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff.
- We observed that patients were able to obtain their 'when required' (PRN) medicines in accordance with their individual 'Person-Centered PRN Plan'. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit. This was assessed according to a red, amber and green rating system. We concluded that staff did not control patients' behaviour by excessive or inappropriate use of medicines. For example, we examined records for ten when required medicines that had been administered in order to calm down ten different individuals. They were administered for an appropriate reason and there was a clear audit trail on observations carried out after administration.
- The ward pharmacist attended the multi-disciplinary team meeting. There was good clinical input by the pharmacy team in optimising patients' medicines and providing support to both medical and nursing staff, as well as advising patients, and making clinical interventions with medicines to improve safety. When people were detained under the Mental Health Act, the appropriate legal authorities were in place for medicines to be administered.
- Medicines were administered by nurses that had been trained in medicines administration. We observed a medicine being given to a patient and found that staff undertook this with a caring attitude. We found exemplary practice in relation to the medicines information that was given to patients and their carers through 35 'easy read' leaflets for psychotropic medicines, and the opportunity to translate them if required by the advocate every week at the 'Speak Up' patient group.
- The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider, including safe

# Are services safe?

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storage of medicines, room and fridge temperatures and Controlled Drugs on a daily basis. The latest Prescribing Observatory for Mental Health (POMH-UK) supplementary audit showed that 100% of patients on antipsychotics had a medicines review in that last 12 months (vs 75% nationally). Also, the evidence of monitoring vital signs (for example, blood pressure, weight, blood glucose and lipid levels) had increased from approximately 40% in 2009 to approximately 65-70% in 2015 (vs 60% nationally).

## Track record on safety

- There was one serious incidents reported in the last 12 months within the service on Carlton ward. This had been reported and investigated.

## Reporting incidents and learning from when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Between 1 April 2016 and 16 March 2017 a total of 423 incidents were reported across the service. The most common types of incidents were disruptive behaviour, physical violence, self-harm, falls and accidents. Incident records were comprehensive and a detailed analysis of each incident was carried out to find the root cause so that future incidents could be prevented and to minimise re-occurrence.
- The service used every opportunity to learn from internal and external incidents, to support improvement. All incidents (however minor) were

discussed in weekly multi-disciplinary team meetings. Incidents were also discussed at staff 'house' (team) meetings and during staff supervision. The ward managers also disseminated incident findings during ward handover meetings and staff discussed incidents in monthly reflective practice groups.

- Lessons learnt were discussed by the staff team at multi-disciplinary team clinical effectiveness meetings which were held on the wards to enable ward staff to attend and lessons learnt cascaded to all team members. The acting modern matron attended matron meetings and fed back learning from incidents across the trust. The service manager attended the local area safeguarding group and fed back learning from incidents in other services. This meant that opportunities to learn were shared so that improvements to safety could be made.
- Staff were debriefed following incidents, informally or formally, depending on the type and seriousness of the incident. Patients were also supported to debrief following an incident. We saw that staff had developed specific pictorial aids to support individual understanding.
- Staff understood the Duty of Candour and their responsibilities. Duty of candour is a legal requirement, which means providers must be open and transparent with patients about their care and treatment. This includes a duty to be honest with patients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong

# Are services effective?

Outstanding



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

- Patients received an exceptional service that was tailored to meet their individual needs and preferences. There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. There was a strong focus on recovery.
- We reviewed eight care and treatment records and saw that on admission patients had a full multi-disciplinary assessment, with all staff contributing. Comprehensive assessments included patient's physical health assessment, mental health, sensory profile, and medicine assessment, activities of daily living assessment, communication assessment and behaviour. The psychologist undertook a functional analysis of the patient's behaviour. This included information from relatives and carers, staff from the person's previous placement, care managers and a detailed analysis of individual incidents which had taken place. The assessments we viewed took into account each person's unique and individual characteristics including their strengths and emotional and physical needs. Carers we spoke with confirmed they had been involved in the assessment process.
- Care planning documentation clearly reflected the patient's voice and involvement. Patients told us that they were aware of their care plans and were actively involved in their development and review so that they had the support they needed in the way they wanted.
- The language used in the care plans was person centred, meaningful and included patients' individual goals and aspirations. Care plans were available for each patient in easy read versions and staff adapted them to meet the specific needs of patients, for example using photographs to support understanding.
- The service was proactive in involving patients in care planning. We saw excellent practice with the patient-led care programme approach meetings and multi-disciplinary team meetings. Patients took a role in chairing their care programme approach meetings if they wished to. They were invited into the meeting from the beginning, supported by their advocate and communicated in their preferred method.

- We observed the ward round on Carlton ward and saw that the patients led the discussion and gave feedback on their progress, including activities and any incidents that had occurred. It was clear from our observations that the patients knew their care plans and the care pathway being followed. Patients were able to ask each member of the multi-disciplinary team for their feedback and the plan of care was agreed with them before they left the meeting.
- Patients had access to regular physical health checks on admission and we saw that these were recorded comprehensively. Further checks were undertaken regularly and this information was recorded on the wards and reviewed by the staff team during ward rounds.

### Best practice in treatment and care

- Medical staff were aware of and used the best practice guidelines relating to prescribing medicines which were established by the National Institute for Health and Care Excellence (NICE). ECGs were undertaken before patients were commenced on antipsychotics.
- The service used the positive behaviour support model to understand patient behaviours which challenge. The foundation of positive behavioural support is to understand why an individual exhibits challenging behaviour, and address the issues that trigger that behaviour. Positive behaviour support is based upon the principle that if you can teach the patient a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce.
- The functional analysis completed by the psychologist led to a detailed and comprehensive positive behaviour support plan which was updated twice in the first two months, and then every six months, unless an update was required sooner. All members of the multi-disciplinary team contributed to the positive behaviour support plan. Plans we viewed contained a range of proactive strategies to de-escalate or prevent challenging behaviour. For example, for one patient the need for oral sensory stimulation had led to them biting themselves. Their positive behaviour support plan led to them using 'chewing tubes' instead.
- Staff and patients were supported to understand the different stages of behaviour based on a traffic light system. Part of the positive behaviour support plan



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identified strategies rated green, amber and red. This system enabled staff to more easily identify when they could intervene to prevent behaviour escalating into an episode of challenging behaviour. We saw exemplary practice where indications for the use of 'as required' medicines were merged within the traffic light system. Patients contributed to their own positive behaviour support plan, and we heard of one patient doing so by communicating in Makaton. For another patient with sensory needs we observed staff supporting them with their behaviour by using preferred items to engage with them. Positive behaviour support plans also contained reactive strategies for staff to follow to keep the person and those around them safe. For example, for one patient their positive behaviour support plan detailed the use of restrictive practices such as the use of restraint to keep them safe. The records showed that the patient had been involved in this decision.

- The service also used the intensive interaction model to learn how to get communication and social relationships started with patients. This model encourages staff and patients to concentrate on the quality of everyday interactions and is particularly useful for patients with complex or severe learning disabilities and autism.
- Patients had access to wide range evidence based of psychological therapies as recommended by NICE, including group and individual support. This incorporated dialectical behavioural therapy, cognitive behavioural therapy and family therapy. All therapy was tailored to meet patient's needs.
- The service had a person centred culture, which was based on staff not trying to change a person, but changing the way staff worked with them. The managers described numerous environmental adaptations to suit the individual needs of patients. For instance on Carlton ward all toilets had been replaced with steel toilets in response to a patients behaviour.
- Psychological treatment also included developing positive narratives about the person. This involved identifying positive aspects of a patient's personality and reinforcing this.
- All patients had an occupational therapy assessment within a week of admission. This included an evaluation of patient's social interactions motor and process skills.

For patients who had autistic spectrum disorders a detailed sensory assessment was undertaken which included the effects of hypersensitivity and hyposensitivity for individual patients to sound, sight, smells and touch. We saw how staff used this information to support patients, for example staff used a scented shower product when preparing the patient for a shower. For another patient we saw that their bedroom had low lighting as part of their low arousal plan.

- There were detailed activity and therapy programmes for each patient. Occupational Therapy included laughing yoga, an evidence-based therapy which is not widely used in the UK. This involves light exercise and statements to make people laugh and encourages respiratory effort and a sense of wellbeing. Other occupational therapy activities included chair yoga which included patients making positive affirmations (e.g. 'I am great', 'I am strong') to influence patient's self-esteem and confidence.
- The service had a strong focus on health promotion and healthy living. Patients had a health action plan in line with best practice guidance. Each health action plan detailed the support the person required to maintain good health and wellbeing. Plans we viewed contained information on healthy eating, weight management and management of individual conditions. Patients were actively involved in developing their health action plan and shared this information with other health care professionals where appropriate.
- Pain assessments were in place for patients where this was an identified need. Assessments were customised by the staff team so that they met the communication needs of the individual. For example, persistent shouting for one patient indicated that they were in pain. When this occurred the staff could offer pain relieving medicines which had been prescribed as part of their pain management plan.
- Hospital passports were in place for patients which provided essential information for other healthcare professionals to ensure effective care and treatment and personalised care planning, for example if patients needed to attend the accident and emergency department.
- Patients received a high standard of physical health care. Dependant on the patient's individual needs, this

# Are services effective?

Outstanding



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included dental care, physical observations, weight reduction programmes, food and fluid monitoring, bowel monitoring. Staff regularly reviewed their physical health using the modified early warning system (MEWS). This system monitors patients' health by staff regularly assessing a range of physical health indicators. Patients receive a score according to the results, with certain scores triggering clinical intervention by staff. The MEWS charts we viewed were completed comprehensively and staff understood how to use them.

- Physical health monitoring was in accordance with NICE guidance for patients on antipsychotics and mood stabilisers. All patients had a learning disability cardiac health check. When patients required physical investigations these were carried out with the patient's consent. Patients with epilepsy and diabetes had effective plans in place to manage the complexities of their condition.
- All staff understood the importance of patient physical health monitoring. Some patients initially refused physical observations being taken. Staff understood this to be related to the patients current mood, and at times, were successful in taking observations after several attempts.
- The service used outcome measures to monitor their intervention. They used Health of the Nation Outcome Scales-Learning Disability, occupational therapists used the Model of Human Occupation screening Tool to assess patient's needs to formulate intervention plans. This is an internationally validated tool, which provides an overview of patient's occupational functioning and monitors changes to this.
- The service carried out extensive audits both clinical and non-clinical in a number of areas. This included the use of specialist outcome measures in psychology and occupational therapy to determine progress. The occupational therapist conducted a recent audit of activity co-ordinators work. Each patient was expected to have at least two activities per day (group or 1-1). There were well defined criteria for what an activity consisted of, and the patient's strengths and other factors were reviewed. Follow-up actions were discussed in the therapy team meeting.

## Skilled staff to deliver care

- Patients had access to a broad multidisciplinary team within the service. Each ward had access to, as well as

medical and specialised learning disability nurses, a positive behavioural support assistant, occupational therapists, activity co-ordinators and psychologist. The pharmacist attended ward rounds. There was also input from a dietician and speech and language therapist who attended the service. The GP attended weekly and attended a medical ward round for each patient.

- Art and music therapists worked in the service and patients had access to these on both a group and individual basis.
- The trust had a comprehensive induction programme for new staff. Each ward had a specific induction programme for bank and agency staff. Bank staff could access training provided by the trust.
- Staff received appropriate training, supervision, appraisal and professional development. Supervision and appraisal records were maintained. Staff confirmed that they received regular supervision sessions in line with the trust policy and an annual appraisal to discuss their learning and development, work performance and any issues they had about their role at the service.
- Regular team meetings took place on each ward and included reflective practice for staff to discuss key issues with their workload and areas of improvement and development. The psychologist attended each of the wards for one hour per fortnight after the midday handover. This was for staff to approach her to discuss changes to patients, patients positive behaviour support plans, and anything else they wanted to discuss. Staff could also access a monthly reflective practice session run by the psychologist.
- Patients received high quality care, treatment and support from trained and skilled staff. All staff had specialist training for their roles. For example, all staff had completed training in positive behaviour support, epilepsy, person-centred approach, Makaton, autism and learning disabilities. Specialist training around personality disorders had been arranged. A support worker on Preston ward told us that they had been supported by the trust to undertake cognitive behavioural training. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring and improving high quality care and support provided.

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- All staff who had contact with patients including administration and housekeeping staff had positive behaviour support training which was updated annually. The psychologist and an activity co-ordinator had undertaken the positive behaviour support coaches course and were British Institute of Learning Disabilities (BILD) accredited. The positive behaviour assistant had undertaken the first stage of this course.

## Multi-disciplinary and inter-agency team work

- There was exceptional multidisciplinary working that enabled people to access help and support from across the disciplines within the service. Multi-disciplinary meetings occurred on a regular basis on each ward, where patient's progress and care was reviewed. All members of the multi-disciplinary team and staff worked together to understand and meet the range and complexity of patient's needs. We observed one multi-disciplinary team meeting on Carlton ward. We saw that the meetings were very thorough and included a holistic review of the individual needs of the patient.
- Handovers were comprehensive and included effective communication of all important information such as risk and updates related to individual patients to staff coming onto the shift.
- There were effective working relationships with other health and social care professionals. Staff worked closely with the local safeguarding team and patients' care coordinators in their local areas to facilitate effective discharge planning and follow-up care. We saw examples of care practice where the service had worked collaboratively with the learning disability nurse in the local acute hospital. Commissioners of the service routinely attended care and treatment reviews. The service worked with local universities to provide student placements.

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

- The administration of the Mental Health Act 1983 (MHA) was consistently good across the service. There were 13 patients detained under the MHA at the time of our inspection.
- Where patients were subject to the MHA, staff protected their rights and complied with the Mental Health Act code of practice. Although MHA training was not

mandatory, and only 12% of staff had been recorded as having completed this training, staff had a good understanding of the MHA and how it affected their daily work. Training sessions on the MHA Code of Practice issues and a workshop on Community Treatment Orders for staff had taken place. All of the ward and team managers were trained and were available to provide advice to staff on relevant MHA related issues. Further face to face training had been planned for all existing and new staff during the year.

- Patients had access to an independent mental health advocate and an independent mental capacity advocate to support patients if they needed one. Patients told us they knew who their advocate was. The advocate supported patients when they attended Mental Health Act tribunal hearings.
- Staff risk assessed patients before section 17 leave took place.
- We found that all necessary paperwork relating to treatment forms were attached to medicine records as required and were completed accurately.
- Patients were given information about their rights under the Mental Health Act regularly and routinely. This was recorded comprehensively. Easy read information was available to support patients understanding of their rights. All relevant detention paperwork was completed accurately.
- There was a Mental Health Act administrator at the service who was able to provide advice and support. Staff could also consult the central Mental Health Law Team if required.
- Regular audits took place to ensure that the Mental Health Act was being applied correctly.

## Good practice in applying the Mental Capacity Act

- Staff demonstrated an excellent understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining consent and enabling patients to make their own decisions wherever possible. Supporting patients to make decisions was embedded throughout the service. Training on the MCA was part of induction for all new staff and was incorporated into the trust safeguarding training. 100% of staff had completed this training.



# Are services effective?

Outstanding



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- Staff spoke passionately about upholding and promoting patient's human rights and were able to give us examples of everyday practice where they implemented this. We saw that staff and the advocate took time to make information accessible and explain potential risks and benefits. For example, a newly admitted patient had probable bilateral Deep Vein Thrombosis and refused to go to hospital. The patient was assessed by the consultant as having capacity to make the decision. This decision was acknowledged and respected.
- We saw excellent records relating to the assessment and understanding of capacity across the service where decision specific assessments had been made and the best interests of the individual considered. For example, we saw a comprehensive capacity assessment and best interest decision for a patient concerning medicines for physical health needs. The views of the patient (via the advocate), family and the multi-disciplinary team were thoroughly considered and recorded clearly. This ensured that decisions about patient's lives were made in their best interests and were likely to be what they would choose for themselves if they were able to do so.
- The service had access to an independent mental capacity advocate.
- Advice and guidance on the MCA was available from the Mental Health Act office. Flow charts showing how to apply the MCA were displayed for staff to use when needed. MCA specialists within the trust ran surgeries on each ward and other team settings to ensure that training was applied practically too individual cases and to embed learning into frontline practice.
- There were 3 Deprivation of liberty safeguards (DoLS) applications made in the last twelve months. The service used a DoLS tracking tool to ensure that any conditions and length of authorisation were complied with.

# Are services caring?

Outstanding



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

## Our findings

### Kindness, dignity, respect and support

- Patients received high quality care and support from a staff team that worked within a strong person-centred culture. There was an extraordinary caring ethos throughout the service. Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. The service was exceptional at helping patients to express their views.
- Patient feedback about their care, treatment and support from staff was overwhelmingly positive. They told us that staff were caring, respectful and supportive. All the staff we met showed real commitment and empathy to the patients within the service and their circle of support including families and friends. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We saw that staff went the extra mile to behave in a way that met the unique and individual needs of each patient. For example, staff had received additional training on personality disorders so that they could meet the specific needs of a patient.
- Carers we spoke with were very positive in their feedback and told us that their family member received person centred care from skilled and knowledgeable staff. They told us that staff communicated well with them and they were invited to attend review meetings. They told us they were involved in care planning and risk management of their family member. Records we viewed confirmed this.
- Throughout our inspection we saw patients being treated with caring, compassion, kindness, dignity, calmness and respect by staff. Staff interactions with patients we observed were professional, sensitive and appropriate at all times. Staff spoke to people in a respectful tone and with warmth, giving them enough time to understand and respond. They asked questions that showed they were taking an interest in what patients were doing. We observed that staff used enabling, positive language in all their interactions and spoke about people in a way which promoted a person-centred culture because they always put people first.
- Staff stopped what they were doing if a patient wanted to talk to them or ask for something. They regularly praised patients regarding their progress. For example, during the ward round we saw a patient being praised for having reduced the number of challenging behaviour incidents.
- Staff demonstrated an in-depth knowledge and understanding of patients needs and were able to demonstrate that they had positive relationships with each patient. Each member of staff was able to tell us about individual patient histories, their recovery goals, what they liked and disliked and what was important to them. For example, we observed a patient asked for a drink and staff provided two glasses of water and four biscuits. This patient had autism and the staff response was in keeping with their rituals and routines. All staff we spoke with were aware of the information contained in individual care plans.
- At handover patients were discussed in depth and the advocate provided patient feedback. It was evident that staff knew each patient's care and care plans very well. Patients were discussed in a positive manner and positive behaviour was highlighted for example he's very happy with his visit, he's doing very well'.
- Staff spoke about the importance of developing positive relationships and working in partnership with the people who used the service and their carers. For example, carers were invited to attend the first care programme approach meeting which took place within two weeks of admission.

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

- The service had a comprehensive welcome pack for patients coming into the service. These were available in an easy read format. Carers also had a separate welcome pack which provided them with information about the service and key contact details.
- Patients and their families were seen as equal partners in planning, developing and reviewing care. Where appropriate decisions about care and treatment involved patients carers. We saw numerous examples of staff working with patients and their families to get the



# Are services caring?

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best possible outcomes. For example, for one patient the staff arranged visits with the family based on the routines and rituals that the person performed which helped them to keep control of their wellbeing.

- Care records were very detailed, person specific and considered all aspects of a person's life including their wishes, aspirations and values. Patients were fully supported to be involved in their care planning and risk management. Patients were listened to and responded to in a way that helped them feel understood. For example members of the multi-disciplinary team had changed the care programme approach documentation in consultation with the patients. This was so patients could understand the process better and would have less anxiety. There was a set agenda that patients could follow, and the patients' views were first on the agenda so they didn't have to wait. The patient would meet with the advocate to discuss their views before the meeting. For each patient goal there was a colour coded scale so that the patient could see their progress. The new document also included patient's background information and more about their needs.
- Ward managers considered the needs of each patient when allocating staff to work with patients. This included matching patients with keyworkers who had interests or backgrounds in common with them or were trained in aspects of care that were relevant to that person. For example, on Preston ward the manager had allocated a keyworker to a patient who came from the same geographical area as the patient.
- The advocate had a pivotal role in the service in supporting patients to have a voice and express their views and concerns. The advocate was involved in all decisions about patients' care and was seen as a source of assistance for the multi-disciplinary team. The advocate's role, and their feedback, was highly valued by the full range of staff, including senior staff. Patients spoke highly about the support the advocate provided them. The service made sure that patients knew how to contact the advocate. Information with contact details was displayed throughout the service in an easy read format. For a young person that had been admitted to the service we saw that the service had involved the local children's rights worker to support them.
- The service had made reasonable adjustments to meet the communication needs of the patients using the service. Staff told us that effective communication was key to ensuring safety and managing risk. Information was available in an accessible format to meet the individual needs of patients. For example, restraint information, use of PRN medicines, bereavement book, bullying and safeguarding. Carers told us that the advocate also worked with them.
- Patients were enabled to feedback on the service so that improvements could be made. A weekly Speak Up group was held for patients, which was chaired by patients. We observed the Speak Up group and saw patients being provided with outstanding support to feedback their views and wishes. For example, for a person that had no verbal language staff actively engaged with them using Makaton signing so that they could be part of the group. Another person was supported to use pictorial information to describe a recent activity they had undertaken in the community. We observed people being reassured by the advocate, when they described their fears and anxieties about leaving the service.
- Group rules were clearly explained at the beginning of the meeting so that everyone was able to have a voice. The minutes of the meeting were available in an easy read format.
- Patient representatives also attended the monthly care quality service meeting. This ensured that patients' voice was reflected within the governance arrangements within the service.
- Patients where appropriate and depending on their progress towards discharge and moving on had access to the trust recovery college and work opportunities. For example, a patient who had been discharged before the inspection had undertaken work in the catering department and gardening. They were paid for this. Staff assisted the patient to develop their CV and the patient had begun work in a charity shop. Which they maintained following discharge.
- Patients were involved in the interview and selection of staff for the service. On Preston ward two patients had been supported and involved in interviewing for the activity coordinator post. This strengthened the ethos of inclusion and participation.



# Are services caring?

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

- The service focused on people's strengths and celebrated people's achievements, for example a patient had been supported to compile a recipe book for soups that they made with the occupational therapist each week.
- The service actively involved families in the service. For example, quarterly carer events were held such as the sports day. All staff and patients were involved in the planning and work for these events.
- The clinical lead described most of their role as advocating for patients, to make sure patients had their rights protected and received services they were entitled to.

# Are services responsive to people's needs?

Outstanding



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

## Our findings

### Access and discharge

- The average bed occupancy rate for learning disability and autism wards was 72.2% between 1 March 2016 and 28 February 2017.
- Bed occupancy levels on Preston ward for the same period was 90% and 79% for Preston ward.
- The average length of stay for patients on learning disability and autism wards was 286 days. Whilst the average length of stay may be considered long for an assessment and treatment unit, our inspection team concluded that the service worked with patients that had very complex care needs and did everything that it could to move people on to the most appropriate setting. Staff worked closely with external providers to facilitate this.
- There had been 41 delayed discharges on learning disability and autism wards between 1 March 2016 and 28 February 2017, 33 on Carlton ward and eight on Preston ward.
- The consultant psychiatrist from Carlton House had reviewed the reasons for 12 patients' discharge being delayed. Nine discharges were due to delays in finding a suitable community service which could meet all of the patient's needs. Three patients' discharges had been delayed due to complex legal issues.
- There was a holistic and person centred approach to assessing, planning and delivering care and treatment to patients. The service required comprehensive information about the patient prior to accepting any referrals, including detailed background information about previous placements, life history and previous clinical reports. Carers we spoke with told us that they had been asked to provide information about their family member. All referrals were discussed within the multi-disciplinary team and only if all parties agreed that the referral was suitable a pre-admission assessment took place.
- Prior to admission a registered nurse assessed the prospective patient. Patients were accepted if the service could meet the patient's needs. Staff considered the needs of existing patients when accepting new referrals and were given the autonomy to decline referrals where they did not feel able to support the patient effectively or safely.
- Care records viewed confirmed that patients had a comprehensive assessment of their needs upon admission. Patient's physical, medical, mental health, nursing, risks and social needs were assessed fully.
- The service worked closely with the commissioners within and outside London. Feedback we received from commissioners about the service was positive. The service participated in various work streams as part of the transforming care agenda.
- Discharge planning was an active part of care and treatment. Staff worked in collaboration with patients, their carers, community teams and NHS commissioners. We saw exemplary practice where patients had a 'leaving book' to remind them of their progress when they were in the hospital. This was written or pictorial, with photographs. Each patient had a summary of discharge planning activities. This itemised the activities the patient undertook towards their discharge, how the activity was operated, and what the patient felt comfortable with within the activity. These summaries were comprehensive.
- Patients' new care programme approach documentation had a mandatory goal regarding their transition from the service to a community service. This meant discharge was in the minds of the team from the time of the first care programme approach meeting.
- The psychologist designed patients' transition plans for leaving the service. We saw that patients and their families were involved in this. The planning was careful and took lots of time to ensure the transition was successful. This included facilitating training for staff in the patient's future service. This training was specific to the patient's positive behaviour support plan and included role plays. This training had been undertaken for three patients discharged from the service, and each transition had been successful. For one patient we saw an excellent example of a transition calendar which was being developed to reduce the patient's anxieties regarding discharge and to identify the progress the patient had made.

# Are services responsive to people's needs?

Outstanding



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

- The service had been responsive and proactive in reviewing the number of patient readmissions and the inability of community services to meet patient needs. As a result of this, the service now reviewed the community provider's risk assessment and risk management plan for the patient, to determine if the community provider could provide appropriate care and support for the patient as part of the discharge planning. Staff in the service visited community providers before a patient's discharge and advised the provider on the environmental adaptations required to provide safe and effective care to individual patients. For one patient, there had been a number of readmissions due to placement breakdown. The service had been instrumental in commissioners agreeing to continue funding the patient's in-patient bed whilst they went on trial leave. This meant that the in-patient team could continue to work with the patient (and the staff at the community provider) to enable a smoother transition for the patient whilst providing flexibility and continuity of care.
- Staff had good links with commissioners and community teams within health and social services. The service had excellent working relationship with the learning disabilities nurse working within the local acute hospital. For example, we viewed the care plan of a patient who required a specific medical examination but was fearful of attending the hospital. Staff had worked collaboratively with the learning disability nurse to facilitate this through a detailed desensitisation programme to decrease the patient's fears and anxieties so that they could have the procedure. We saw that the patient was supported at their own pace and in their own time so that had a clear understanding of the procedure and what this entailed.

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

- The ward environments were clean and comfortable. Patients had access to a range of rooms and equipment to support care and treatment. There were clinic rooms and quiet lounges on both wards. Furniture met the needs of the patient group.
- The service had onsite activities and several rooms for patient activities and therapy sessions. Patients were supported to access therapy rooms including sensory,

art, gym and a group room. There was access to a secure garden with a pond and seating area. There was a computer on each ward and patients could access the internet with some sites being restricted.

- Most patients could have their mobile phones with them.
- Patients personalised their bedrooms to meet their individual needs, such as with a TV, radio and other personal items in accordance with an assessment of their risk. Some bedrooms were not personalised, however, these were patients with autism who had chosen this. On Preston ward the quiet lounge was a low stimulus room with calming colours suitable for people with autism.
- Patients were able to have drinks and snacks at any time of the day or night. The kitchen was locked for safety and staff either brought food or drink to the patient or supervised the patient in the kitchen.
- Staff promoted the importance of good nutrition and hydration. Patients were given advice in relation to healthy eating and drinking. For example, the menus were in an easy read format and detailed the calorie count for each meal, whether the meal was a healthy choice by using a heart symbol. Patients were able to raise any concerns regarding the quality of the food with the advocate or at the weekly Speak Up group. Patient's specific dietary needs were accommodated. For example, food to meet patient's religious and cultural needs was provided. Where patients had difficulty in swallowing the speech and language therapist carried out a risk assessment and specified how food should be prepared to minimise the risk of choking and aspiration.
- The service provided an extensive programme of activities which met the individual needs and preferences of patients. Each patient had an individual activity schedule which involved one to one and group activities within the service and in the community. Each activity was risk assessed, for example patients accessing the local community were assessed for their road sense. Patients spoke positively of the activities that they took part in such as the community leisure group, reading and writing group and the social drop in group.
- Activities that patients participated in were person centred. Patients had a pictorial activity menu. The



# Are services responsive to people's needs?

Outstanding



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

patient could choose which activity they wanted to do. For ward staff, the occupational therapist included details of what the patient could do comfortably within the activity and what would cause the patient distress. The occupational therapist developed life story books (life stories) for patients which helped the staff team to understand the person, their life history and how this impacted on their behaviour. The books we viewed gave a detailed account of the patient's life, including stories and memories of past events and relationships. Patients also had access to pet therapy and the occupational therapist brought in her pet therapy dog. This was particularly useful for autistic patient's communication skills and helped them with their anxiety and made them feel secure.

- Female patients who liked using make-up were encouraged to apply make up to the occupational therapist. This was for patients to feel important, empower them and to build their confidence. We saw various strategies in place to support people with their anxiety and distress. For example, we saw that a patient with autism used a weighted blanket as part of their self-calming and sensory regulation to calm them down and provide extra security when distressed. For another staff had developed word association by using a map as part of the patients coping strategy when distressed. There were plans with pictures, so patients could undertake mindful breathing work.

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

- Staff undertook equality and diversity training to respond to patient's diverse cultural, religious and linguistic needs.
- Patients were helped to develop meaningful communication through signs, gestures, objects, pictures, intensive interaction and writing. Each patient had a comprehensive communication plan which was person centred and provided detailed information for staff on how best to support the individual with their communication. Staff implemented these plans when supporting patients. We saw that staff presented information to patients using the methods and communication tools set out in their 'communication

plan'. Staff were trained and experienced in using communication aids such as Picture Exchange Communication System (PECS), intensive interaction and Makaton.

- Accessible information was available for all patients. Care plans, risk assessments, activity schedules, medicine information, information on the Mental Health Act and Mental Capacity Act were all available in an easy read format. We saw excellent implementation and use of photography pathway to support individual communication needs, for example, staff used pictures and photographs to identify steps for a patient to follow when they wanted to use the toilet. Staff gave patients an easy read crisis card which could be carried in their pocket when they went out of the service into the community. This enabled the patient to give people in the community information and contact numbers in the event of a crisis.
- The provider met the needs of patients and relatives who did not speak English as a first language. Staff were able to easily book interpreters through the trust interpreting service to translate at meetings and provide accessible information for patients and carers. A weekly drop in Makaton signing group was available for both patients and staff to attend to improve their Makaton skills and improve communication.
- The service had a multi-faith room and staff supported patients to meet their religious and cultural needs. Very few patients sought pastoral support, however, staff would request faith leaders visit when required. On Preston ward staff supported a patient to attend church with their family every Sunday.

## Listening to and learning from concerns and complaints

- Patients and their relatives had various opportunities to give feedback about the quality of care they received. For example, they were able to give feedback on their care and support during review meetings and direct feedback to staff on a daily basis. People could also meet the ward manager or service manager individually to discuss specific concerns regarding their family member.
- The provider dealt with complaints were dealt with openly and transparently. Complaints and concerns

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were taken seriously, responded to in a timely way and listened to. There was a complaints procedure on display on each ward and throughout the service. This was available in an easy read format.

- Patients told us that they would request advocacy support if they wanted to make a complaint. Complaints could be raised with the staff on the ward, at the weekly patient group and during one to one sessions.
- One complaint had been made across the service in the past 12 months. This had been fully investigated and not upheld.
- All complaints were logged, tracked and reviewed at monthly care quality and clinical effectiveness meetings to ensure that learning took place.
- Complaints were monitored for themes and trends. For example, the provider had noted that a number of relatives had complained about the service shortly after patients were admitted. As a result, the service now invited patients and their relatives to visit the service before patients were admitted. This reduced patients and relatives anxiety about the service and complaints had reduced.
- Staff expressed satisfaction and were pleased when patients had progressed and were being discharged. Following patient's discharge, relatives sent letters and flowers to staff. Patients wrote thank you cards to staff members.



# Are services well-led?

Outstanding



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 knew and agreed with the values of the trust. Throughout our inspection we saw that staff reflected these values in their daily practice. The service had a caring, positive, open and inclusive culture which centred on improving the quality of care patients received through, compassion empowerment, partnership and involvement.
- All members of the staff team were committed to ensuring that patients and their carers were at the heart of the service and that any barriers were to be removed or overcome. This was consistent throughout the multi-disciplinary team and the management team.
- Staff spoke with pride about the service and felt empowered to deliver high quality care and support to patients and carers.
- Staff told us they felt valued by their managers. Managers promoted inclusiveness. For example, support workers attended and provided feedback at the multi-disciplinary meetings.
- Staff reported that the senior management team were very visible, approachable, and accessible and they could raise any concerns they had with them. The consultants and the clinical lead visited each ward weekly to support staff.

### Good governance

- The leadership, robust governance structure and culture were used to drive and improve the delivery of high quality person centred care.
- There were sufficient numbers of staff to ensure that staff delivered patient care in a way that was safe and effective. There was an ongoing recruitment process to fill staff vacancies across the service.
- Staff were clear about their roles, responsibilities and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement. Staff received appropriate mandatory and specialist training, supervision and their work performance was appraised.

- Throughout the service staff participated in clinical audits. Where any shortfalls were identified through the audit process action plans were in place. The use of restrictive interventions was robustly monitored. The service had a strategy to reduce restrictive interventions including the use of restraint. All restrictive interventions and incidents were monitored at the weekly multi-disciplinary meeting, and monthly care quality meeting, clinical effectiveness group and identified areas for improvement. The staff constantly reviewed and reflected on their practice to ensure they met the needs of people. One of the ways they did this was through the use of knowledge and practice audit forms around safeguarding, restrictive practices, and positive behaviour support.
- Incidents were reported, investigated and analysed. Ward managers shared themes with the staff team. There was good use of monitoring systems such as the safeguarding and DoLS tracker.
- Each ward manager had information on the performance of their service. This included information on training data, staffing, complaints, incidents, accidents, admission and discharge information. The wards used key performance indicators (KPI) to make sure they knew what their objectives were and what targets they had to meet.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Each ward had a risk register which fed into the service risk register. Ward managers were aware of the key risk areas on their wards

### Leadership, morale and staff engagement

- The leadership team within the service promoted and prioritised safe, high quality, compassionate care. Staff we spoke with said they felt supported to do their job and described staff morale as good. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- On Preston ward staff spoke about the challenges presented by a patient that had affected morale due to the high levels of violence and aggression that they experienced. Staff told us that additional support was provided by psychology staff to manage this period. They told us they enjoyed working in a multi-

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disciplinary team which was supportive, inclusive and motivated staff to succeed. Managers told us they were proud of their staff and the commitment they showed in improving patients' quality of life.

- Sickness and absence rates were monitored and managers offered support to staff who returned to work after a period of absence. Staff had not raised any concerns about bullying or harassment in the service.
- Managers encouraged staff to be open and honest when things went wrong. Candour, openness, honesty and transparency and challenges to poor practice were encouraged. Staff were aware of the trust whistle blowing policy and said they were confident they could raise any concerns without fear of victimisation.
- There were opportunities for leadership development. The trust had an on-going leadership programme for band 6 and 7 nurses. Newly qualified nurses had access to a comprehensive preceptorship programme to support their development.

- Staff said they were able to give feedback on the service, and input into service development, at team meetings and through supervision.

## Commitment to quality improvement and innovation

- There was a culture of continuous improvement within the service. Staff demonstrated excellent commitment to quality improvement that would improve patient care.
- Both wards were accredited members of the Royal College of Psychiatrists quality network for Inpatient Learning Disability Services (QNLD). Preston ward met 100 percent of the standards in their annual review in February 2017. Participation in this scheme meant that the service was able to benchmark their practices against agreed standards with other similar services.
- The ward manager for Preston ward was finalist nominee for the nurse mentor Nursing Times Award 2016.