

Sussex Partnership NHS Foundation Trust

# Wards for people with learning disabilities or autism

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX28J	Selden Centre, Specialist Assessment and Intervention Service	The Selden Centre	BN13 3EP

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

At our last inspection in January 2015, we found the service required improvement. Since the last inspection the service had improved. This time we rated wards for people with learning disabilities or autism as good because:

- Staff supported patients in a safe ward, which was clean. They identified risks in the ward and developed plans to keep patients safe.
- Staff completed full assessments for patients, which included their individual needs and risks. They used these assessments and worked with patients to develop individualised care plans, which followed professional guidance.
- Staff used safe techniques when restraining patients and reviewed incidents of restraint to see if they could support patients in a less restrictive manner in the future.
- The ward multi-disciplinary team had an appropriate range of professional skills to meet patients' needs. Staff worked well as a team and felt well supported.
- Staff supported patients in a kind and considerate manner, whilst maintaining their privacy and dignity. We observed staff being very supportive to patients. The feedback we received from patients and their carers was positive. Staff involved people in the care they received.
- The service had clear systems for reviewing quality information and implementing learning. Staff reported when things went wrong and investigated these incidents to identify how they could improve in the future. Staff had developed and completed improvement action plans following our last inspection, which rated the service requires improvement. During this inspection we found staff had implemented necessary changes and made many improvements.

# Summary of findings

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

### Are services safe?

At our last inspection in January 2015, we found the service required improvement for safe. Since the last inspection the service had improved. This time we rated safe as good because:

- Staff supported patients in a safe ward, which was clean. They identified risks in the ward and developed plans to keep patients safe.
- The trust provided the necessary number of staff to keep patients on the ward safe and ensured these staff had received the training they needed to provide safe care. They made sure non-permanent staff knew the ward and had the necessary skills to support patients.
- Staff completed full assessments of risk and developed individualised plans to manage these risks, for all the patients on the ward. Staff administered most medications safely.
- Staff used safe techniques when restraining patients and reviewed incidents of restraint to see if they could support patients in a less restrictive manner in the future.
- Staff reported when things went wrong and investigated these incidents to identify how they could improve in the future.

Good



### Are services effective?

At our last inspection in January 2015, we found the service inadequate for effective. Since the last inspection the service had improved. This time we rated effective as good because:

- Staff assessed patients' individual needs and developed personalised plans to meet their needs. This included developing health action plans to meet their physical health needs. Staff had worked hard to improve how they supported patients with their physical health proactively.
- Staff followed appropriate professional guidance and developed plans to ensure they met patients' needs.
- The ward multi-disciplinary team had an appropriate range of professional skills to meet patients' needs. Staff worked well as a team and felt well supported. Staff had developed links with other teams to help support patients.
- Staff had a good understanding of how to support patients to make decisions and when appropriate to make decisions in patients best interests.

However:

Good



# Summary of findings

- Staff still needed to ensure that they assessed patients' capacity to consent under the Mental Health Act fully and act upon these assessments appropriately.

## Are services caring?

At our last inspection in January 2015, we found the service required improvement for caring. Since the last inspection the service had improved. This time we rated caring as good because:

- Staff supported patients in a kind and considerate manner, whilst maintaining their privacy and dignity. We observed staff being very supportive to patients and the feedback we received from patients and their carers was positive.
- Staff involved people in the care they received. They gathered the view of patients and worked with them to develop plans to meet their needs. Staff had developed a communication strategy to ensure that they worked with patients.
- Staff also conducted effective community meetings and sought to involve patients in the running of the ward.

Good



## Are services responsive to people's needs?

At our last inspection in January 2015, we found the service required improvement for responsive. Since the last inspection the service had improved. This time we rated responsive as good because:

- Staff worked proactively to discharge patients, completing discharge plans and working with other agencies.
- Staff provided care to patients in an environment that met their needs and helped them develop their independence. They had developed an activities programme to support patients develop skills. They supported patients to make individual decisions and offered them choices.
- The service provided patients with information in easy read formats on a range of topics including how to raise concerns.

However:

- One patient had been on the ward for over two years and had not been discharged back to community accommodation.

Good



## Are services well-led?

At our last inspection in January 2015, we found the service required improvement for well-led. Since the last inspection the service had improved. This time we rated well led as good because:

- Managers had a clear vision for the model of service for the ward and had worked to improve how they supported patients' to move to less restrictive support in the community.

Good



# Summary of findings

- The service had clear systems for reviewing quality information and implementing learning. Staff reviewed quality information on a regular basis at 'Quality Rocks' meetings. Staff had developed and completed improvement action plans following our last inspection.
- Staff felt well supported by managers and felt confident in raising concerns. They received regular supervision and learning sessions and had opportunities to develop skills.
- Staff had developed a strategy for reducing restrictive interventions. This included using a pictorial tool to involve patients' who had been restrained in feedback following an incident.

However:

- The service still did not have a permanent consultant psychiatrist.

# Summary of findings

## Information about the service

The Selden Centre is a dedicated learning disability centre with the aim of supporting people back to community living. The purpose designed 10 bed inpatient centre provides care and treatment for men and women with learning disabilities who require expert intensive assessment, intervention and support.

We inspected the Selden Centre as part of our comprehensive inspection in January 2015. At this

inspection we found that the service required improvement. We made this judgement because staff imposed blanket restrictions without completing individualised risk assessments for patients; staff had not separated the male and female bedroom corridors fully; and staff had secluded patients in rooms that did not meet guideline standards.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr James Warner, consultant psychiatrist and national professional advisor for old age psychiatry.

**Team Leader:** Natasha Sloman, Head of Hospital Inspection (mental health) CQC

**Inspection Manager:** Louise Phillips, Inspection Manager (mental health) Hospitals CQC

The team that inspected wards for people with learning disabilities or autism consisted of an inspection manager, a CQC inspector, two nurses and an expert by experience.

## Why we carried out this inspection

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

## How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients via user organisations.

During the inspection visit, the inspection team:

- visited the ward at the Selden Centre and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients and three relatives / carers for patients
- spoke with the manager for the ward, the nurse consultant covering the ward and the clinical lead for learning disability service
- spoke with 11 staff members, including a doctor, nurses, psychologists and a speech and language therapist
- looked at five care and treatment records of patients
- carried out a specific check of the medication management on the ward

# Summary of findings

- looked at a range of policies, procedures and other documents relating to the running of the service
- attended a ward community meeting

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

The patients, carers and relatives we spoke with told us they felt the service provided good care. In particular, the patients we spoke with told us they liked the ward and staff. They also told us they had choice in the meals they had.

## Good practice

Staff had developed a pictorial tool to support patients' to feedback their feelings after they had been restrained. Staff used this feedback to develop their understanding of patients and how to support them.

## Areas for improvement

## Sussex Partnership NHS Foundation Trust

# Wards for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

##### Name of service (e.g. ward/unit/team)

The Selden Centre

##### Name of CQC registered location

The Selden 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.

Staff received training on the Mental Health Act (MHA) and the Code of Practice. They had completed most detention paperwork and Section 17 leave forms correctly. They had

improved their assessments of capacity under consent to treatment, but still needed to ensure they completed this correctly for all patients. They explained to patients their rights. Information on the rights of people who were detained was displayed in wards and independent advocacy services were readily available to support people.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the beginning of September 2016, 89% of staff had completed this training and were up to date.
- The ward made six applications for DoLS from 1 January to 5 July 2016. Three of these were granted. At the time of the inspection, no patients were subject to DoLS.
- Nursing staff completed full and thorough capacity assessments in the records we reviewed. Individual

assessments of capacity and best interest decisions had been completed for a range of decisions regarding a patient's care such as observation levels and physical health assessments.

- Staff had a good understanding of the need to assess patients' capacity to consent on an ongoing basis.
- Staff received regular emails from the trust about recent legal decisions on the MCA.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The ward layout meant staff could see most parts of the ward. Staff could use convex mirrors to see into most blind spots.
- At our last inspection in January 2015, we found that staff did not ensure they separated male and female sleeping areas and staff did not always close the door into the corridor that contained the female rooms. During this inspection, we found staff kept this door closed. Male and female sleeping areas were separate on the ward. All rooms had en-suite facilities and in addition patients had access to a separate male or female only bathroom and toilet facility.
- A female only lounge was available for female patients to use.
- All of the ward areas we observed appeared clean with furnishings in a good state of repair. The building appeared well maintained with good reporting systems to make sure any maintenance work was completed in as short a time as possible. The corridors were clear from clutter and people told us the standard of cleanliness was good. The Selden Centre scored 95% for cleanliness in Patient-Led assessments of clinical environments (PLACE) assessments, which is slightly lower than the England average of 98%. These are self-assessments undertaken by teams including members of the public.
- Staff carried alarms and there was a system for making sure the alarms were charged regularly and signed out.
- The ward had a full and thorough ligature audit that had been updated recently and identified all of the ligature risks on the ward. This audit looked at all the risks associated with the potential ligature points and had plans in place to reduce these risks. Staff told us how they would manage the risks to patients through the individual risk assessment process.
- The clinic room was clean and tidy and staff had labelled the clinical waste and sharps bins correctly and not over filled them. Staff checked resuscitation

equipment regularly. The temperature of the clinic room had been recorded as above 25 degrees on a number of occasions. This is beyond the guidelines for the room and could affect some medications stored in the room. Staff told us this was because the air conditioning was not working and they had reported this to the estates team.

- At our last inspection in January 2015, we found that a quiet room next to the main lounge was being used as a seclusion room. This room did not meet the standards laid out in guidance from the National Institute for Health and Care Excellence and from the Royal College of Psychiatrists. During this inspection, we found that the seclusion room on the ward followed the guidance for design outlined in the Mental Health Act, Code of Practice (2015), chapter 26 paragraph 109. It had a separate room with a lobby area outside for staff to observe patients from. The room had a two way intercom, an observation window, CCTV for blind spots and a washroom fitted with anti-ligature fittings. Patients could see a clock.

### Safe staffing

- The ward had two registered nurses on duty on most shifts during the day and one during the night. This staffing level had been decided by the trust centrally. The manager was reviewing the staffing level to see if this level of staffing and skill mix was required for the client group.
- The ward had a high vacancy rate of 57% for qualified nurses. However, managers had ensured that patients received support from suitably qualified staff who they knew. The ward used regular nurses from a nursing agency, who had been block booked for long periods of time. Two of these nurses had been working on the ward for over a year. Only agency staff familiar with the ward could be used. Agency staff completed a two day orientation to the ward. Management have developed a recruitment strategy to try and recruit new nurses.

# Are services safe?

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

- The number of healthcare support workers varied depending on the needs of the patients on the ward. The ward was able to obtain extra staff when the needs of patients changed and more staff were required to ensure the safety of the ward.
- Staff and carers told us that there was enough staff on the ward so that patients could have support to go into the community and have regular one-to-one discussions with their named nurse.
- Staff had been trained in the use of physical interventions. At the time of the inspection 94% of staff had completed training to use physical interventions. Other staff had booked on courses to complete this training.
- Staff had completed most statutory and mandatory training, with staff up to date with 88% of training at the start of September 2016.
- The ward had on site medical cover from the responsible clinician two and half days a week. A locum doctor held this role currently and the trust was advertising for a permanent doctor. At other time on call arrangements were in place. The trust had arranged recently to have a general practitioner (GP), who was employed by the trust, visit the ward on a regular basis.

## Assessing and managing risk to patients and staff

- At our last inspection in January 2015, we found that staff did not update or review all risk assessments regularly or following incidents. During this inspection, we found that staff had completed detailed and appropriate risk assessments in all five set of care notes we reviewed. Staff had recorded patients' risks to self and others and had identified clear plans to support them. The records showed that when incidents occurred, staff reviewed these and updated them.
- Staff assessed patients and decided if they required enhanced observations. Staff observed patients in accordance with their identified needs. During the inspection all seven patients on the ward were on high level observations.
- Staff had received training in restraint and de-escalation techniques.
- Staff restrained patients 21 times in the six months from 01 December 2015 and 31 May 2016. Staff did not use the prone position or rapid tranquilisation in these restraints. Staff recorded incidents when they used restraint accurately in the notes and this was then discussed and recorded in the next multi-disciplinary meeting. The ward had implemented a restraint reduction toolkit. Staff completed analysis of their use of physical interventions regularly and they reviewed this at quarterly restraint reduction meetings. Staff also had monthly challenging behaviour workshops facilitated by a psychologist or occupational therapist. Staff discussed individual patients in depth and looked for ways to improve how they interacted with them.
- Staff did not seclude any patients in the six months from 01 December 2015 and 31 May 2016.
- At our last inspection in January 2015, we found the ward had blanket restrictions around access to the kitchen, access to hot drinks and access to the secure garden. Staff had not always justified in individual patients' care notes and they were not the least restrictive way of managing these risks for patients. During this inspection, we found patients could access hot drinks and the garden. Staff reviewed restrictions on patients individually.
- Staff knew how to support informal patients to leave the ward and an information leaflet informing patients of their rights was on the ward door.
- Staff knew how to make a safeguarding referral and had received training. Staff made information on how to raise concerns available in an accessible format for patients with a Learning disability.
- Medicines were supplied, stored, prescribed and administered in a way that kept patients safe. All prescriptions were completed accurately and a pharmacist visited the unit regularly to review prescriptions and talk to patients and their carers about medicines.
- Clear guidance was available to staff about when to give 'when required' medicines. This included the reason for giving the medicine and the recommended dose. However, one out of the seven prescription records contained an incorrect dose on the protocol for how to give the 'when required' medication. We pointed this out

# Are services safe?

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

to staff on the day and it was corrected. If medicines were given on a when required basis, staff monitored patients and recorded the outcome. This meant they knew whether the medicine had been effective or not.

- Prescription charts were kept in individual folders and were highlighted to remind prescribers that patients may not have been prescribed certain groups of medicines before and could be sensitive to side effects.
- On-call doctors were reminded to avoid prescribing antipsychotic medicines for this group of patients without contacting the consultant.

## Track record on safety

- Trusts are required to report serious incidents to the strategic executive information system (STEIS).between 01 June 2015 and 31 May 2016 the trust reported no serious incidents for this core service

## Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report and recognise abuse, felt confident in raising concerns and how they would escalate these if necessary.

- Staff recorded incidents in the trust's electronic system. The manager and the multidisciplinary team (MDT) reviewed all incidents.
- In the last year the ward had two incidents that had been investigated locally. One involved a patient getting lost in the community. The other incident was a fall on the ward. Staff had contacted family members following incidents immediately and offered apologies. Staff had investigated these fully and identified areas in which the needed to learn lessons. For example, staff now completed falls assessments for all patients on the ward.
- Staff met to debrief and learn following incidents.
- Staff had access to the trust safety alerts and resources on the intranet. They felt supported in reporting incidents and lessons learnt were discussed in both individual supervision sessions and in monthly 'Quality Rocks' meetings. Managers also ran regular 'bite size' learning sessions following handover to reinforce learning for staff.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Staff completed initial assessments of patients before admitting them to the ward. They only admitted patients they assessed as appropriate for the ward.
- Staff completed full assessments of patients in all five records we reviewed. They had used these to develop individualised care plans to meet patients' needs. For example, all the records contained detailed positive behavioural support plans. When staff had identified specific needs they had developed plans with the person to meet these needs. For example, staff had developed an epilepsy support plan for a patient who had a history of seizures.
- Staff worked with patients to develop "all about me" books that had details about their physical health and communication needs. These books were written in a service user friendly and person centred way.
- At our last inspection in January 2015, we found staff did not support patients proactively to manage their physical health. Staff had not developed, updated and used health passports and health action plans. During this inspection, we found that staff had completed detailed health action plans for patients and completed health passports for all five patients whose care notes we reviewed. Staff assessed all patients' physical health needs fully when they were admitted and completed Modified Early Warning Scores (MEWS) weekly to monitor patients' physical health. A wellbeing advisor from the local authority visited the ward weekly to run a health wellbeing group and staff also ran well woman and well man groups. A GP now visited the ward.
- Staff stored information needed to deliver care securely in the ward office. Patients who wanted to had copies of their "all about me" book.

### Best practice in treatment and care

- Staff followed national institute for health and care excellence (NICE) prescribing guidelines for medication in all seven records reviewed.
- Staff used alternative communication strategies to engage with patients who had little or no speech in decisions effectively. Staff had developed a plan to

ensure they embedded the Royal College of Speech and Language Therapists five good communication standards. This included working with patients to develop a 'book about me' communication passport, developing accessible information on medications and strategies for using communication tools.

- Staff developed plans for people following guidance on positive behavioural support and the National Autistic society's SPELL (structure, positive (approaches and expectations), empathy, low arousal, links) framework.
- The ward team included psychologists. Patients could access psychological therapies as part of their treatment..
- The ward multi-disciplinary team assessed patients using the Health of the Nation Outcome Scales (HoNOS). These covered 12 health and social domains and enabled the clinicians to build up a picture over time of their patients' responses to interventions. Staff also used the behavioural problems inventory to monitor patient outcomes.
- The ward had registered with the Royal College of Psychiatrists Quality Network for Inpatient Learning Disability services in April 2015. An initial visit had been conducted and the ward was working towards accreditation

### Skilled staff to deliver care

- At our last inspection in January 2015, we found there was not a full multi-disciplinary team (MDT) working on the ward. The ward did not have an occupational therapist. This meant there was no occupational therapy service model or pathway to assess all patients. During this inspection we found that an occupational therapist had been appointed and the ward offered an occupational therapy service model and pathway to assess all patients.
- The current MDT consisted of a locum consultant psychiatrist (two days a week), a psychologist, an assistant psychologist, an occupational therapist, a speech and language therapist and a team of learning disability nurses. Although the ward had a number of vacancies for qualified nurses, managers had covered these using long term agency staff. The ward had advertised for a permanent consultant doctor.

# Are services effective?

Good 

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

- All 11 staff we spoke with told us that they felt well supported by their peers and line managers. Staff supported patients with commitment and motivation. We observed good team work and staff being respectful to one another.
- Staff received regular individual supervision. The manager maintained a chart recording supervision dates and this showed staff had received supervision regularly. Staff told us they found this useful. Staff had received appraisals.
- Staff had regular team meetings. Staff also discussed quality information on the ward at the monthly 'Quality Rocks' meetings.
- In addition to the trust induction, staff completed a one day induction to the ward. This included communication and supporting people.
- Staff had access to specialist training to support the patients. For example, staff had been trained in positive behavioural support

## Multi-disciplinary and inter-agency team work

- Staff completed daily handovers. They used these to discuss patient risks and planning for the day. Staff also received small 'bite size' learning sessions following these.
- The MDT met on a weekly basis to review the client care and this meeting was also attended by the ward pharmacist. This meeting was called 'my meeting' and family and carers are invited. The team also invited staff from a patient's community team to these meetings. When they have not been able to attend in person, the team had used video conferencing.
- Staff supported patients to access health professionals outside of the Selden Centre, such as opticians. A chiropodist visited the ward.
- The trust inputted into the transforming care partnership with local authorities and clinical commissioning groups. Managers told us they were looking to develop the local care pathway so that the ward could develop an outreach model and patients with complex needs could be supported in the community.

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

- Staff received training on the Mental Health Act (MHA) and the Code of Practice. At the beginning of September 2016, 75% of staff had completed this training and were up to date.
- Information on the rights of people who were detained was displayed in the ward and independent advocacy services were readily available to support people.
- At our last inspection in January 2015, we were told by medical staff that they did not assess capacity under consent to treatment provisions of the MHA. They did not appear to be aware of the requirement for this for patients detained under the formal powers of the MHA. During this inspection we found staff assessed patients' capacity to consent. However, this still needed to be embedded fully. One patient's prescription chart, who had been assessed as confused and lacking capacity, contained a form T2 certificate of consent to treatment (Section 58 (3) (a) Mental Health Act, 1983). This was inconsistent as this form should only be used when a patient has the capacity to consent to these medications. This was raised to the responsible clinician on the day of the inspection who removed it from the file.
- All seven patients on the ward were detained under the MHA. Staff had completed detention paperwork in all the three records we reviewed correctly. Paperwork was in date. Staff completed Section 17 leave forms for when patients accessed the community.
- Staff explained to patients their rights. The explanation of rights was audited regularly on the ward. This ensured that people understood their legal position and rights in respect of the MHA.
- Staff knew how to contact the MHA office for advice when needed.
- The trust completed regular audits to check the MHA was being applied correctly.

## Good practice in applying the Mental Capacity Act

- Staff received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the beginning of September 2016, 89% of staff had completed this training and were up to date.

# Are services effective?

Good 

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

- The ward made six applications for DoLS from 1 January to 5 July 2016. Three of these were granted. At the time of the inspection no patients were subject to DoLS.
- Nursing staff completed full and thorough capacity assessments in the records we reviewed. Individual assessments of capacity and best interest decisions had been completed for a range of decisions regarding a patient's care such as observation levels and physical health assessments.
- Staff had a good understanding of the need to assess patients' capacity to consent on an ongoing basis.
- Staff received regular emails from the trust about recent legal decisions on the MCA.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- Staff supported patients with kindness and maintained their privacy and dignity. On the day of our inspection staff interacted with people in a warm and friendly manner. Patients showed affection towards staff, for example by hugging them. Staff allowed them to do this. Staff offered reassurance to people and engaged with them. Staff showed good understanding of the patients' individual needs.
- The three patients we spoke with were positive about the support they received from staff. The three carers we spoke with also felt that staff acted in a kind way and supported their relative well.
- The Selden Centre scored 97% for privacy, dignity and wellbeing in Patient-Led assessments of clinical environments (PLACE) assessments, which is higher than the England average of 90%.
- At our last inspection in January 2015 patients had told us they did not always feel listened to by staff and felt they did not get enough choice. During this inspection, we found patients now had more access to make drinks and more choices over food. No patients raised any concerns about not being listened to as this inspection.
- At the last inspection in January 2015 staff had been keeping confidential information in communal areas, such as on a large white board in the main lounge. During this inspection, staff stored all confidential information securely.

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

- Staff showed patients around the ward when they arrived. They had also developed an easy read guide for patients.
- The care plans reviewed showed clear involvement of patients in their development, with patients' views

recorded where they had inputted. Staff either got patients to sign care plans or recorded signed by the patients or indicated that the patient did not sign and the reasons why. Patients had regular one to one sessions with their named nurse.

- Staff had developed a communication strategy to improve how they gathered the views of patients and supported them. Staff supported patients to produce 'A book about me', which highlighted their likes and dislikes and how they wished to be supported.
- Staff had also developed a pictorial debrief tool to support patients after they had been restrained. This tool aimed to support the person and work with them to improve plans for supporting them in the future.
- Details of local advocacy services were displayed in the ward. However, information on local Independent Mental Health Act advocates was not in easy read form.
- Patients are not involved in recruitment of staff to the ward. However, staff sought to involve patients in other ways. For example, a patient was part of the team who presented the work the ward had been doing on communication strategies to the CQC team.
- Staff held weekly ward community meetings with patients to gather their views about the ward. We observed one of these meetings and staff sought to gather patients' views proactively. Minutes of the meetings were kept and they were displayed in an easy read format for everyone to see what had been discussed. Staff completed 'you said / we did' posters to show patients how they had responded to their feedback.
- Staff had developed a carers' strategy to increase carer involvement. They invited carers to 'My meetings' and feedback to them when incidents happened. They had also started to develop a carers group and were producing a newsletter to keep carers informed.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- The service provided support up to the point of discharge from the service. This meant that a bed was maintained for patients even when the patients were on leave and while being reintroduced to a permanent residence.
- At our last inspection in January 2015 the service did not have adequate discharge arrangements in place. Discharge was not planned routinely at the point of admission and care records did not include a discharge plan. During this inspection, we found that staff planned patient discharges appropriately. Discharge was planned routinely at the point of admission and the care records included discharge plans. To help facilitate discharge staff invited members of the community teams to review meetings routinely.
- The average bed occupancy for the ward from 1 December 2015 until 31 May 2016 was 82%. At the time of the inspection the ward had seven patients and three vacancies.
- One patient had been on the ward for more than two years. Staff had been working proactively to facilitate their discharge. For example, they had written to the relevant Director of Adult Social Services to raise their concerns. The average length of stay for the other six patients was just over six months.
- Staff tried to ensure the unit had local patients. However, at the time of the inspection three patients came from areas outside the trust's geographical area.

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

- At our last inspection in January 2015 the physical environment was not conducive to patients' needs and the service did not focus on the promotion of independence. Patients did not access the kitchen and skills equipment was not available for patients to use. Patients had no individual timetable of activities that promoted independence and daily living skills. During this inspection we found that staff supported patients to

use skills equipment and access the kitchen. Staff provided a range of activities, such as yoga, art group, and fitness and dance. Staff also worked with patients' to develop individual activity timetables.

- Patients had access to a lounge area with a television and a separate female lounge. Female patients could access the female corridor using their own key card. In the reception area there was a visitors' room available for all patients. The ward also had a sensory room and a quiet room.
- All bedrooms provided en-suite accommodation, showers and toilets. The ward also had an accessible bathroom to support clients who preferred to have a bath. Patients could personalise their rooms.
- The ward offered access to a secure outside garden space. This area was surrounded by a 20 foot perimeter fence. At our last inspection in January 2015 we found patients had restricted access to the garden. During this inspection we found patients could access the garden.
- There was no telephone available in the ward area. Patients had to ask staff if they wanted to use the phone. Staff could provide patients with a cordless phone which they could use in their rooms if they needed privacy.
- At our last inspection in January 2015 we found staff locked the area for patients to make hot drinks, which was protected by a sliding screen, routinely. During this inspection we found that patients could access this area and make a hot drink.
- At our last inspection in January 2015 choice was restricted at the evening meal to one option. During this inspection we found that patients' now had four options from which they could choose. Staff also told us they would try and support individual food preferences.

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

- The ward was fully compliant with the Equalities Act 2010. This meant the corridors were wide enough for a person in a wheelchair, with the appropriate ramps to enable access to all areas and an adapted bathroom.

# Are services responsive to people's needs?

Good 

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

- The ward notice boards had minutes from community meetings, information on how to complain, weekly ward timetables and access to advocacy. Information was provided in easy read form.
- Staff could access chaplaincy support for patients.
- Staff assessed all patients' needs on admission and sought to support their sexual, religious and cultural preferences.

## **Listening to and learning from concerns and complaints**

- The complaints process was clearly displayed on the ward and was easy to access for patients with a learning disability.
- The service had not received any formal complaints in the year from 1 June 2015 until 31 May 2016.
- Staff could describe the complaints policy and how they dealt with concerns and complaints at local level. Staff tried to address patients' concerns as they arose informally.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff knew the values of the trust. The service had an operational policy outlining its role and model of care. Staff told us they aimed to support patients to live in the community.
- Staff showed commitment to working with patients with a learning disability. This was demonstrated in their engagement with patients.
- Staff knew who senior managers were in the trust.

### Good governance

- At our last inspection in January 2015 we identified multiple concerns with the ward and rated the service as requiring improvement. In response to this report the service developed an action plan for improvement, which staff had reviewed on an ongoing basis. During this inspection we found staff had implemented necessary changes and made many improvements. Staff now supported patients' with their physical health proactively, ensured they separated male and female sleeping areas and only secluded patients in a room that met guidance.
- The service had clear systems for reviewing quality information and implementing learning. Staff held regular 'Quality Rocks' meetings. These meetings included discussions of incidents, complaints and audits. Staff felt these meetings provided a good opportunity to review quality on the ward. Staff received feedback on learning at these meetings, in their supervision and during short 15 minute 'bite size' learning sessions following their handover. Staff had delivered 'bite size' learning sessions on a range of topics including observation levels, the Mental Capacity Act and learning from an incident.
- Staff participated actively in local clinical audits and they felt it was important to look at what they were doing and how they could improve.
- Staff felt they received the right amount of clinical and managerial supervision.

### Leadership, morale and staff engagement

- At our last inspection in January 2015 we found the service lacked leadership. During this inspection we found that managers provided good leadership. The service had appointed a new ward manager and a new nurse consultant. The service still did not have a permanent consultant psychiatrist. The trust had advertised this post.
- All staff reported they enjoyed working with the team and felt well supported. If they had any concerns they felt confident in raising them with their managers.
- Staff morale was high, there was a good team ethos and staff maintained good working relationships.
- At our last inspection in January 2015 we found there was a lack of clarity of the treatment model being used within the service. During this inspection we found that staff knew the model of care. Staff focussed on positive behavioural support and produced recovery orientated plans to support patients.
- Staff knew the whistleblowing process and how to use it if required.
- Staff had acted in an open and honest manner with patients and their relatives following incidents.
- Staff had access to leadership training and development. The service supported support workers to undertake nurse training and offered them specialist training in positive behaviour support.

### Commitment to quality improvement and innovation

- Staff expressed commitment to improving the quality of the ward. For example, they had developed a strategy for reducing restrictive interventions. As part of this, staff had developed a pictorial tool to enable patients who had been restrained to share their experiences with staff. Staff used this to inform how they supported the individual.
- The ward held regular 'Quality Rocks' meetings in which they reviewed how they could improve quality.
- Staff had developed a communication strategy to ensure staff interacted with patients well and involved them in decisions.

# Are services well-led?

Good 

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

- The ward had joined the Royal College of Psychiatrists Quality Network for Inpatient Learning Disability