

Good **5 Boroughs 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)
RTV	5 Boroughs Partnership NHS Foundation Trust	Byron Ward	WA2 8WA

This report describes our judgement of the quality of care provided within this core service by 5 Boroughs 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 5 Boroughs Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of 5 Boroughs 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

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

- The ward had systems, processes and practices in place to keep patients safe and safeguard them from abuse. Staff understood their roles and responsibilities to raise concerns and report incidents.
- Staff monitored individual and environmental risks and managed them appropriately. Staff carried out comprehensive risk assessments for patients and risk management plans were in line with national guidance. Staff monitored and reviewed risks this enabled staff to understand risks which gave them a clear picture of safety.
- Staff took an holistic approach to assessing, planning and delivering care and treatment for patients. Patients' individual care and treatment were planned using best practice guidance. The outcomes were monitored to ensure changes were identified and reflected to meet their care needs.
- We saw evidence that patients, carers and family members were involved in the decisions about the care and treatment planned. Staff monitored, reviewed and recorded patients' consent practices and proactively involved them in making decisions about their care where they could. Patients' consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation. Patients who were subject to the Mental Health Act 1983 were assessed, cared for and treated in line with the Mental Health Act and Code of Practice.
- Staff were highly motivated and inspired to offer care which was kind and promoted patient dignity.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported by means of supervision and appraisal processes, although

it was recognised that this had slipped within recent months due to the vacancy of the deputy ward manager. The supervision and appraisal process was used to identify additional training requirements and manage staff performance.

- Feedback from patients, carers and family members was consistently positive about the way staff treated them. We observed patients being treated with dignity, respect and compassion whilst receiving care and treatment. Staff recognised patients' emotional and social needs and were embedded in their care and treatment plans.
- Staff planned and delivered services to take into consideration patients' individual needs and circumstances. Access to care and treatment services were timely. Delays in discharge were minimal and managed appropriately.
- Staff took a proactive approach to understanding the needs of the different groups of patients and to deliver care in a way that met those needs.
- Complaints were actively responded and managed locally. The ward listened to the patients' or their carers' concerns with a view to improve the services being provided. Patients and carers were involved in that review and resolution were appropriate.
- The ward had a good structure, processes and systems in place to monitor quality assurance to drive improvements.
- The service had the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care was timely and relevant. Performance issues were escalated to the relevant monitoring committee and the board through clear structures and processes.

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 ward had a safe environment which delivered recovery focused care for patients with learning disabilities or autism.
- There was good staffing levels and skill mix planned and reviewed to ensure patients received safe care and treatment.
- Staff managed and responded to changes in identified risks to patients. Patients were risk assessed regularly and individual risk plans were put in place to support patients’ recovery.
- Staff we spoke with had safeguarding training and understood their responsibilities in raising concerns or alerts. Staff knew the procedure to escalate and report concerns.
- The service had good systems in place for reporting incidents and serious untoward incidents. The service investigated incidents and ensured that staff received feedback of any lessons learnt. Staff we spoke with understood their responsibilities in reporting incidents.
- There was good medicines management processes in place with regular pharmacy input on the ward to support local audits and prescription checks.

However, the trust should implement the plan for ensuring that staff are up to date with their mandatory training.

Good



Are services effective?

We rated effective as “**Good**” because:

- There was a holistic approach to assessing, planning and delivering care and treatment to patients. Care was patient centred.
- Staff were actively engaged in activities to monitor and improve quality and goals.
- There was continuous development of staff skills. Staff competence and knowledge was recognised as being integral to ensuring high quality care.
- The learning disabilities service alliance was the host for a group for specialist training, the learning disability training alliance. This was a service that provided bespoke training for agencies, carers and service users on a number of aspects related to learning disabilities i.e. eating & drinking with safety and dignity, autism awareness, total communication and Makaton.

Good



Summary of findings

- Staff were proactively supported to acquire new skills and share best practice.
- Arrangements were in place to support staff by means of clinical and management supervision, appraisal, handovers and team meetings. It was recognised that staff compliance with supervision and the recording of team meetings could be improved. An improvement plan was in place to achieve this.
- Multi-disciplinary teams managed the referral process, assessments, on-going treatment and care by discussing best treatment and pathway options for individual patients.
- Physical health was part of the patients' care and treatment plan.
- There was a holistic approach to planning patients' discharge, transfer or transition to another service.
 - Staff used the Mental Health Act and the accompanying Code of Practice correctly.

However, the trust should ensure that the plan for bringing supervision up to date for all staff is met.

The trust should record the "time" field on all section 17 leave forms in line with the Code of Practice.

The trust should ensure there are regular team meetings which are effectively and accurately recorded.

Are services caring?

We rated caring as "**Good**" because:

- Feedback from patients, their carers and family members was consistently positive about the way staff treated them. They told us staff were warm and caring.
- There was a strong, visible, person centred culture on the ward.
- Staff were motivated and inspired to offer care which was kind and promoted patients' dignity.
- Relationships between patients and staff were strong, caring and supportive.
- Patients' emotional and social needs were recognised by staff and were embedded in their care and treatment.
- Patients, their carers or family members were active partners in their care. Staff were fully committed to working in partnership with them. We saw evidence that patients, carers and family members were involved in the decisions about the care and treatment planned.

Good



Summary of findings

- Staff always empowered patients to have a voice and to realise their potential. Patients were supported to manage their own health and independence where possible.
- We observed staff engaging with patients in a caring, compassionate and respectful manner.
- Information leaflets were provided to carers to explain particular information in more detail.

Are services responsive to people's needs?

We rated responsive as “**Good**” because:

- Care was planned and delivered to meet patients’ individual needs. This took into consideration their cultural and complexity of needs.
- Patients had access to care and treatment in a timely manner.
- The ward team involved other organisations and community teams was integral to how the ward planned and ensured care met patients’ needs. Staff took innovative approaches to providing integrated patient centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- There was a proactive approach to understanding the needs of the different groups of patients and to deliver care in a way that met their needs. This included patients who were in a vulnerable circumstance or who had complex needs.
- There was an active review of complaints and how they were managed and responded to. Improvements had been made as a result of these across the service. Patients, their carers or family members were involved in these reviews.

Good



Are services well-led?

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

- The ward team had local objectives which reflected the values and strategy of the trust.
- Staff knew who the executive and senior management team were. They saw them regularly because the ward was based on the head office location site.
- The ward was AIMS-LD accredited which is a recognised professional accreditation for inpatient wards for learning disability services.

Good



Summary of findings

- There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management review and improvements of risks, incidents and performance monitoring. Staff training, supervision and appraisal structures were set up to support staff at all levels.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by their management and their peers.
- Patients' views and experience were gathered to drive performance.

Summary of findings

Information about the service

The specialist learning disability or autism ward was located at the Warrington hospital site. The ward was a locked facility providing mixed gender inpatient assessment and treatment services for patients with a learning disability or autism. The ward had nine beds available but on the day of our visit there were six inpatients, all of whom were detained under the Mental Health Act.

The ward had access to two garden areas, a communal lounge with a separate female lounge, a dining room and kitchenette and an activity room. The bedrooms had en-suite toilets, two of which had a shower. There were separate bathing facilities for patients. The ward was clean and well maintained with a pleasant atmosphere.

Our inspection team

Chair:

Kevin Cleary, Medical Director & Director of Quality and Performance, East London NHS Foundation Trust

Head of inspection:

Nicolas Smith, Head of Hospital Inspections Mental Health, Care Quality Commission

Team Leaders:

Patti Boden, Inspection Manager Mental Health, Care Quality Commission
Sarah Dunnett, Inspection Manager Mental Health, Care Quality Commission

The team that inspected the ward for patients with learning disabilities or autism consisted of seven people:

- Two CQC inspectors.
- A Mental Health Act Reviewer.
- An Assistant Director of Development with a specialty in learning disabilities services.
- A Consultant Clinical Psychologist with a specialty in learning disability services.
- Two experts by experience who had experience of using learning disability services.
- A CQC pharmacy inspector completed a review of the medication management on the ward.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of the experience of patients 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 we held about the service, asked a range of other organisations for information and sought feedback from patients via focus groups.

During the inspection visit, the inspection team:

Summary of findings

- Visited Byron ward based at the Warrington hospital site and looked at the quality of the ward environment and observed how staff were caring for patients.

- Spoke with four patients who were using the service.

- Spoke with two carers of patients who were using the service.

Spoke with the matron and ward manager for the ward.

- Spoke with nine other staff members; including doctors, a psychologist, nurses, a physiotherapist, health care assistants, a nurse practitioner, a ward clerk and speech and language therapists.

- Observed an activity session being held on the ward.

- Looked at six care records of patients.

- Carried out a specific check of the medication management on the ward.

- Looked at a range of policies, procedures and other documents relating to the running of the ward.

What people who use the provider's services say

We spoke with patients, their family members and carers. All feedback was positive about their experience of care on the learning disabilities or autism ward. They told us they found staff to be very caring, supportive and interested in patients' well-being. We observed staff treating patients with dignity, respect and compassion.

We were told by patients or their family members that they were involved in decisions about their care and they have been offered a copy of their care plan.

Family members told us how they phoned the ward on a daily basis and could obtain an update on their family members' well-being. Other family members told us how the staff were helpful in answering their questions about the care and treatment their family member was receiving. The family members told us how the staff were very good at caring for their relative.

Patients told us how the ward arranged trips for them; some of the recent trips had been to the life museum in Liverpool and a trip to Wales.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should implement the plan for bringing supervision up to date for all staff is met.

- The trust should ensure the plan for ensuring that all staff are up to date with their mandatory training is met.

- The trust should ensure the "time" field is recorded on section 17 leave forms in line with the Mental Health Act Code of Practice.

- The trust should ensure there are regular team meetings which are effectively and accurately recorded.

5 Boroughs Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Byron Ward	5 Boroughs Partnership NHS Foundation Trust

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.

Overall the service had effective systems in place to assess and monitor risks to individual patients who were detained under the Mental Health Act.

The trust had a central Mental Health Act administration office which supported the ward with the appropriate implementation of the Mental Health Act. Regular audits were carried out to ensure the Mental Health Act was implemented correctly. Staff received Mental Health Act training as part of their mandatory training requirements and had a good understanding of the Act. At June 2015, 89% of staff on the ward had completed their training for the Mental Health Act.

The documentation in respect of the Mental Health Act was generally good. Paperwork about patients' detentions and leave was up to date and stored correctly. On most of the section 17 leave forms we looked at, the time field was not completed. It is good practice to complete this part of the form in line with the Code of Practice guidance. For renewals of detention, hospital manager's hearings were timely and well recorded.

Where patients had capacity to consent, there were copies of consent to treatment forms accompanying the medication charts.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall we found the ward was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DOLs).

We found evidence of good capacity assessments and the recording of best interest meetings within the care records we looked at. There was good recording and monitoring of capacity and consent, with regular reviews evident.

Staff understood their roles and responsibilities with regards to the Mental Capacity Act and Deprivation of Liberty Safeguard.

At June 2015, 93% of staff on the ward had completed the Mental Capacity Act mandatory training which included consent.

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 provided separate male and female sleeping areas in line with best practice guidance. A few rooms had en-suite shower and toilet facilities and all of them had en-suite toilets. There was access to a separate male or female-only bathroom and toilet facility. There was a separate female-only lounge to provide a safe space for women who preferred a women only environment. The ward had a separate children's visiting room and a trust policy to support children visiting the ward in a safe manner.

The matron and the ward manager carried out assessments of ligature risks on the ward during their monthly walk around. There was also a trust level annual estates risk assessment which the matron used to manage identified ligature risks. This was completed in April 2015 with review dates planned for August 2015, December 2015 and April 2016.

The ward was well maintained and the corridors were clear and clutter free. The ward was clean and patients or family members told us the standards of cleanliness was good. Staff conducted regular audits of infection control and prevention and staff hand hygiene to ensure that patients and staff were protected against the risks of infection. The annual infection control audit for the environment carried out in June 2014 scored 88%. The hand hygiene observation audit was completed quarterly. This was last undertaken in May 2015 and scored 100%. There was an annual mattress audit, last undertaken in April 2015 which scored 89%.

Emergency equipment, medical devices and emergency medication were stored in the clinic room. There were regular checks to ensure they were fit for purpose should they be needed in an emergency. Staff had received training in life support techniques. 89% of clinical staff had completed basic life support training and 75% had completed immediate life support training.

The seclusion room on the ward met with the requirements of the Code of Practice

Safe staffing

Key staffing indicators at 30 June 2015 for Byron Ward

Establishment levels: qualified nurses (WTE) 11.7

Establishment levels: healthcare assistants (WTE) 20.1

Number of vacancies: qualified nurses (WTE) 1.8

Number of vacancies: healthcare assistants (WTE) 1

The number of shifts* filled by bank or agency staff to cover sickness, absence or vacancies in last 3 month period 148

The number of shifts* not filled by bank or agency staff where there is sickness, absence or vacancies in last 3 month period 26

Staff sickness rate (%) in last 12 month period 7.4%

Staff turnover rate (%) in last 12 month period 21.9%

The ward manager was able to obtain additional staff when the needs of the patients changed and more staff were required to ensure patient safety. The staffing levels on the ward was on a four, four, three staffing pattern which included one qualified nurse and three healthcare assistants or one qualified nurse and two healthcare assistants. This would be increased to meet the needs of the patients' acuity, observation levels and needs. We reviewed the ward rotas which confirmed at least one qualified nurse was working in the area of the ward where patients had unrestricted access.

The ward had low usage of agency staff. They used their own staff or bank staff to cover sickness, absence or vacancies. This meant patients had continuity of care as the usage of bank and agency staff was minimal, therefore they knew their staff team and could build confidence within them.

Patients' leave was not cancelled due to staff shortages. Agreed escorted leave was organised to support the patients. Some patients had leave with their family members and carers.

Staff had received mandatory training and the ward manager had a training matrix in place to manage

Are services safe?

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

compliance of the training requirements. It was recognised that some of the mandatory training was outstanding but a plan was in place which included confirmed dates for training for staff who required refresher or updated training.

Mandatory training and the completion for ward staff at June 2015 was as follows:

Statutory all staff

Fire Safety 71%

Infection Control 65%

Infection Control (non-clinical) 100%

Moving and handling (non-patient) 84%

Safeguarding Children level 3 93%

Statutory clinical staff

Basic life support 89%

Immediate life support 75%

Core all staff

Information governance 68%

Equality, diversity and human rights 100%

Conflict resolution training level 1 46%

Health and safety 100%

Bullying and harassment 100%

Customer service 100%

Risk management 100%

Core clinical staff

Break away techniques level 2 20%

Safeguarding children level 2 86%

Safeguarding adults 100%

Clinical risk assessment and management 48%

Medicines management 25%

Mental Capacity Act, including consent 93%

Mental Health Act 89%

Care programme approach 20%

Core clinical inpatient staff

Moving and handling patients 3%

Restrictive clinical interventions level 3 100%

Core clinical inpatient qualified staff only

Rapid tranquilisation 50%

The training in conflict resolution, break away training and moving and handling patients was extremely low for an inpatient setting that had used restraint 24 times within the last three month period

Assessing and managing risk to patients and staff

Between 1 April 2015 and 30th June 2015

Number of incidents of use of seclusion in last quarter 3

Number of incidents of use of long-term segregation in last quarter 0

Number of incidents of use of restraint in the last quarter 24

Of those incidents of restraint, number of incidents of restraint that were in the prone position 1

The ward used the health of the nation outcome scales for learning disabilities (HONOS-LD). This is an 18 scale outcome tool which includes items of risk. This was completed on admission of a patient and regularly reviewed throughout their ward stay. It was also completed at the point of discharge of a patient. Other risk assessments used by the ward included a bespoke form within the computerised patient administration system and a falls risk assessment tool.

The ward had a seclusion room. Between 1 April and 30 June 2015 the ward had used the seclusion room on three occasions. The seclusion records maintained by the ward were detailed and included:

The date and time

· Reason for seclusion

The informing of the medical officer of the seclusion

· Nursing observations every 15 minutes

· Nurse in charge written report

· Two hourly nursing reviews

· Decision to end the seclusion

Are services safe?

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

This meant the ward was meeting the requirements of the Code of Practice in relation to seclusion. The ward used a seclusion documentation pack and the ward manager completed a seclusion audit tool for each episode of seclusion.

Most of the clinical staff had completed their safeguarding adults training as part of their mandatory requirement. Staff we spoke with understood their responsibilities in raising concerns or alerts and knew the procedure to escalate and report concerns. Between 1 January 2015 and 30 June 2015, the ward had raised five safeguarding referrals.

Restraint was only used after de-escalation techniques had failed. There had been 24 incidents of restraint on the ward within the last quarter. One was in the 'prone' position; the prone position is when the body lays flat, with the chest facing downwards and the back facing upwards.

The medicines management team reconciled all patients' medicines on admission and assessed the suitability of patients' own medicines for use where necessary.

A pharmacist regularly attended ward rounds where the clinical team discussed the on-going treatment of each patient and actively contributed to the safe management of their medicines.

Pharmacy staff carried out regular checks on all prescription and administration records and alerted medical staff if patient safety monitoring checks were due, had been overlooked or if a person's medication required review. Pharmacy staff also monitored medicine omissions and ensured that these were followed up and reported via the Datix, the incident reporting system used by the trust, where appropriate.

Medicines were stored safely and pharmacy staff audited medicines security and the management of controlled drugs.

Medicine administration records were fully completed and accurate and confirmed the administration of medicines as prescribed.

Track record on safety

On review of the information we received from the trust and speaking with the ward manager and staff, we found there had been no serious incidents reported by the ward within the last 12 months.

Reporting incidents and learning from when things go wrong

The service had good systems in place for reporting incidents and serious untoward incidents, investigation and feedback of any lessons learnt. Staff we spoke with understood their responsibilities in reporting incidents. Between 1 January 2015 and 30 June 2015, Byron ward had reported 118 incidents. The most recorded incident type was violence and aggression of patients on staff, with 69 of all the 118 reported incidents.

The trust had a Datix incident reporting system in place. This system allowed the monitoring of themes of types of incidents or regular incidents relating to a ward or service. Incidents were included in the ward's governance report and broken down by incident type. This enabled the ward manager and matron to manage the risks and impact locally by putting actions in place to mitigate the future occurrence of that incident.

The ward manager received business management notes which had details of learning from incidents. This was shared with staff and discussed at the ward team meetings.

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

There was a holistic approach to assessing, planning and delivering care and treatment to patients. Care plans were in place that addressed patients' assessed needs. These were reviewed on a regular basis and updated or discontinued as appropriate.

Patients' needs were assessed and care was delivered in line with their individual care plans. This helped the ward staff to understand and monitor the patients' risks associated with their presentation. Examples would be if a patient had limited verbal communication there would be a communication plan; behaviour monitoring sheets to help with the management of incidents of untoward behaviour; a contingency plan and crisis plan to support a patient in crisis. We saw evidence of these within the care records we reviewed.

Staff undertook hourly observations of patients and records were routinely completed with observation levels reviewed as required and amended if necessary. Hospital passports were present within the care records we reviewed. A hospital passport was a booklet designed for patients to carry with them when they are attending hospitals or other providers of health and disability services. A health passport contains information about how the patient would want people to communicate or support them.

Best practice in treatment and care

The ward manager told us they attended the national institute for health and care excellence (NICE) steering group held by the trust on a monthly basis. The group discussed any updated NICE guidance and how this was appropriate to the services they delivered. The ward manager disseminated the information via the team meeting to the ward staff and discuss implementation within the ward's practices.

The business management notes were a briefing produced by the trust to communicate learning from incidents and also NICE guidance updates. We reviewed a sample of the notes during the visit and saw evidence to confirm this.

Patients had access to psychological therapies as part of their treatment and psychologists were part of the ward team. This was in line with national guidance.

There was an assistant practitioner on the ward who monitored the physical health of patients on a daily basis when required or on a weekly basis as routine. A comprehensive physical health screening was completed on admission to highlight particular needs which needed to be considered within the care plan. The malnutrition universal screening tool and the modified early warning system were completed to help monitor a patients' physical health routinely.

The ward staff assessed patients using the health of the nation outcome scales for learning disabilities. This covered 18 health and social domains and enabled the clinicians to build up a picture over time of their patients' responses to treatment or interventions.

The ward also used a number of measures to monitor the effectiveness of the service provided. These included the ward conducting a range of audits on a weekly, monthly or quarterly basis. We saw examples of audits for infection control, hand hygiene, sharps and clinical waste, mattress audits and cleaning schedules. Information from the completed audits was fed back to the ward staff through team meetings and were included in the ward governance report. The information was used to identify and address changes needed to improve the outcomes for patients.

A number of care pathways had been developed for patients who received care or were referred to the learning disability services within the trust. We were told that these care pathways had been developed from the NICE guidance and other best practice guidance. These were:

1. Eligibility and access into 5 Boroughs Partnership learning disability (LD) pathway
2. Challenging behaviour pathway
3. Mental health and LD pathway
4. LD and autistic spectrum pathway
5. Dysphagia for adults with a learning disability LD pathway
6. Dementia diagnostic pathway

Skilled staff to deliver care

The staff training matrix showed they had received appropriate training and professional development relevant to their role. Staff confirmed this when we spoke with them. The ward manager had access to the electronic

Are services effective?

Good 

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

staff records for the team. This allowed them to oversee the teams' progress in completing their training. The training helped to ensure that staff were able to deliver care to patients safely and provide quality of care. It was recognised that some staff required refresher courses for their mandatory training and a plan was in place which included dates which had been pre-booked for staff to attend the required training courses.

Ward staff had received training specific to their role and to learning disabilities. A learning disability training alliance had been developed to provide 'in house training' for practitioners such as, Makaton for beginners, autism awareness for practitioners and carers, eating and drinking skills and social stories.

All staff currently in post on the ward had received a corporate and local induction. There were 32 non-medical staff on the ward. Of these six had not had an appraisal within the last 12 months. The appraisal rate for the ward at the end of June 2015 was 81%.

A supervision matrix which outlined the date's when supervision had been undertaken. Staff had received line management supervision and clinical supervision in line with their professional requirements. Staff we spoke to said their supervision had not been completed routinely. We discussed this with the ward manager who confirmed the supervision timetable had not been maintained due to vacancies but assured us this would be resolved from August 2015.

Multi-disciplinary and inter-agency team work

Patients' assessments on the ward were multi-disciplinary in approach. Patients' care records showed that there were effective multi-disciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in the patients' care.

There were two consultant psychiatrists who worked on the ward. Each undertook a ward round once a week. Patients were seen on an individual basis either on a Monday or Thursday morning dependent on the consultant they were under. Each patient was seen by a consultant psychiatrist at least once a week.

Each of the consultant psychiatrists who worked on the ward also held weekly MDT meetings. These were planned for a Wednesday afternoon or Thursday afternoon dependent on the consultant taking the lead on a patients'

care. Ward and multi-disciplinary staff worked together to plan on-going care and treatment in a timely way through the MDT meetings and handover structures which were in place. Care was co-ordinated between wards and other services from referral through to discharge or transition to another service.

Community teams worked well with the ward to advise them on a daily basis of any known potential crisis situations which could lead to an admission out of hours. The community teams provided a handover of their involvement during that day and other known details to support a potential admission.

The patient, their family members or carers were invited to the MDT meetings. Other health professionals such as the patients' community nurse, allied health professionals or advocacy could also attend.

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

Overall the service had effective systems in place to assess and monitor risks to individual patients who were detained under the Mental Health Act.

The trust had a central Mental Health Act administration office which supported the ward with the appropriate implementation of the Mental Health Act. Regular audits were carried out to ensure the Mental Health Act was implemented correctly. Staff received Mental Health Act training as part of their mandatory training requirements and had a good understanding of the Act. At June 2015, 89% of staff on the ward had completed their training for the Mental Health Act.

The documentation in respect of the Mental Health Act was generally good. Paperwork about patients' detentions and leave was up to date and stored correctly. On most of the section 17 leave forms we looked at, the time field was not completed. It is good practice to complete this part of the form in line with the Code of Practice guidance. For renewals of detention, hospital managers hearings were timely and well record.

Where patients had capacity to consent, there were copies of consent to treatment forms accompanying the medication charts.

Good practice in applying the Mental Capacity Act

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.

Overall we found the ward was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DOLs).

We found evidence of good capacity assessments and the recording of best interest meetings within the care records we looked at. There was good recording and monitoring of capacity and consent, with regular reviews evident.

Staff understood their roles and responsibilities with regards to the Mental Capacity Act and Deprivation of Liberty Safeguarding.

At June 2015, 93% of staff on the ward had completed the Mental Capacity Act mandatory training which included consent.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

Feedback from patients, their family members and carers was very positive about the way staff treated them. They told us they were treated with dignity, respect and kindness during all interactions with staff.

We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in distress in a calm and respectful manner. They de-escalated situations by listening to and speaking quietly to patients who were unsettled. Staff appeared interested and engaged in providing good quality care to patients.

When staff spoke to us about patients, they discussed them in a respectful manner and showed a good understanding of patients' individual needs. Patients emotional and social needs were recognised by staff. Staff provided comforting support to patients in a dignified way.

The involvement of people in the care that they receive

There was a welcome pack for patients. This was in easy read format to help explain about the ward, the door being locked, their bedroom and bathing facilities, advocacy support, food and meals, laundry, garden areas and rooms available on the ward and the range of activities.

There was also a carer's pack provided to those people close to the patient. This had a range of information and contact telephone numbers to assist the family whilst their family member was staying on the ward.

Patients and those close to them were involved in decisions about their care and treatment to assist in developing their care plan. We saw evidence of management and support strategies which involved the patient and their family members. Such strategies included understanding what triggered a crisis for an individual patient and building on action plans to support identified early warning signs. Other support forums which enabled patients and those close to them to meet with other people who had similar experiences. Patients or their family members confirmed they had been involved in developing their own care plan.

Details of advocacy services were displayed on the ward notice boards. Patients and their family members told us they were supported to access the advocacy services.

The ward held weekly community meetings where patients had the opportunity to get involved in and give feedback on their views about the ward. Minutes of the meetings were kept on the ward and available so everyone could see what had been discussed.

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

An admission criterion was outlined within the service specification. Out of area referrals were assessed by ward staff. Most of the referrals received by the ward were from the trusts community learning disabilities or autism services. If the patient was known to the 5 Boroughs learning disability community teams then their assessment which indicated the requirement for an admission was used with no separate assessment being completed by the ward.

The bed occupancy for Byron Ward was below the national average for the last 12 months. January to March 2015 was slightly above 50% occupancy rate, peaked during July to September 2014 to over 80% occupancy. Mean occupancy 66% for Oct 2014 to March 2015.

The average length of stay in April 2015 was 26 days. This spiked in May 2015 to 173 days and June 2015 to 138 days. This was due to two patients who were discharged during those months who had an actual length of stay of 606 and 231 days each. There had been one delayed discharge during the period 1 April 2015 to 30 June 2015.

The ward worked collaboratively with local hospitals, community learning disabilities or autism teams and other agencies to support the transition for an admission to and a discharge from this ward. This was evidenced within the care records and from discussions with staff and patients.

The facilities promote recovery, comfort, dignity and confidentiality

The ward was calm and had a homely feel. There were a range of rooms to support patients' involvement in activities including therapy rooms, a kitchenette, quiet rooms and main TV lounge areas. There were rooms where patients could take their family and visitors for privacy. The ward had access to two garden areas.

The ward had access to a pay phone. Staff and patients told us that patients could use their mobile phones whilst on the ward.

The food was prepared fresh on site by the trust's catering services. Patients told us that the food was good and they had a choice of meals.

The ward had an activities co-ordinator. Activities were available daily and over the weekend. During our visit we observed a gardening activity in one of the outside spaces available to the ward. Observations demonstrated staff was patient focused and they had good interactions with patients. Staff was caring and respectful in their manner towards patients.

Meeting the needs of all people who use the service

During the walk around the ward we observed that information was available for patients, carers and family members. Information was available on advocacy services for patients to access help and support.

There was relevant information on noticeboards throughout the ward including information for

1. support forums,
2. how to make a complaint
3. staff photos with names and roles listed
4. activities boards showing the planned activities
5. a menu and meals board for the week
6. a Makaton board with Makaton pictures, these were also displayed on doors to identify particular rooms and patient community meetings.

There were weekly community meetings which took place to ensure patient's had involvement about decisions regarding the service.

Interpreters were available if required so that patients, family members or carers could understand what care and treatment was being provided. Alternative communications methods were supported within the learning disabilities service provided by the trust.

Patients' cultural and religious requirements could be supported and this was confirmed when we spoke with patients.

Listening to and learning from concerns and complaints

The ward had not received any formal complaints for the last 12 month period. Between 1 January 2015 and 30 June

Are services responsive to people's needs?

Good 

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

2015 the ward had not received any formal complaints. Patients, their family members and carers we spoke with told us they knew how to make a complaint and would be listened to if they did raise a complaint.

Staff told us that complaints were usually addressed at a local level to attempt a resolution. If a local attempt at

resolution failed then it was escalated through the provider's formal complaints process. There was a complaints policy and procedure in place to support this process.

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

The trust's vision and values for the service were evident and displayed on the ward. There were five values,

1. We value people as individuals ensuring we are all treated with dignity and respect.
2. We value quality and strive for excellence in everything we do.
3. We value, encourage and recognise everyone's contribution and feedback.
4. We value open, two way communication to promote a listening and learning culture.
- 5.

We value and deliver on the commitments we make.

The learning disabilities or autism service strategy for 2010 – 2015 was part of the service specification with commissioners. It took into consideration the research and published reports such as the Mansell report, Six Lives, Valuing People, Fulfilling and Rewarding Lives, Health Inequalities & People with Learning Disabilities in the UK and Health Action Plans.

Staff on the ward were aware of the trust's commitment to deliver care underpinned by the NHS England six Cs - These are enduring values and behaviours that underpin compassion in practice and are defined as, care, compassion, competence, communication, courage and commitment.

The ward also displayed information which outlined how the trust intended to meet the Care Quality Commission inspection domains of safe, effective, caring, responsive, and well-led.

Staff on the ward felt unsettled as the trust had been going through a restructure for the past 12 months. Staff were worried about their roles and the future of the service provision.

Good governance

There was a clear governance structure in place that supported the safe delivery of the service. Lines of communication from the senior managers to the frontline ward staff were effective and staff were aware of key messages.

The ward held a meeting entitled 'future fit' which included ward managers, operational managers, clinical leads, clinical psychologist and consultant psychiatrists. The meeting looked at the future modelling of the service and improvements, what the ward wanted to improve and change to support improvements in the delivery of care.

The learning disabilities or autism service also had a monthly management meeting where operational aspects of the service were discussed. This was attended by the associate director of learning disabilities services for the trust.

Quality and risk meetings took place on a monthly basis to review and monitor identified risks. Discussions and escalation for the learning disabilities risk register items were covered within these meeting.

The ward manager had a weekly meeting with the matron to discuss ward level matters in more detail.

All of the above meetings were attend by the ward manager, the deputy ward manager and the matron. Information was then cascaded to the local team on the ward via the team meetings. It was recognised that the team meetings needed to be more frequent and a record of the meetings documented.

The ward had good governance arrangements in place to monitor the quality of service delivery. They had regular meetings for management staff to consider issues of quality, safety and standards. This included oversight of risk areas on the ward. This helped ensure quality assurance systems were effective in identifying and managing risks to patients.

Data was collected regularly on performance. The ward had a dashboard as well as a monthly governance report that recorded their performance against a range of indicators. Where performance did not reach the expected standard, action plans were put in place.

The ward manager told us they had enough time and autonomy to manage the ward. They also felt they could raise concerns and where appropriate the concerns would be escalated to the trust's risk register.

Leadership, morale and staff engagement

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.

We found the ward to be well-led. There was evidence of good leadership at a local level. The ward manager was visible on the ward during the day to day provision of care and treatment. The ward manager was accessible to staff and proactive in providing support to them.

The culture on the ward was open and transparent. Staff were encouraged to bring forward ideas for improving delivery of care. The ward staff we spoke with were enthusiastic about their roles and caring for patients.

Staff told us they felt support by their peers and management and were confident they would be listened to and supported if they raised any concerns.

Staff told us that staff morale had been affected within the past 12 months due to the restructure changes and unsettlement about the future model of the service.

Staff took on roles the of “champions” for the ward. This meant they led locally on specialty areas such as infection prevention and control, safeguarding, tissue viability, moving and handling and safeguarding.

There was a trust ‘coaching’ programme which band 7 or above were encouraged to attend. It was undertaken to help this staff group to provide a mentoring or coach role for other staff within the trust.

The ward manager felt supported by the learning disabilities or autism matron, operations manager and business manager. The ward manager also received mentorship support from the director of nursing.

There was a supervision and appraisal matrix in place which assisted the ward manager in the monitoring and management of the process. A plan was in place locally to bring the supervision process up to date as this had fallen behind within the last couple of months.

The electronic staff record enabled the ward manager to manage mandatory training requirements. Each staff member had a record within the system which showed all the courses which they had completed and when their renewal was due. It provided a prompt before the expiry date to enable the manager to book staff onto the next available course. A plan was in place locally to meet the trust’s compliance level for mandatory training. Staff had planned and confirmed dates for attending the required courses.

Commitment to quality improvement and innovation

The service had introduced pathways of care based on National Institute for Health and Care Excellence (NICE) guidance and other best practice guidance. These were:

1. Eligibility and access into 5 Boroughs Partnership Learning Disability (LD) pathway
2. Challenging Behaviour pathway
3. Mental Health and LD pathway
4. LD and Autistic Spectrum pathway
5. Dysphagia for adults with a learning disability (LD) pathway
6. Dementia Diagnostic pathway

To support the further development of the pathways and take into consideration national guidance the service had undertaken several research and audit projects. These included the learning disability eligibility pathway audit, the deployment of the multi-disciplinary initial assessment tool across learning disability services, and an eye movement desensitisation and reprocessing treatment for post-traumatic stress disorder (PTSD) and intellectual disability case study.

We spoke with the learning disability clinical lead about the outcomes and learning from audits completed and how they had influenced service delivery, commissioning approach and key performance indicator monitoring for commissioners. We were told that steering groups including task and finish groups had been set up to pilot benchmarking and monitoring of the outcomes from audits and research. This was confirmed during the review of the audits documentation we undertook during the inspection.

The ward participated in a patient satisfaction survey which was used to provide the ward with feedback about the service provided. The outcome of the survey was analysed and areas that required improvement were identified as a result of the survey. Action plans were developed from the possible improvements and escalated through the appropriate governance meeting.

Byron ward had been awarded the accreditation for inpatient mental health services for learning disability

Are services well-led?

Good 

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services AIMS-LD in July 2015. AIMS is a recognised programme for improvement of quality managed by the Royal College of Psychiatrists. There are five sections to the accreditation programme that looked at the following;

1. General standards

2. Timely and purposeful admission

3. Safety

4. Environment and facilities

5. Therapies and activities