

Black Country 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)
TAJ55	Orchard Hills	Daisy Bank	WS5 3YD

This report describes our judgement of the quality of care provided within this core service by Black Country 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 Black Country Partnership NHS foundation Trust and these are brought together to inform our overall judgement of Black Country Partnership NHS foundation Trust.

Summary of findings

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 found that the service provided good care and support to patients. Where there had been errors or areas of poor practice these had been addressed and action plans put in place to ensure these would not happen again.
 - All staff had received Managing Actual and Potential Physical Aggression training and understood the need to use de-escalation techniques with patients. Restraint was used as a last resort to ensure patients and staff did not come to harm. Staff had guidance on how to use this through the patient's person centred physical intervention plans, which were detailed, and person centred.
 - Staffing levels were good and managers could adjust this to meet the needs of patients. This meant the unit used bank and agency staff when patients needed additional observations or support. Where possible this involved using people who had previous knowledge of the unit.
 - Staff ensured each patient had individualised care plans, which reflected the patients likes, dislikes and preferred activities. Patients had a structured programme of daily activities both on the ward and in the community.
 - Staff felt well supported by managers who had a visible presence on the unit. Managers knew patients and had a good understanding of their individual needs.
- However:
- There had been issues where staff did not engage with patients in a positive way and used strategies to manage patient behaviour, which was not good practice. The trust acted quickly to stop this and prevent it happening again in the future

Summary of findings

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

Are services safe?

- Managers ensured there was enough staff to ensure patient safety. This meant that bank and agency staff had to be used to meet the needs of patients. All staff had been fully trained in techniques used for de-escalation and restraint so that patients could be supported in the least restrictive way possible.
- Staff used risk assessments and individualised person centred physical intervention plans to support the care of the patients who had complex needs. All plans were regularly updated which ensured staff had the relevant information to support the patients in their care.
- The trust monitored the use of prone restraint at a senior level and the unit received support from the managing actual and potential physical aggression team based within the trust to ensure they used best practice in this area.

As part of this inspection we were asked to review medications management and administration. We did not find any errors.

Are services effective?

- Each patient had an individualised and person centred care plan, which staff regularly updated to reflect the changing needs of each patient. While there had been incidents of staff not engaging with patients in line with the care plans the trust had acted quickly to stop this and ensure all staff understood that this was not appropriate.
- Staff monitored physical health and where necessary plans had been put in place to monitor this such as for weight and blood pressure.
- Patients had access to a range of staff including an activities coordinator who managed a programme of individualised activities both on the ward and in the community.

Are services caring?

- We saw that staff interacted well with patients and showed good knowledge of their individual needs.
- Where possible patients had been involved in their care plans and these and other documents were available in an easy read format for patients.

However:

Summary of findings

There had been an incident when a staff member had used a strategy to manage a patient's behaviour which was not good practice and the trust had dealt with this through their human resources procedures to ensure it didn't happen again

Are services responsive to people's needs?

We did not inspect this domain.

Are services well-led?

- Staff said they felt supported by their managers and appeared to be well motivated in their roles.

Managers demonstrated a good knowledge of incidents that had affected the unit and could talk in detail about the actions taken to ensure that these did not reoccur by developing action plans and sharing these with staff.

Summary of findings

Information about the service

The Black Country Partnership NHS Foundation Trust operates a ward for people with a learning disability and autism, which provides assessment and treatment across Sandwell, Dudley, Walsall and Wolverhampton. The ward is mixed gender. Orchard Hills (also known as Daisy Bank) has eight beds but is in the process of closing so only three of these were occupied at the time of our inspection.

It was last inspected as part of the comprehensive inspection of the trust, which was undertaken in October 2016. At that time it was rated as good in all five domains.

Our inspection team

The team was comprised of two CQC inspectors

Why we carried out this inspection

We inspected this unit in response to information provided by an external organisation.

Concerns were raised in a number of areas. These included:-

- Concerns around the use of coercive practice and token economy to encourage compliance from patients
- The use of prone and supine restraint as a primary intervention rather than a last resort
- Administering of medication

- Consistency of the MDT approaches, interventions and therapies being used
- Concerns raised about local leadership
- The use of bank and agency staff
- Staff training relating to the use of physical interventions
- Staff morale
- The availability of activities

The inspection was unannounced and focussed on only these areas.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it well-led?

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

During the inspection visit, the inspection team:

- visited the unit and looked at the quality of the ward environment and observed how staff were caring for patients
- interviewed the divisional director, health and safety manager, modern matron and nurse in charge
- looked at a range of policies, procedures and other documents relating to the running of the service
- reviewed three sets of care records, medication cards, an activity log and documentation relating to the mental Health Act.

Summary of findings

What people who use the provider's services say

We did not interview any of the patients formally as part of this inspection. There had been a number of visitors that had conducted interviews with the patients in the days prior to our visit and it was felt by staff and

inspectors that repeating this process would cause patients undue stress. We did speak to them informally while we were on site and they appeared happy and engaging.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

The provider should ensure that only strategies planned and authorised by the multi-disciplinary team are used in the delivery of patient care.

Black Country 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
Daisy Bank	TAJ55

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.

We checked all of the Mental Health Act paperwork relating to all three patients resident at the time of our visit. We found that all paperwork was filled in and stored correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

We checked all of the Mental Capacity Act paperwork relating to all three patients resident at the time of our visit. We found that all paperwork was filled in and stored correctly.

There was evidence that capacity had been considered in all three cases. Where a patient had been assessed as not having capacity, all of the relevant documentation was completed and was in place and up to date.

There was one set of documentation relating to the deprivation of liberty safeguards for one patient. This process was underway but had not been completed at the time of our inspection due to the amount of time that the patient had been on the ward.

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 staffing

- Staffing numbers had been estimated using the same tool that is used across the trust. Patient numbers were reduced as the unit was winding down in preparation for closure. Staffing numbers were three members of staff by day and two by night. There was always at least one qualified nurse on shift. Due to the complex nature of the patients on the ward, it was often necessary to increase staffing levels to cover observations. These staff were sourced from either the regular nursing bank or agency. Though bank and agency use was high, there was a clear rationale for this and it was not to cover shortfalls in substantive staff numbers. For the most part staff that were familiar with the ward were used however when bank or agency staff that were new to the ward were used they were given an induction. We were told that there were three substantive members of staff on duty per shift and this was often enhanced by bank and agency staff depending on the case mix. Most shifts in the two months prior to our inspection used six to eight members of staff per shift.
- Training in Managing Actual and Potential Physical Aggression (MAPPA) Training was 100 percent for regular ward staff. This was the system of training that the trust used to manage patients who posed a risk to themselves or others because of physically aggressive behaviour. Any bank or agency staff that were used by the service were also required to have undertaken MAPPA training.

Assessing and managing risk to patients and staff

- We found that there were a range of risk assessments in place in all three records we checked. All three patients had been involved in the creation of these risk assessments and had expressed their views in their own words. The trust used a system of risk assessing the use of physical intervention called the Person Centred Physical Intervention Protocol (PCPiP). All three records contained a PCPiP that was individualised and patient

centred. If a patient had a physical limitation that prohibited some interventions this was clearly expressed and advised of alternative strategies to be attempted. We also found that if patients regularly displayed behaviours that put them at risk during restraint, this was clearly stated with a complete description of how these behaviours should be managed in order to keep staff and patients as safe as possible. This included the use of prone and supine restraint, which involved managing a patient that had taken themselves to the floor and was lying either face down or face up. These risk assessments had been reviewed and updated regularly and were reviewed after each period of restraint. In all three cases the patients thoughts and feelings about how they would like to be managed when in distress had been considered.

- Where prone restraint was used this was clearly documented on the trusts incident reporting system. In every case when prone restraint was used this was reviewed by members of staff from within the trust that had specialist knowledge of the subject. These staff also provided training in the use of physical interventions. There was also a group of senior managers and specialists in the subject that met monthly to review all cases of the use of prone restraint across the trust. We were told that the review panels had not raised any concerns with the use of prone restraint in any instance.
- The trust used a paper system to store patients' files. These were stored securely in a locked trolley in the nursing office. All staff including bank and agency had access to these files. We checked all three files and they were complete and contained information that was up to date. They considered the patients thoughts, beliefs and history. They had been created in co-operation with patients wherever possible and expressed patient's wishes in their own words.
- We checked three medication records. They were in good order and had been filled in and maintained correctly. Ward management informed us that there had been a medication error and this was under investigation at the time of our inspection. This error had not caused any harm to the patient.

Are services effective?

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

- We examined three sets of patient records and found that they all contained a comprehensive care assessment of each patient. This had been undertaken upon admission and was reviewed and updated regularly.
- Records included an assessment of each patient's physical health needs. This also included an assessment of weight had complete plans in place to manage a weight gain or loss
- Care plans were personalised and holistic. They considered the patient's thoughts and beliefs and where required took into consideration cultural factors.

Best practice in treatment and care

- Staff provided a range of care and treatment options as recommended by the British Institute of Learning Disabilities. These followed the positive behavioural support model. Activities were available seven days a

week. Though ward based activities were limited, there was a range of activities available on site and in the local community. We saw an activity folder that evidenced that each patient received tailored activities. This meant that patients were engaged in activities that they found interesting and stimulating. These appeared to be tailored to each patient's interests with consideration given to their ability to engage in the session. There was an activity co-ordinator on site who worked with an occupational therapist to ensure that the activity programme was delivered.

Skilled staff to deliver care

<Enter findings here>

Multi-disciplinary and inter-agency team work

<Enter findings here>

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

<Enter findings here>

Good practice in applying the Mental Capacity Act

<Enter findings here>

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

- We observed staff interacting with patients during our visit. They were kind, respectful and engaging and had good knowledge of each patient. They were responsive to patient's needs, provided help, and emotional support.
- There was evidence in patients' records that staff had supported patients to understand their treatment, care and condition.
- One of the patients we spoke to informally told us that they liked the staff and that they cared about the patients.
- At the time of our inspection, we observed staff interacting with a patient to inform them that they would be moving to a different hospital. They were sensitive to the fact that this patient may find this disruptive and handled this in a sensitive way. They were responsive to the patient's questions and worked to reduce anxiety.
- We found that a bank member of staff had independently engaged a patient in a way that was not beneficial to them in order to attempt to manage some of their behaviours. This was picked up by ward management and stopped immediately. In order that staff understood why such interventions should not be attempted, all staff were spoken to by senior staff. This had ensured that such interventions were not attempted going forward.

Are services responsive to people's needs?

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

Our findings

We did not look at anything that was relevant to this domain during our inspection.

Are services well-led?

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

Leadership, morale and staff engagement

- We noted that staff were motivated and engaged with their roles. We found that morale among staff appeared to be good. Staff we spoke to stated that they were aware that the unit was due to be closing and, though they were disappointed, they were supported by senior staff in the unit and that the closure was being handled well.
- We spoke to several members of the senior leadership team for the ward who were well informed of the challenges that staff faced day to day. They were able to brief us about several incidents that had occurred on the ward and could break down what the action plans were in place to ensure that patients and staff were kept safe and that errors would not re-occur.