Good

Rotherham Doncaster and South Humber 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)
RXE00	Trust Headquarters – Doncaster	Bungalow 2	DN4 8QN

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber 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 Rotherham Doncaster and South Humber Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber 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 people with learning disabilities at Bungalow 2 as good because

The ward was clean and tidy. Durable material covered walls and surfaces making them safer for the patient.

Staff were skilled and trained in safeguarding.

Care records were up to date, there were comprehensive care plans in place.

Due to the specific needs of the patient, there had been three independent assessments of the patient. This was to look at their treatment pathway and suggest interventions.

The ward had significant staffing issues following the unavailability of some staff following a safeguarding incident in February of this year. This however had been temporarily resolved and some senior staff had been brought in to ensure support, consistency and oversight of the service.

Government policy and the department of health's document 'positive and proactive care' endorsed positive behaviour support. Key staff had attended training to facilitate this approach and further 'train the trainer' training was planned for September 2015.

However

- Incidents of restraint in this area were the highest in the trust between 01 November 2014 and 30 April 2015 272 incidents were recorded. The provider and ward staff were aware of this and were working hard to reduce this amount.
- Whilst staff supervision figures showed a steady rise, they were below the trusts expected target.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The ward was clean and tidy and free from odours
- There was a fully equipped clinic room with an accessible (AED) machine and emergency grab bag which staff checked and recorded weekly.
- The unit had recently installed a soft durable covering to all walls and floors to minimise the severe self-harm that this patient exhibited.
- There was a comprehensive rapid tranquilisation care plan in place.
- Staff were all trained in safeguarding children and adults and they knew how to raise a safeguarding alert and what would be considered as a safeguarding issue.
- There were good medicines management practices and the clinic area was clean and tidy.

However

- Incidents of restraint in this area were the highest in the trust between 01 November 2014 and 30 April 2015 272 incidents were recorded. The provider and ward staff were aware of this and were working hard to reduce this amount.
- Mandatory training fell below the 90% target in two areas, these were fire and safety and resuscitation.

Are services effective?

Good

We rated effective as good because

- This unit was a bespoke care package tailored to the specific needs of the patient.There were comprehensive care plans in place.
- Care records were up to date and care was reviewed at weekly ward rounds.
- Due to the specific needs of the patient, there had been three independent assessments of the patient.This was to look at the treatment pathway and suggest interventions.The unit team had weekly case conferences with the other consultants to review the care.
- The ward offered a full range of disciplines needed for the patient's care.Input was noted at ward round by two psychiatrists, a nurse from the ward, a mental health advocate and occupational therapist and psychologist.
- All staff had a current appraisal.

Summary of findings

- Positive behaviour support was embedded in Government policy and was at the heart of department of health document 'positive and proactive care'. Key staff had been trained to facilitate this training and further 'train the trainer' training was starting in September 2015.
- Mental Health Act training was mandatory for staff. Ninety percent of staff had received training within this unit.
- Staff had a good understanding of the Mental Health Act.

However

- Whilst staff supervision figures showed a steady rise, they were below the trust's expected target.

Are services caring?

Good

We rated caring as good because:

- We observed genuine caring interactions between staff and the patient during the inspection.
- Staff knew the patient well and were able to communicate with them through an augmented form of communication called "intensively interacting".
- The staff made attempts to engage the patient in their care.They had developed communication skills and were working towards developing their communication passport further.
- The patient had access to advocacy services and they attended the ward round.

Are services responsive to people's needs?

Good

We rate responsive as good because:

- The unit had recently installed a soft durable covering to all walls and floors to minimise the severe self-harm that they exhibited
- Interpretation services were available. However, the parents preferred to use another member of the extended family to interpret.
- There had been no recorded complaints in the last 12 months.

Are services well-led?

Good

We rated well-led as good because:

- All staff had an appraisal which reflected the team and the trust's values and organisational objectives.

Summary of findings

- The ward had significant staffing issues following the unavailability of some staff following a safeguarding incident. However, the trust had brought in some senior staff as a temporary measure to ensure support, consistency and oversight of the service.
- Staff were able to tell us about learning from incidents. One initiative was that the service now had a more structured and comprehensive de-brief following each shift.
- We found that the staff were fragile following the ongoing serious incident, the ward manager and some new staff were giving stability to the team.Morale was reported as “getting better” following a difficult time.

Summary of findings

Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust provided a number of services across Rotherham, Doncaster, North and North-East Lincolnshire and Manchester. These include community services, mental health, learning disabilities, drug and alcohol services. The trust have services for adults, older persons and children and young people

Bungalow 2 is a ward environment for one patient with learning disabilities. This unit was a bespoke care package tailored to the specific needs of the patient.

There had been one serious safeguarding incident in the last six months recorded in February 2015. All investigations and actions regarding the allegation have now been completed.

Our inspection team

Our inspection team was led by:

Chair: Phil Confue, chief executive, Cornwall Partnerships NHS Foundation Trust

Head of Hospital Inspection: Jenny Wilkes, Care Quality Commission

Team Leaders: Jonathan Hepworth (mental health), Care Quality Commission

Cathy Winn (community health services), Care Quality Commission

Caroline Mitchell (adult social care), Care Quality Commission

The service was inspected by an inspection manager and one specialist advisor both with a background in learning disabilities.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited the ward and observed how staff were caring for the patient.
- Spoke with the managers and acting managers for the ward.
- Spoke with eight staff members; including the responsible clinician, advocate and occupational therapist.
- Spoke to one carer
- Attended and observed one hand-over meetings, one multi-disciplinary meetings and one de-brief following a shift.
- Looked at the treatment record of the patient.

Summary of findings

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

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that clinical supervision occurs as per trust policy.
- The provider should ensure that mandatory training reached the trust's target of 90% in all areas

Rotherham Doncaster and South Humber 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
Bungalow 2	Trust Headquarters – Doncaster

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.

- Mental Health Act training was mandatory for staff and 90% of staff were trained in this unit.
- Staff had a good understanding of the Mental Health Act.
- The patient was detained under section 3 of the Mental Health Act.
- The patient was managed under a long term segregation care plan and this was subject to the reviews as per the trust policy.
- A T3 was present attached to their medication card.
- Section 132 rights were being read regularly and it was noted that they lacked capacity to understand.
- A section 62 for emergency medication was present in their notes
- Section 17 leave forms were signed and dated and older forms were struck through when not in use.
- Administrative support and document scrutiny was reported by staff to be good by the Mental Health Act administrator.
- Detention paperwork that we viewed was up to date and stored appropriately.
- The patient had access to the Independent Mental Health Act advocate.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- 100% of staff were trained in the Mental Capacity Act.
- Best interest meetings were held and recorded.
- Consideration was given to the Mental Capacity Act to ensure that the least restrictive option was considered.
- Staff were aware of the deprivation of liberties and safeguards

Good

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 allowed staff to observe all parts of the ward. The patient was observed on a five to one staffing ratio and was never left alone. The ward was clean and tidy and free from odours.

There was a fully equipped clinic room with an accessible automated external defibrillator machine and emergency grab bag which staff checked and recorded weekly. The fridge temperature and the room temperature were monitored daily and the clinic room was clean and tidy. The controlled drug key was kept secure as per local policy.

The bungalow did not have a seclusion facility, but due to the nature of the patient living in the unit their care was treated as long term segregation.

The Mental Health Act code of practice (CoP) 2015 defines long-term segregation as. "long-term segregation refers to a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determine that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis. In such cases, it should have been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment. The clinical judgement is that: If the patient were allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of harm over a prolonged period of time." All safeguards were in place to monitor this treatment pathway. Long term segregation should only be considered when all other forms of treatment and management have been considered as ineffective or inappropriate. For example, behavioural management plans including those to tackle incidents of violence and aggression, rapid tranquilisation and seclusion, it is in the best interests of the patient, it is proportionate to the likelihood and seriousness of the harm threatened and there is no less restrictive alternative.

The unit had recently installed a soft durable covering to all walls and floors to minimise the severe self-harm that this patient exhibited. This covering was strong enough to withstand the patient's sometimes destructive behaviour but still comply with infection control. The bedroom had an en-suite facility, however there were temporary coverings on the walls in this area as the service were still trying to source a material that would be waterproof, this was the same in the dining area.

Safe staffing

The service had some vacancies,

Establishment levels: qualified nurses (WTE) 5.6

Establishment levels: nursing assistants (WTE) 20

Number of vacancies: qualified nurses (WTE) 2

Number of vacancies: nursing assistants (WTE) 8

The number of shifts* filled by bank or agency staff to cover sickness, absence or vacancies in 3 month period 0

The number of shifts* that have **NOT** been filled by bank or agency staff where there is sickness, absence or vacancies in 3 month period 0

Staff sickness rate (%) in 12 month period 6

Staffing was set on the unit at five staff during the day (two qualified and three unqualified) and four at night (one qualified and three unqualified). The ward manager was clear that should this nursing need change she had sufficient authority to increase this establishment. This minimum staffing level was set to enable four staff to undertake safeholds if required and a further member of staff to do medication and or summon assistance. The patient had been identified at lower risk during sleeping hours hence the reduction in one staff member.

There were a number of vacancies on the ward due to an on-going safeguarding/serious incident inquiry. However, staffing had been supplemented on the unit by a

Good

Are services safe?

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

temporary closure of another unit within the same site. Active recruitment was on-going to allow the other unit's staff to return and have substantive staff within Bungalow 2 who were familiar with the patient. Bungalow 2 had no shifts covered by bank and agency staff.

Due to short staffing, compliance to mandatory training had previously been low. However this had been addressed and figures were Mental Capacity Act 100%, Mental Health Act 90%, prevent level one and two 100%, equality and diversity 90%, fire and safety 87%, health and safety 97%, hand hygiene 100%, infection control 90%, information governance 97%, resuscitation 67%, safeguarding level one 100%, safeguarding level two 90%, safeguarding children 100% and management of violence and aggression 97%. Fire and safety and resuscitation both fell below the trust target of 90% compliance.

Assessing and managing risk to patients and staff

Number of incidents of use of seclusion in last six months 0

Number of incidents of use of long-term segregation in last six months 1

patient with a bespoke care package was recorded as being in long term segregation

Number of incidents of use of restraint in last six months 272

Of those incidents of restraint, number of incidents of restraint that were in the prone position 32

Of the incidents of restraint which were in the prone position, the number which resulted in rapid tranquilisation 3

Incidents of restraint in this area were the highest in the trust. The provider and ward staff were aware of this and were working hard to reduce this amount. As this was a bespoke placement, this had been the presentation of the patient for some time and other professionals were involved in their care to look at alternatives.

Staff completed the FACE risk assessment which is the functional analysis of care environments on admission and this was updated regularly.

Staff rarely used rapid tranquilisation with only three recorded incidents in the last six months which were in the prone position. There was a comprehensive rapid tranquilisation care plan in place. The unit did not have a seclusion facility and managed aggression and violence by de-escalation, re-direction and enhanced staffing levels. Familiar staff were always used to work in this environment and bank and agency were never used to ensure consistency of approach.

When restraint was needed all staff were trained in the use of safeholds. There was a comprehensive restrictive physical intervention plan in place.

Staff were all trained in safeguarding children and adults and they knew how to raise a safeguarding alert and what would be considered as a safeguarding issue.

There were good medicines management practices and the clinic area was clean and tidy.

Due to the presentation of the patient children were not allowed to visit on the ward.

The ward had a local risk register as well as the ability to enter items onto the trust's overall risk register. The ward had one item on the risk register which was the serious safeguarding incident that remained on-going at the time of the inspection. This was rated as red which was the most concerning level and was in relation to concerns about the care and treatment of a patient. There was an action plan which had eight points showing monthly updates.

Track record on safety

There had been one serious safeguarding incident in the last six months recorded in February 2015. An allegation was made against a number of healthcare professionals within this unit regarding the care and treatment of the vulnerable patient. All investigations and actions regarding this matter have now been concluded.

Reporting incidents and learning from when things go wrong

All staff knew how and when to report an incident. These incidents were reported on IR1 forms.

Following the incident in February this year, The service now had a more structured and comprehensive de-brief following each shift. This specifically looked at what had worked well during the shift, what didn't, any new activities that the patient had participated in and any plans for future activities. This was undertaken by the nurse in charge of the shift and enabled staff to feel supported before the end of their shift. If there were any serious incidents then a further de-brief would be offered.

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

This unit was a bespoke care package tailored to the specific needs of the patient. There were comprehensive care plans in place, which included:

- A structured regime.
- Development of communication.
- As and when required medication.
- Physical health.
- Restrictive physical intervention plan.
- Establishing a daily regime.
- Support to access appointments.
- Maintenance of privacy and dignity.
- To ensure family share positive time together.
- Care records were up to date and care was reviewed at weekly ward rounds. Unqualified staff did not have access to the online patient electronic note system. We found that copies of all care plans and process notes for the unqualified staff were available in paper format and regularly updated.

Best practice in treatment and care

Due to the specific needs of the patient there had been three independent assessments of the patient's needs. This was to look at their treatment pathway and suggest interventions. The unit team had weekly tele-case conferences' with the other consultants to review the patient's care.

Weekly ward rounds also reviewed the patient's physical health care, family involvement, mental health care plan, challenging behaviour and cultural needs. The patient had also been assessed by the improving lives team. The Improving Lives team was formed by NHS England to support the work of the Winterbourne View joint improvement programme. The team was providing an extra layer of checking and support to help ensure that people with learning disabilities are safe, living in places that are right for them and with the right level of support.

Staff were able to offer a diet that was appropriate for the patient's cultural needs as well as nutritional. Family were also involved with the care and often brought cultural food to the unit for the patient.

Staff actively participated in audits, and these included the nursing process audit, emergency equipment and do not resuscitate audit.

Skilled staff to deliver care

The ward offered a full range of disciplines needs for the patient's care. Two psychiatrists, a nurse from the ward, a mental health advocate an occupational therapist and psychologist all contributed to ward rounds

Staff had attended training to work specifically with this patient and had experience in working with people with learning disabilities and challenging behaviour.

All staff received an induction to the trust and also to the ward area.

Staff supervision had been recorded by the ward since April 2015. The ward manager only came into post some months ago and recognised that supervision was an area that needed addressing. Supervision figures had steadily improved month on month, these were April 2015 13%, May 42%, June 28% and August 71%. All staff had a current appraisal.

Government policy and the department of health's document 'positive and proactive care' endorsed positive behaviour support. Key staff had attended training to facilitate this approach and further 'train the trainer' training was planned for September 2015.

There was currently a number of staff unavailable for work due to an on-going serious incident. Senior managers and human resources (HR) were overseeing this process.

Multi-disciplinary and inter-agency team work

Two psychiatrists, a nurse from the ward, a mental health advocate, occupational therapist and psychologist contributed in ward wards. Input could be requested from the speech and language therapist and physiotherapists when required.

We observed a handover between shifts and also a de-brief meeting that occurred after every shift.

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.

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

- Mental Health Act training was mandatory for staff and 90% of staff were trained in this unit.
- Staff had a good understanding of the Mental Health Act.
- The patient was detained under section 3 of the Mental Health Act.
- The patient was managed under a long term segregation care plan and this was subject to the reviews as per the trust policy.
- A T3 was present attached to their medication card.
- Section 132 rights were being read regularly and it was noted that they lacked capacity to understand.
- A section 62 for emergency medication was present in their notes
- Section 17 leave forms were signed and dated and older forms were struck through when not in use.
- Administrative support and document scrutiny was reported by staff to be good by the Mental Health Act administrator.
- Detention paperwork that we viewed was up to date and stored appropriately.
- The patient had access to the Independent Mental Health Act advocate.

Good practice in applying the Mental Capacity Act

- 100% of staff were trained in the Mental Capacity Act.
- Best interest meetings were held and recorded.
- Consideration was given to the Mental Capacity Act to ensure that the least restrictive option was considered.
- Staff were aware of the deprivation of liberties and safeguards

Good

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 genuine caring interactions between staff and the patient during the inspection. We found that staff spoke to the patient in a kind and respectful manner.

Staff knew the patient well and were able to communicate with them through an augmented form of communication called "intensively interacting". This is a method of copying the sounds and noises to encourage communication.

We were limited to the amount of time we could spend in the room with the patient as staff informed us that high stimulus environments could lead to aggressive behaviour. However, we did observe one activity where the patient was encouraged to roll and throw balls into a basket. Staff explained to us, that they had found short 15 minute activities, with quiet periods in between, worked better for the patient. The staff team had also developed a structured day that involved setting up activities and meal times when they were not in the room and then moving the patient to the activity, this helped the patient to understand when things had changed and the difference between daytime and night time.

The involvement of people in the care that they receive

The staff made attempts to engage the patient in their care. They had developed communication skills with them and were working towards developing their communication passport further.

The patient had access to advocacy services and they supported the patient and attended their ward round.

Parents were involved in the care and treatment of the patient and we were able to speak to them during our visit. They were understandingly upset about the on-going safeguarding incident and felt like they had lost confidence in this service at that time. They stated that previous staff did not manage the patient properly and made their relatives behaviour worse. They feel that care had been better since the incident had taken place.

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

As this is a bespoke long term placement this section is not applicable.

The facilities promote recovery, comfort, dignity and confidentiality

There were a full range of rooms available within the unit. There was a bedroom with an ensuite facility. There was a large uncluttered day area, which had a large beanbag in it where the patient could relax. There was a dining room with weighted chairs and tables; there was also a low stimulus room.

The unit had recently installed a soft durable covering to all walls and floors to minimise the severe self-harm that they exhibited. This covering was strong enough to withstand this sometimes destructive behaviour but still comply with infection control.

All activities were tailored to the patient and food and drink were offered regularly throughout the day to ensure hydration and nutrition.

Meeting the needs of all people who use the service

There were many adaptions made to the environment and this was to ensure it was appropriate for the patient.

Interpretation services were available. However, the parents preferred to use another member of the extended family to interpret.

The ward staff attended to the patient's cultural dietary needs and also access to spiritual support

Listening to and learning from concerns and complaints

Staff were aware of the complaints process and how and when they would need to raise them.

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 and were able to describe the trusts values, we also found copies of these on the wall in the staff room.

All staff had an appraisal which reflected the team and the trust's values and organisational objectives.

Since the serious incident in February 2015, there had been a higher presence in the clinical area from senior managers. The trust had also placed a interim ward manager onto this ward, which had increased the stability of the staff team.

Good governance

Staff had received mandatory training.

All staff had received an appraisal. Supervision figures were on an upward trajectory; in August they were at 71%.

The ward had significant staffing issues following the unavailability of some staff following the serious incident. This had been temporarily resolved and some senior staff had been brought in to ensure support, consistency and oversight of the service.

Staff were able to tell us about learning from incidents, One initiative was that the service now had a more structured and comprehensive de-brief following each shift to allow staff to discuss what has worked well and what hadn't. Staff knew about safeguarding procedures. The safeguarding team from the trust also attend the ward to discuss safeguarding. Staff were reminded weekly about safeguarding and this is an agenda item on their monthly 1:1 discussions.

The business division had a local risk register that the ward was able to enter items onto as well as the ability to enter items onto the trust overall risk register. The ward had one item on the risk register which was the serious safeguarding incident that was still on-going. All investigations and actions regarding this matter have now been concluded.This was rated as red which was the most concerning level and was safeguarding around concerns about the care and treatment of a patient. There was an action plan which had eight points showing monthly updates

Leadership, morale and staff engagement

The learning disabilities service had a sickness level of 6%, 10 whole time equivalent vacancies and had three substantive leavers in the last 12 months.

Staff knew a about the whistleblowing policy and all stated that they would feel able to raise issues if they arose.

We found that the staff were fragile following the on-going serious incident, the ward manager and some new staff were giving stability to the team. Morale was reported as "getting better" following a difficult time.

Commitment to quality improvement and innovation

The ward did not currently participate in any national programmes, however they were working closely with two other trusts on the treatment programme of the patient to ensure best practice.