

Good

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)
TAJ11	Heath Lane Hospital	Penrose House	B71 2BG
TAJ54	Ridge Hill LD	Acute/short stay	DY8 5ST
TAJ55	Orchard Hills	Daisy Bank	WS5 3DY
TAJ20	Hallam Street Hospital	The Larches	B71 4NH
TAJ53	Pond Lane	Pond Lane	WV2 1HG

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

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?

Requires improvement



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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14
Action we have told the provider to take	27

Summary of findings

Overall summary

We rated wards for people with a learning disability and/or autism as good because:

- Care and treatment was delivered in a person centred, kind, respectful and considerate way.
- Care Programme Approach and ward reviews were carried out in a timely manner.
- Patients told us they felt safe and were satisfied with the care they received.
- There were care plans and risk assessments in place for patients.
- Staff managed patient behaviours effectively and only used medication when they needed to.
- Arrangements for medication management kept patients safe.
- There were robust systems in place to record incidents and learning from incidents was routinely shared.
- Patients had regular contact with a range of health professionals to promote their physical health and well-being.
- Different professions worked effectively together to assess the needs of patients and to support patients' care and treatment.
- The use of the Mental Health Act was good across the service. The documentation we reviewed in detained patients' files was mostly up to date and could be accessed easily.
- Staff received regular supervision and an annual appraisal.
- Patients and their relatives told us that staff treated them with kindness, dignity and respect.
- There was an active chaplaincy service which supported patients with their spiritual needs.
- Patients took part in regular therapeutic and leisure activities.
- Cultural diets and needs were catered for.
- Staff told us they felt valued and supported by the Trust and felt confident they could report their concerns.

- Morale amongst staff we spoke with was generally good and staff were clear about their roles and responsibilities.
- Local leadership was available and supportive to staff.

However:

- There was no reasonable assurance or plan to mitigate the risks of ligature points. Ligature cutters were not accessible at Orchard Hills and Pond Lane.
- There was no risk assessment for a patient at risk of self-harm.
- Staff at Orchard Hills did not follow the search policy to ensure the risks to patients' safety were balanced with their rights and preferences.
- The emergency bag was not accessible to all staff at Orchard Hills.
- Orchard Hills did not comply with the guidance on same sex accommodation.
- Safe food storage was not always practiced at Orchard Hills.
- The systems that managed patient information did not always support staff to deliver effective care and treatment.
- Staff did not always receive the specialist training for their role to ensure they knew how to meet the needs of all patients.
- Staff knowledge of the MHA and MCA varied across the service.
- Records did not reflect that patients or their relatives had been involved in developing their care plans or had been given a copy, though most people told us they had been involved.
- Some ward areas were not accessible to patients with mobility needs.
- There were delayed discharges.

Summary of findings

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

Are services safe?

We rated safe as **requires improvement** because:

- There was no reasonable assurance or plan to mitigate the risks of ligature points identified at Orchard Hills and Pond Lane.
- Ligature cutters were not accessible at Orchard Hills and Pond Lane.
- There was no risk assessment for a patient at risk of self-harm.
- Staff at Orchard Hills did not follow the search policy to ensure the risks to patients' safety were balanced with their rights and preferences.
- The emergency bag was not accessible to all staff at Orchard Hills.
- Orchard Hills did not comply with the guidance on same sex accommodation.
- Safe food storage was not always practiced at Orchard Hills.

However:

- On other wards, action was taken to reduce the risks of ligature points identified
- Patients said that they felt safe and staff knew how to protect patients from harm.
- Ward areas were clean and well maintained. Staffing levels were safe and ward managers were able to request additional staff when they needed to. Staff vacancies were actively being addressed and recruited to.
- Most patients had individual risk assessments in order to keep patients and staff safe.
- Staff received training in managing potential or actual aggression and restraint was only used when de-escalation techniques had failed.
- Staff understood the process to safeguard adults and systems were in place to learn lessons when mistakes had been made.
- Clinic rooms were organised and equipment regularly checked to ensure it was safe.
- Patients received their medicines as prescribed and medicines were safely stored.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Patients were assessed and treated in a timely manner.

Good



Summary of findings

- In line with the Mental Health Act Code of Practice (2015) and NICE guidelines, patients received physical health checks and medical attention to promote their well-being. Each patient had a physical health and well being assessment completed on their admission. Patients had access to community health services when they needed them.
- Care Programme Approach (CPA) reviews were routinely held in order to collect and monitor patient outcomes.
- Best practice and NICE guidance was used and disseminated to all staff to ensure they were aware of it.
- Staff received regular supervision and an annual appraisal.
- The service contained a mix of staff from different grades and professions.
- The multi – disciplinary team worked well together to plan and deliver patient care.
- A yearly audit programme was in place and clinical staff participated actively in clinical audit.
- The MHA documentation we reviewed in detained patients' files was mostly up to date and could be accessed easily.
- We saw detailed assessments of capacity and consent at Orchard Hills and Ridge Hill which were decision and time specific.

However:

- The systems that managed patient information (paper files) did not always support staff to deliver effective care and treatment. The system was difficult for staff to navigate and they could not always easily find information when they needed it.
- Staff did not always receive the specialist training for their role to ensure they knew how to meet the needs of all patients.
- Staff knowledge of the MHA and MCA varied across the service. Training was not delivered regularly to staff to keep them updated about how the legislation affected the patients they cared for.
- Some staff were not aware of how the changes to the MHA code of practice affected people with a learning disability.

Are services caring?

We rated caring as **good** because:

- Patients told us that staff were caring and provided them with good care.
- Patients told us that their individual needs were catered for and that staff showed them respect.

Good



Summary of findings

- During the inspection we observed kind, considerate and positive interactions between most staff and patients. We observed that patients were treated with kindness, dignity and respect.
- Most staff demonstrated that they had a good understanding of their individual patients and their specific needs, likes and dislikes.
- Most patients knew that they had a care plan and said they had been involved in developing it.
- Relatives spoke highly of staff.

However:

- We saw little recorded evidence of patient views.
- Care plans were not always shared with patients and their relatives.
- At Orchard Hills we observed that staff were not all engaged with patients in a friendly and compassionate way.

Are services responsive to people's needs?

We rated responsive as **good** because:

- We found good evidence of discharge planning at Pond Lane and Orchard Hills.
- We saw notices informing patients how to complain and how to access an advocate. Information was provided in an accessible format.
- Patients told us that they felt listened to and were confident that if they had a complaint it would be acted upon.
- The facilities and premises were generally appropriate for the services that were being delivered. Equipment such as hoists and adapted baths were available for patients with additional mobility needs.
- Patients had privacy to see visitors in their bedrooms if they preferred and they could make telephone calls in private if they wanted to. Patients received a timely and compassionate response to their needs and requests.
- Patients took part in regular therapeutic and leisure activities.
- Cultural diets and needs were catered for.

However:

- One of the shower rooms was not accessible to patients with mobility needs at Orchard Hills.
- The garden at Penrose House was not accessible for patients with mobility needs.

Good



Summary of findings

- There were delayed discharges but this due to the lack of availability of local suitable provision and was out of the control of the Trust.

Are services well-led?

We rated well-led as **good** because:

- Staff told us that they were clear about their role in delivering the strategy of the service.
- Staff were happy in their roles and positive about their managers.
- Managers were visible on the wards and most demonstrated the skills, knowledge and experience to lead their service effectively.
- There was evidence that most staff thought that Trust initiatives such as “band days” and “It’s all about you” would lead to change.
- Managers said they had both the support and autonomy to do their jobs effectively and were confident they could raise issues of concern with senior colleagues.
- Managers proactively attempted to engage staff in regular briefings and meetings.
- Staff said they felt confident to raise concerns to senior colleagues or to use the whistleblowing procedure and felt their concerns would be taken seriously.
- Audits were completed which led to service improvement.

However:

- Staff at Orchard Hills did not feel part of the trust.

Good



Summary of findings

Information about the service

The Black Country Partnership NHS Foundation Trust wards for people with a learning disability and autism provided assessment and treatment across Sandwell, Dudley, Walsall and Wolverhampton. The wards were mixed gender.

The service also provided a short stay and reintegration service at Ridge Hill; however, the reintegration service had not been used for two years.

A forensic step down service for men was provided at The Larches and there were plans for a forensic service for women at Newton House Pines.

The service is provided across five hospital sites:

- Penrose House – 10 beds

- Orchard Hills (also known as Daisy Bank) – eight beds
- Pond Lane - five beds
- Ridge Hill - nine beds (five for assessment and treatment, two for short stay and two beds for reintegrating people back to the Dudley area).
- The Larches - 14 beds (Newton House Pines and Suttons Drive in Walsall had merged to form this new service two weeks before our inspection.)
- Newton House Pines - four beds (closed for refurbishment.)

The wards in this core service have been inspected by CQC 13 times since October 2011. CQC found that the essential standards of quality and safety that were reviewed at the most recent inspections were met.

Our inspection team

The comprehensive inspection of the Black Country Partnership NHS Foundation Trust was led by:

Chair: Dr Oliver Shanley, Deputy Chief Executive Officer, Hertfordshire Partnership University NHS Foundation Trust.

Head of Inspection: James Mullins, Head of Hospital inspections, CQC.

Team Leader: Kenrick Jackson, Inspection Manager, CQC.

The team that inspected the wards for people with a learning disability and autism in the trust were made up of two CQC inspectors, an expert by experience and their support worker, a specialist advisor who was a nurse, a specialist advisor who was a social worker and a Mental Health Act reviewer. A consultant psychiatrist joined the team for one day of the inspection.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

Summary of findings

- visited five wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- spoke with ten patients who were using the service and six of their relatives.
- spoke with the managers or acting managers for each of the wards.
- spoke with 19 other staff members; including doctors, nurses, occupational therapists and speech and language therapists.
- attended and observed one hand-over meeting, one multi-disciplinary meeting and one community patients meeting.

- looked at 27 treatment records of patients.
- carried out a specific check of the medication management on all wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.

The team would like to thank all those who met and spoke to the CQC team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the Trust.

What people who use the provider's services say

Patients and their relatives told us that they were satisfied with the care and treatment they received from the service. They told us that all staff were good and they could not ask for better care. They said that staff listened to them and treated them with kindness, dignity and respect.

Patients told us they knew how to make a complaint and felt confident that if they did complain, it would be taken seriously.

Patients and their relatives told us their wards were well kept and that cleaning was carried out regularly.

During our inspection, we received a lot of positive feedback from patients and their relatives about the staff and the care that was provided.

Good practice

Each patient had a person centred physical intervention protocol. These included de-escalation techniques to follow first and then staff should offer any medicines prescribed to the patient to be used as required. As a last resort the Management of Actual or Potential Aggression techniques would be used whilst the patient was standing or walking.

Patients who were previously at Newton House Pines (now at The Larches) put together a 'Dragons Den'

proposal to the Trust for a new garden/allotment project. They were awarded funding by the Trust and also used support from a local supermarket and participated in fundraising. This project had continued as The Larches is on the same hospital site. We saw and patients told us that they had planning meetings to decide how to progress the project.

Areas for improvement

Action the provider MUST take to improve

Black Country Partnership NHS Foundation Trust wards for people with a learning disability and/or autism MUST improve in the following areas:

- The Trust MUST ensure action is taken to mitigate against all ligature risks identified and that ligature cutters are always accessible to all staff.

Summary of findings

- The Trust **MUST** ensure the risk to patient health and safety is assessed and all staff are aware of the action needed to mitigate these.
- The Trust **MUST** ensure emergency bags on all wards are accessible to all staff.
- The Trust **MUST** ensure all wards comply with the guidance on same sex accommodation.

Action the provider SHOULD take to improve

Black Country Partnership NHS Foundation Trust wards for people with a learning disability and/or autism **SHOULD** improve in the following areas:

- The Trust **SHOULD** ensure safe food storage is practiced on all wards.
- The Trust **SHOULD** ensure all staff are aware of and follow the search policy to ensure that risk assessments balance patients' needs and safety with their rights and preferences.
- The Trust **SHOULD** ensure the systems that manage patient information support staff to deliver effective care and treatment.
- The Trust **SHOULD** ensure all staff receive the specialist training for their role to ensure they know how to meet the needs of all patients.
- The Trust **SHOULD** ensure staff have updated knowledge of the Mental Health Act and the Mental Capacity Act.
- The Trust **SHOULD** ensure patient views are recorded and care plans shared with patients and their relatives, where appropriate.
- The Trust **SHOULD** ensure all staff engage with patients in a friendly and compassionate way.
- The Trust **SHOULD** ensure all wards and their gardens are accessible to patients with mobility needs.

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
Penrose House	Heath Lane Hospital
Ridge Hill	Ridge Hill LD
Orchard Hills (Daisy Bank)	Orchard Hills
The Larches	Hallam Street Hospital
Pond Lane	Pond Lane

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.

- Detention papers and Approved Mental Health Practitioner reports were available in all wards and completed correctly.
- Patients detained under the MHA had their rights discussed with them. Information was provided using pictures making it easier to understand.
- The rights of one patient who was not detained under the MHA (informal) had been discussed with them but

the details of this were not recorded. Information in an easy to read format for informal patients on their rights and the reasons why the ward door was locked were not available.

- There were either no details or only basic details recorded of the discussion or the assessment of capacity to consent to treatment at The Larches. However, at Orchard Hills and Ridge Hill there were detailed assessments seen in patient's records.
- Managers Hearings and Tribunals were completed at appropriate intervals. Reports and outcomes were available on all files seen. Patients were represented by a solicitor or an advocate.

Detailed findings

- There was evidence of Independent Mental Health Advocate referral and involvement.
- Section 17 leave forms were detailed, only authorised for a maximum of one month and old copies were

struck through. There was no evidence that the patient or other relevant people were given a copy or that staff noted that the patient did not want a copy or did not understand.

- Some staff had limited understanding of how the Code of Practice affected people who have a learning disability.

Mental Capacity Act and Deprivation of Liberty Safeguards

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.

- There were detailed assessments of patients' mental capacity, using the Trust's template, at Orchard Hills and Ridge Hill.
- There was good IMCA support.

- Referrals to the local authority for DoLS were completed in a timely manner. Staff reported delays in receiving the outcome of the Best Interests Assessment, due to a backlog within the local authority. Staff asked Best Interests Assessors to put an entry in the progress notes to ensure this was recorded. We saw this had been done however, it was not easily accessible.

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 layouts mostly allowed staff to observe all parts of the ward. Where there were blind spots these were mitigated by staff being present in areas to observe patients depending on risk assessments. However, at Orchard Hills one patient would at times block the observation panel in their bedroom and their risk assessment did not detail how this risk would be mitigated.
- Ligature points on all wards were risk assessed. Where these were identified at three wards the risk was adequately mitigated. For example, at Penrose House the shower room in the female bedroom area had been refurbished and anti – ligature furniture installed. The bathroom remained a ligature risk. However, all staff were aware that patients could only use the bathroom based on their individual risk assessment and supervised by staff as required. The bathroom was kept locked. At The Larches, the ligature risk assessment had been completed as part of the new build and anti-ligature furniture provided. Window openers were assessed as a ligature risk at Ridge Hill but there were plans to reduce these. However, at Orchard Hills a ligature risk assessment had been completed but action had not been taken to mitigate all risks. For example, it was identified on 12 October 2015 that soap and towel dispensers needed to be changed to ligature free but this had not been done at the time of our inspection. There were two ligature cutters, one in a locked cupboard that was only accessible to registered nurses and the other in the emergency bag. However, staff struggled to find this when asked and other staff were not aware it was there. At Pond Lane all bedrooms, bathrooms and lounges had ligature points. There are plans to close the unit in April/May 2016 so there had been no investment in removing ligature risks. Risk assessments stated that risk would be managed for individuals but we did not see evidence of this in the risk assessments we looked at. Ligature cutters were difficult to access as they were at the bottom of the emergency bag and staff did not know where they were.
- All wards but Orchard Hills complied with NHS guidance for mixed sex accommodation. There were designated male / female areas on the mixed gender wards with shared unisex toilet and bathroom in these designated areas. Clear bathroom / toilet signage was in place on all wards. Patients could mix together in communal areas if they wished. However, at Orchard Hills we observed that patients moved freely from the female to the male toilets, bathrooms and bedroom areas and vice versa. This could pose a risk to patient safety but staff were not aware of these and how to reduce them.
- On each ward there was a fully equipped clinic room with accessible emergency equipment and medication that were checked regularly. However, the emergency bag at Orchard Hills was not easily accessible as only qualified nurses had the key to the clinic room where it was stored. At The Larches we saw a booklet, which included pictures and photographs, so it was clear for all staff what was in the emergency bag and where and what each piece of equipment was used for.
- Patients and their relatives told us that standards of cleanliness were good. There was a plentiful supply of cleaning material in designated locked areas. Hand washing procedure signs were visible. Hand gel was available. All ward areas were clean, had good furnishings and were well-maintained. There was active cleaning taking place on the wards during our inspection. Cleaning records were up to date and demonstrated that the environment was regularly cleaned. Cleaning labels were dated and attached to equipment that might be used by different patients in clinic rooms. Toilets appeared clean and all wards had full toilet paper, soap and hand drying facilities.
- We looked at patient-led assessments of the care environment scores and found that for condition, appearance and maintenance at Penrose House was 86% and for cleanliness was 99% in 2015.
- Staff adhered to infection control principles including hand washing. We saw that the modern matron did spot checks on each ward that was recorded. This included looking at the infection control processes to ensure they were safe and the risk of infection was reduced.

Are services safe?

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- Equipment was maintained and serviced appropriately. Dates of servicing were clearly visible and were in date. However, in the kitchen at Orchard Hills the fridge temperatures had not been checked regularly to ensure that food was stored within a safe range. Food had been labelled when dated but we found that some of the jars were out of date.
- Environmental risk assessments were undertaken regularly and action was taken to reduce risks in line with trust policy.
- All staff had access to alarms to use to summon help from other staff when needed. These were checked regularly to ensure they worked.
- There was adequate medical cover day and night. A doctor could attend each of the wards quickly in an emergency.
- Training records showed that some staff had not received the mandatory training relevant to their role, including: safeguarding children and adults; fire safety; health and safety; basic life support; moving and handling; infection control; information governance; and management of actual or potential violence. The annual mandatory training information provided by the trust showed that at Penrose House 72% of staff had received the annual mandatory training, 68% received moving and handling practical training, 24% received safeguarding adults level 2 and 8% received training in safeguarding adult's level 3. At Orchard Hills 74% received annual mandatory training, 18% safeguarding adult's level 2, 27% safeguarding adult's level 3 and 55% safeguarding children level 3. At Pond Lane 73% had received moving and handling practical, 36% safeguarding adult's level 2 and 36% safeguarding adult's level 3. Over 75% of staff had received training at these locations in immediate life support and Management of Actual or Potential Aggression. We did not have this information for the other locations in this core service. These figures were below the trust percentage for compliance of 95%. However, we saw that this was being addressed and staff were booked to attend the training they needed.

Safe staffing

- Safe staffing levels are set using professional judgement by senior nurses and managers in collaboration with the ward manager based on acuity of the patient. This is supported by a local monthly safer staffing report and 6 monthly establishment reviews.
- The number of nurses matched the establishment number on all shifts. Ward managers were in addition to the number of nurses on each ward.
- There was appropriate use of agency and bank nurses. At Ridge Hill from 1 August to 31 October 2015 bank and agency staff covered 306 shifts. There were 15 shifts during this period that could not be filled when required. When agency and bank nurses were used these nurses were familiar with the ward. At Penrose House the manager told us that regular bank staff were given supervision and support to ensure consistency and safe care for the patients.
- The ward manager was able to adjust staffing levels daily to take account of case mix and the needs of patients. For example, at Penrose House we saw that staffing levels had been increased due to the number of staff needed to undertake observations for patients.
- A qualified nurse was present in communal areas of the wards at all times. On most wards there were enough staff so that patients could have regular 1:1 time with their named nurse. However, one patient at Orchard Hills told us that staff were always busy so not always available when they wanted to speak with them.
- On all wards we found that escorted leave or ward activities were rarely cancelled because there were too few staff.
- On all wards there were enough staff to safely carry out physical interventions.

Assessing and managing risks to patients and staff

- There were zero episodes of seclusion as seclusion was not used in this core service.
- Between January to June 2015 there were 83 recorded incidents of restraint in the service: 54 at Orchard Hills (involving 18 different patients), 16 at Pond Lane (involving eight different patients), 11 at Penrose House (involving seven different patients) and two at Ridge Hill (involving two different patients). None of these were in the prone position.
- Each patient had a person centred physical intervention protocol. These included de-escalation techniques to follow first and then staff should offer any medicines prescribed to the patient to be used as required. As a last resort the Management of Actual or Potential Aggression (MAPA) techniques would be used whilst the patient was standing or walking. The protocol included the physical health risks of the patient and how often their as required medicines were prescribed. Records

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showed that most restraints recorded were using MAPA techniques to help the patient calm down when walking with them to another room or space to de-escalate their behaviours. We saw good examples of de-escalation in one patient's records at The Larches. The patient was threatening staff but their records showed that staff were aware of the patient's and their own body language and knew the distraction options for the individual. There had been 10 incidents recorded in the two weeks since patients had moved from two units to The Larches. Only two of these incidents had resulted in restraint. In one patient's records at Ridge Hill we saw good evidence of engagement, distraction and staff support to deescalate the patient's behaviours.

- We examined 27 patients' care records. We saw that there were thorough risk assessments in all but one patient's records. However, these were not in one place and were sometimes in different formats. This meant that staff might not find all the patients risks in one place so they have a good knowledge of what these are. At Orchard Hills we saw in one patient's records that the patient was at risk of self harm and there had been incidents of this. Staff had not followed the risk assessment during these incidents. For example, the risk assessment stated that the patient's room must be clear of anything that they could use to harm themselves with and if the patient had an object to harm themselves with staff should use MAPA techniques, if necessary, to take it away from them. Records showed that staff gave the patient a perfume bottle when they asked, which the patient smashed, threatened to self harm with the glass and had sustained superficial cuts. During another incident the patient put glass in their mouth and declined to give it to staff. The staff member left the room to get other staff to assist and when they returned the patient had hidden glass in their room. Staff did not use MAPA techniques but found and removed the glass when the patient went to the toilet. Following these incidents the risk assessment had not been updated when reviewed. Only 10 of the 25 staff had signed to say they had read the risk assessment which meant that these staff might not have been aware of it. We saw that staff used inconsistent approaches when they supported the patient who had limited understanding of personal boundaries. There was not a risk assessment to help staff to know how to support the patient to reduce the risks of this.
- Staff used the Sainsbury risk assessment which is a recognised tool. At The Larches staff told us the Sainsbury tool was used initially on the patient's admission and from this the HCR – 20 (Historical Clinical Risk Management risk tool for the assessment and management of violence) was used which involved the patient and the multi-disciplinary team. Staff said that a pen picture (a brief summary of the patient's needs and risks) was developed which helped to ensure that all staff were clear on what each patient's risks were. Patient records showed that risks were assessed before the patient went on S17 leave. There was good evidence of the monitoring and recording of risk behaviours during escorted leave.
- Blanket restrictions were used only when justified. For example, patients could smoke in the garden when they wanted to, supported by staff if needed, depending on their risk assessment. However, this was restricted between the hours of 11pm and 7am to promote good sleep hygiene. Staff told us that if a patient was distressed or upset during the night an exception could be made to allow use of the smoking facilities.
- There were good policies and procedures for use of observation and searching patients. The manager at The Larches told us that the trust observation policy was reviewed in October 2015. This had been updated to ensure that patients on level 3 or 4 observations were reviewed by a doctor within 24 hours and within 72 hours if on level 2. This meant that patients were only observed closely if they were at risk and there was a clinical need for this to ensure their safety. Staff said as a result of the updated policy there had been better engagement between the staff observing and the patient during observations. Staff told us that they used the trust search policy when searching patients, their property or their rooms. They said they did not search patients unless there was a valid reason for example, a pass key was missing or they suspected a patient had a weapon. However, at Orchard Hills one patient's property and room were searched. There was no discussion with the patient recorded. Staff were not aware that this needed to be done in line with the trust policy and only if there was a risk to the patient.
- The use of rapid tranquilisation followed NICE (National Institute for Health and Care Excellence) guidance for

Are services safe?

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

people with behaviour that challenges and a learning disability. Staff told us and records showed that it was only used as a last resort and when all de-escalation techniques had failed.

- Staff training figures for safeguarding showed that several staff needed to receive training in safeguarding. However, we found that staff knew how to make a safeguarding alert and did this when appropriate. For example, one patient at Orchard Hills made an allegation against a staff member. This was raised as safeguarding to the local authority. At The Larches, an incident which involved one patient hurting another was reported to the local authority and the police. There were no injuries sustained and both patients were supported by staff and the psychologist.
- Most patients and relatives told us they felt safe. However, one patient at The Larches told us they did not feel safe when they were upstairs during the day if staff were not there. We discussed this with the manager who told us they would reiterate to staff that there should always be staff upstairs so that patients could access their bedrooms freely and safely.
- There was good medicines management practice. Two pharmacists visited Penrose House twice a week. They told us that the staff were very responsive to any comments they made and always acted on anything they needed to improve. At The Larches, the medicines cabinet and trolley was clean and organised. Patients were given their medicines safely as prescribed by their doctor. The pharmacist had written comments in green on the patient's record and their doctor had to respond to this to ensure that improvements were made. The manager told us that the trust had devised a check list adapted from the East London Foundation Trust to reduce medicine errors. There was evidence that there had been a reduction as a result of this. At Orchard Hills, the patient's medicine charts had their photographs and a description of how they took their medicines. Where patients were prescribed as required medicines a protocol was in place that stated when, why and how much of this was to be given. At Ridge Hill, where patients were prescribed controlled drugs (CDs) these were stored safely and as required. The amount of CDs held in the cabinet matched the amount stated in the CD register completed by staff.
- There were safe procedures for children that visited the ward. Visitor's rooms were provided away from the ward and staff received training in safeguarding children.

Track record on safety

- There were three serious incidents reported between 1 July 2014 to 30 June 2015. Two of these were at Orchard Hills. One unwitnessed fall had resulted in injuries to the patient's left arm, right eye and left wrist. The other, a patient who was not weight bearing, who laid on floor and kicked the walls and doors with both feet and sustained two fractures as a result. The other was at Pond Lane where the ward was closed to admissions due to an outbreak of diarrhoea and vomiting. We saw that these incidents were investigated and action taken to reduce the risks of them happening again where possible.
- The manager at Penrose House told us about a serious incident that had recently taken place on the ward. One patient had fallen on the ward which resulted in them sustaining a fracture. A root cause analysis was taking place as part of the investigation and the local authority safeguarding team had been notified. The incident was discussed with the patient and their relatives as part of the duty of candour. Although the root cause analysis was not concluded the observation policy had been reviewed and updated. The manager ensured that all staff were aware of the new policy as part of the lessons learnt from the incident. They also shared this as good practice with the other wards.

Reporting incidents and learning from when things go wrong

- The Trust used a Datix electronic incident reporting system. All staff were aware of it and what type of incidents they should record. Local and senior managers had access to monitor the Datix system and did so routinely.
- Staff were open and transparent and explained to patients if and when things go wrong. For example, at Penrose House the manager spoke with a patient and their relatives following an injury sustained by the patient. The manager explained to them how this was investigated and the findings of the investigation.
- Staff received feedback from investigation of incidents both internal and external to the service. Staff told us they were offered debrief and supported after serious incidents. However, we observed a reflective practice session at Penrose House. Staff were unsure what time

Are services safe?

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

it started and some were unable to attend due to observation levels of patients. There was not a designated space for the meeting so there were several interruptions by staff and patients walking in and out.

- Staff were made aware of incidents in team meetings and handovers and could give examples of lessons learned.

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

- We looked at 27 patients' care records and all but one showed that patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that risks to patient's physical health were identified and managed effectively.
- Occupational Therapy staff assessed and supported patients with ward based and community activity therapies. Ward staff supported patients with therapeutic activity at other times. The model of human occupation framework was used which is a recognised model. The Model of Human Occupation Screening Tool was used as an outcome measure.
- Pre admission assessments were completed by the multi – disciplinary team at The Larches. These helped the patient and staff to understand the aims of the patients' treatment, to consider patient mix and whether individuals would be compatible.
- Care plans were in place that addressed patients' assessed needs. We saw that these were mostly reviewed and updated. Patients gave us examples of how their individual needs were met but care plans did not always reflect patient views.
- Comprehensive and timely assessments were completed after admission. An initial nursing care plan was in place within 72 hours of patient admission. This was used to develop the 'Getting to know you' and 'my shared pathway' documents to enable staff to care for the patient during their assessment and treatment.
- Care records showed that a physical examination was undertaken on admission and that there was ongoing monitoring of physical health problems. Each patient had a physical health and wellbeing assessment which included baseline physical health observations completed on their admission. Following this, assessments were completed of the patient's nutrition and diet, their pressure areas, risks of falls and infection control risks. Patients were weighed weekly after admission and where they had refused this was recorded. One patient told us that their physical health checks were done weekly. They said that staff had helped them to lose weight and given them guidance on diet which had enabled them to control this independently. Staff used the Cardiff Health check for people with a learning disability.

- The Larches displayed a health promotion board. This focussed on dental health and used photographs and easy read information to help patients understand the importance of this.
- All information needed to deliver care was stored securely. However, it was not always readily available to staff. The trust planned to implement an electronic records system but this was not yet available. There were three paper files for each patient: Mental Health Act, nursing, multi-disciplinary team and medical. This made it difficult to locate risk assessments and care plans and know what care each patient needed.

Best practice in treatment and care

- There was evidence that staff followed NICE guidance 11 – learning disabilities: challenging behaviour when prescribing anti - psychotic medication. Doctors told us that they were part of the Patient Reported Outcome Measures group for the use of anti-psychotic medicines in people with a learning disability. Staff told us they had followed NICE guidance on hyper sexuality for one patient, guidance on working with patients with borderline personality disorder and benchmarking for working with patients with schizophrenia. Best practice and NICE guidance was disseminated to all staff to ensure they were aware of relevant guidance.
- We saw that psychological therapies recommended by NICE were offered. Patients had access to psychology and for some patients; Cognitive Behavioural Therapy was used. One relative told us that their relative had not had access to psychology which had delayed them and staff knowing the triggers for and how to manage their behaviours. We saw in this patient's records that they had not received psychology input until recently but this was now offered regularly.
- There was a full time psychologist at The Larches. They told us how they adapted programmes to suit individual patient's abilities. For example, the Sex Offenders Treatment Programme. They also used a strengths programme for people who believed they were falsely accused and 'Keeping Safe' working diaries which helped the patient to understand what they needed to do to progress along their treatment pathway and which behaviours would hinder this.
- There was good access to physical healthcare; including access to specialists when needed.
- Patients' nutrition and hydration needs were assessed and met.

Are services effective?

Good 

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- Clinical staff participated actively in clinical audit. Staff told us how they peer reviewed other services based on the CQC Key Lines of Enquiry (KLOE) and the results of these were shared at Trust Quality and Safety meetings. A yearly audit programme was in place and this included band 6 nurses doing medicines and infection control audits.

Skilled staff to deliver care

- Staff working in the service came from a range of professional backgrounds including nursing, medical, occupational therapy, speech and language therapy, chaplaincy, housekeeping, pharmacy and psychology. Other staff were drawn upon for specialist assessments such as physiotherapy, and nutrition when required. Social work support was provided by the local authority.
- Some staff did not receive the necessary specialist training for their role. For example, occupational therapists told us that there were gaps in specialist training available with the Trust although this had now been recognised. A relative told us that staff were good but they did not know how to support their relative to meet their specific needs. However, we saw in this patient's records that this had been recognised and the occupational therapist and psychologist were ensuring all staff had the training to meet the patient's specific needs.
- Staff received an appropriate induction relevant to their role. Staff at The Larches attended an away day before the two teams came together to look at what the service would look like and what skills staff would need for it to develop. A training needs analysis was developed to ensure staff would receive the specialist training needed to support the patients.
- Staff told us they received regular supervision and annual appraisals. We saw evidence to confirm this. Supervision and appraisals were used to address performance issues, to reflect on practice and development. The manager at Penrose House said that supervisions were often informal and they were trying to ensure these were recorded.

Multi-disciplinary and inter-agency team work

- Patient records showed there was effective multidisciplinary team (MDT) working. Staff gave

examples of having involved external professionals when the patient needed this. There was evidence of families being invited to care programme approach (CPA) meetings.

- Staff told us that handovers, MDTs, CPAs and ward round meetings were effective in sharing information about patients and in reviewing patient risks and progress. Different professionals were seen to be working together effectively to assess and plan patients' care, treatment and discharge. We observed a handover meeting. It was effective in sharing essential information between staff so that patient's changing needs were highlighted.
- Staff said they felt that they worked well as a MDT and could express their professional opinions within the team.
- Staff said that they had a good relationship with the GP who visited each ward weekly to enable effective sharing of information about each patient when needed.

Adherence to the MHA and the MHA Code of Practice

- Knowledge and understanding of the MHA and the updated Code of Practice (COP) varied across the service. Some staff lacked knowledge as to how the updated COP affected people with a learning disability. We requested information from the trust as to how the COP was implemented for people with a learning disability.
- The use of the MHA was generally good across the service. The documentation we reviewed in detained patients' files was mostly up to date and could be accessed easily.
- At The Larches we found that a T2 or T3 was in place for all detained patients. However, there were no details or only basic details regarding the discussion of the assessment of capacity within the progress notes. A 'yellow sticker' was placed in the margins of the progress notes to identify when a decision about capacity is made or discussed and this prompted ongoing assessment. At Orchard Hills and Ridge Hill there was clear recording of assessments of capacity.
- Staff were aware of the need to explain patient's rights to them and attempts to do this were recorded. Some patients were assessed as not able to understand their rights but repeated attempts were made using easy

Are services effective?

Good 

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read information. Information on the rights of people who were detained was displayed in wards and independent advocacy services were available to support patients.

- Administrative support and legal advice on the implementation of the MHA and its code of Practice was available from a central team. All staff were aware of where to get advice.
- There were regular audits to ensure that the MHA was being applied correctly and there was evidence of learning from these audits.
- Patients had access to mental health review tribunals and managers hearings. The reports and outcomes were seen in all patients records looked at. Patients were represented by a solicitor and when a solicitor was not available, an advocate supported the process.
- The granting of Section 17 leave was effectively managed. However, there was no evidence that the patient or other relevant people were given copies or that staff noted that the person did not want a copy or did not understand.

Good practice in applying the MCA

- Knowledge and understanding of the MCA and the Code of Practice (COP) varied across the service. Staff told us that they received training as part of their safeguarding training but this was limited. Two members of staff told us they had received MCA training but were not aware when asked if there were any patients who had a DoLS

authorised. However, we found that most staff were aware of the five statutory principles of the Act and how to ensure that decisions were made in patients best interests.

- There was a policy on MCA including Deprivation of Liberty Safeguards (DoLS) which most staff were aware of and could refer to.
- For people who might have impaired capacity, capacity to consent was assessed and recorded appropriately. This was done on a decision-specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it. We saw detailed assessments using the Trust's template at Orchard Hills and Ridge Hill. A range of assessments were seen that included personal hygiene, care plans, blood tests and physical health monitoring.
- There was good advocacy support and staff knew how to refer patients to the IMCA service when needed.
- Deprivation of Liberty Safeguards applications were made when required. From January to June 2015 there were four DoLS applications made and authorised across the service: Penrose House - two, Pond Lane - one and Orchard Hills - one.
- The Trust had a DoLS team which recorded the status of DoLS applications and authorisations. Ward staff contacted that team for updates.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- There were arrangements in place to monitor adherence to the MCA within the Trust.

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

- Patients told us that staff treated them with respect and dignity. Patients said that staff were kind and approachable.
- At Ridge Hill we observed that the manager respected the privacy of patients when talking with us.
- In most wards staff appeared interested and engaged in providing good quality care to patients. We observed staff interacting with patients in a very caring and compassionate way. However, at Orchard Hills we observed that staff were not all engaged with patients in a friendly and compassionate way.
- We looked at patient-led assessments of the care environment scores and found that for privacy, dignity and wellbeing at Heath Lane Hospital (where Penrose House was located) was 93% in 2015. Hallam Street Hospital (where The Larches was located) was 84% in 2015, which was below the England average of 91%. We did not have this information for the other wards.

The involvement of people in the care they receive

- The admission process informed and oriented the patient to the ward. Staff told us that where possible the patient visited the ward with their relative or carer before admission. Leaflets and information about the ward were provided in an easy read format with pictures and photographs where appropriate.
- Staff and patients told us they were involved in their care planning, risk assessments and MDT reviews. However, this was not always evidenced in patients' records. For example, care plans were signed by the patient but there was no record of the patient being involved in discussions about their care and treatment

and what options were available. At Orchard Hills we saw that patients had a 'My journey journal' which was a diary of photographs that showed their progress on the ward. This showed that the patient was involved.

- Patients had access to advocacy services and information about these were displayed in each ward in an accessible format.
- Patients told us their relatives could visit when they wanted to and a private room was available to see visitors in. They said that they could speak to their relatives and friends by phone and staff gave them privacy for this. Relatives told us they were involved in their relatives care and their views were listened to. One relative told us that they were invited to monthly MDT meetings about their relative and were involved in these but had not seen their care plan.
- Patients were able to give feedback on the service they received in regular community meetings. At The Larches these were chaired by a patient who was elected by their peers. The minutes of these were displayed in the ward and were in a format that included pictures and photographs making them easier to understand. At Ridge Hill we saw that patients had weekly meetings with their named nurse to give feedback as this was more appropriate to their needs.
- Patients were able to get involved in decisions about their service. For example, patients who were previously at Newton House Pines (now at The Larches) put together a 'Dragons Den' proposal to the Trust for a new garden/allotment project. They were awarded funding by the Trust and also used support from a local supermarket and participated in fundraising. This project had continued as The Larches is on the same hospital site. We saw and patients told us that they had planning meetings to decide how to progress the project.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The average bed occupancy from 1 December 2014 to 31 May 2015 for Orchard Hills: 94%, Pond Lane: 88%, Ridge Hill: 53% and Penrose House: 52%. We did not have this information for the other locations within this core service.
- There was access to a bed on return from leave.
- People were not moved between wards during an admission episode unless this was justified on clinical grounds and in the interests of the patient.
- When people were moved or discharged this happened at an appropriate time of day.
- Staff told us that social workers from the local authority were invited to CPA meetings and discharge planning meetings. However, this had not always been effective since social workers who were not specialists in learning disability were allocated. One psychiatrist told us they had recently met with leads from social services and Clinical Commissioning Groups (CCGs). They said this ensured that they all worked towards the same goal to ensure that patients had the assessment and treatment they needed and discharge was planned on the individual needs of patients. They had asked that specialist social workers for people with a learning disability be allocated as they considered it to be in patients' best interests.
- Discharges were delayed for other than clinical reasons. Staff told us that delayed discharges were usually attributable to finding a suitable placement for the patient to move on to because of their complex needs and the shortage of specialist placements in the area. However, they had found that the care and treatment review (CTR) process was helpful in unblocking barriers to discharge. The CTR involved the patient, their relatives, IMHA or IMCA, all relevant professionals in the MDT and social services from the patient's admission. We saw that after this four to six weekly discharge planning meetings were held. Trust data from 1 December 2014 to 31 May 2015 in relation to delayed discharges showed the following: Penrose House had the highest number with a maximum delayed discharge of 113 days; Ridge Hill maximum of 146 days; Orchard Hills maximum of 181 days and Pond Lane maximum of 75 days. We did not have this information for the other

locations within this core service. At Ridge Hill the ward manager had written to commissioners where patients discharge was delayed to question what action was being taken.

- There was a 16 week pathway for the assessment and treatment wards. Some staff told us this was not enough time; however, we saw that for some patients they were ready to be discharged before the 16 weeks. At Penrose House and Pond Lane the pathway was painted on the wall to help patients to understand it. Some patients put their photograph on the wall at the stage of where they were at to aid their understanding. At The Larches staff told us that they tried to keep patients' length of stay to a minimum but as patients were at risk of offending this was based on individual risk.
- Between 1 December 2014 to 31 May 2015, Ridge Hill had 116 readmissions within 90 days of discharge. This related to 12 patients who were frequently readmitted to the short stay service part of the ward. There were no other readmissions within 90 days for the other locations.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. Sensory rooms were available at Penrose House and Ridge Hill.
- There were rooms for patients to meet relatives, but they could also spend time with patients in their bedrooms if it was appropriate.
- Patients had access to telephones and staff helped them to make and receive calls if needed. Staff allowed patients to use ward telephones if necessary.
- All the wards offered access to an outside space, which included smoking areas. Garden areas had seating. Most of the garden at Penrose House was not accessible to patients who had difficulty mobilising. The manager told us that there were plans to level the grassed banks. At The Larches patients were involved in developing the garden and allotment area on the hospital site. Snacks and drinks were available when patients wanted them. Hot meals were provided which were delivered and reheated on all wards except Ridge Hill. Food was prepared there by staff with patients where they were able to. A weekly online supermarket shop was done and we saw that a range of foods were available. Patients had a choice of meals and told us there was

Are services responsive to people's needs?

Good 

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

plenty of food and it was generally very good. A small number of patients told us they did not always like the taste of the food. Foods that complied with specific religious, cultural and dietary needs were provided.

- We looked at patient-led assessments of the care environment scores and found that ward food for Heath Lane Hospital (where Penrose House was located) scored 92% in 2015. Hallam Street Hospital (where The Larches was located) scored 89% in 2015, both of which were below the England average of 92%. We did not have this information for the other wards.
- Patients were able to personalise bedrooms and we saw evidence of this.
- Patients had keys to their bedroom where they were able to use these and based on their individual risk. Patients had somewhere secure to store their possessions.
- Patients had access to activities seven days a week. Patients had their personalised activity planner which was in picture or photograph format according to their choice. An OT completed an assessment of each patient and staff including activity workers followed the patients plan. The plan was balanced between leisure activities and developing the patients skills and interests. Plans included regular opportunities to go out in the community when Section 17 leave allowed. Patients and staff told us that activity and therapy sessions were almost never cancelled due to lack of staff. At The Larches a computer was to be installed for patients use. Penrose House displayed photos of recent activities which included Halloween and Diwali celebrations and healthy cooking.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. Patients' individual needs regarding their culture, language and religion were met.
- There was a chaplaincy service to support patients with a diverse range of spiritual and religious needs.
- Interpreters were available to staff to help assess patients' needs and explain their rights, as well as their care and treatment if required. There was evidence of interpreters having been used. Speech and language therapists worked with patients to develop their communication passport, which helped the patient to

communicate with staff and visitors their needs, likes and dislikes. Photographs of staff and the MDT were displayed on each ward so that patients knew who was caring for them. Easy read information was available so that patients could understand their rights, treatment and the complaints process. One patient told us that this had helped them to understand a lot about their care and treatment.

- A choice of meals was available to suit patients' religious, cultural and personal choices. Patients could access snacks outside of meal times if they wanted to and healthy eating guidance and menus were available to patients in picture or photograph formats.
- Most units were equipped to support patients with physical health and mobility needs. Specialist baths, level access showers and hoists were provided. However, at Orchard Hills in the bathroom for male patients, there were not appropriate aids used. A dining room type chair was used to help patients access the shower instead of an accessible appropriate shower chair.

Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wards. Information about the independent advocacy service, CQC and the patient advice and liaison service was visible. This information was provided in accessible formats to make it easier for patients to understand.
- Patients could raise concerns and complaints directly with staff and patients told us they felt

confident in doing so.

- Data received from the Trust showed that in the last 12 months there had been two complaints recorded at Ridge Hill. One was partially upheld and the other was reported to be still under investigation.
- Most patients told us they knew how to make complaints and were confident they would be listened to and their views would be taken seriously. However, three patients were unsure how to complain.
- Staff told us they were open to receiving both positive and negative feedback and considered all feedback in team meetings, supervision and briefings.

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 spoken with showed an understanding of the Trust's vision and values. Staff told us that their aim was to provide quality care for their patients. Copies of the Trust's vision and values were seen during the inspection.
- Most staff told us that they felt valued by the Trust. However, some staff were not confident that new initiatives started such as the 6Cs would be continued following this inspection.
- Ward managers had regular contact with their managers and senior colleagues and felt supported by them.
- Senior managers held "band days" called "It's all about you" where they got together all staff of the same grade with the focus on developing staff and helping them to feel valued by the Trust. The outcome of the day was available for staff with the next steps defined to sustain the quality focus and share good practice.
- There were regular team meetings and briefings. Staff told us they felt valued and supported by their managers, colleagues and senior managers.

Good governance

- The service had systems of governance in place, such as, the Datix incident reporting system which assisted staff to manage and monitor risks on the ward environment. The Datix also provided information to senior managers in the Trust in an open and transparent way. Trust-wide teams such as DoLS and Safeguarding were available to provide staff support.
- Performance data was captured and used to address quality and staff performance issues. Senior managers had access to this so they could monitor mandatory training and annual appraisal compliance across the service.
- Ward managers told us they had enough autonomy to manage their wards effectively and they could rely upon support from their own managers if they needed to escalate issues. We saw that modern matrons were visible in the ward environment.
- Staff had regular supervision and appraisals and most of both were up to date.
- The Trust used audits to monitor the effectiveness of the service. Where improvements were identified action

plans were in place that addressed how and when action would be taken. However, we found that action was not planned to reduce ligature risks identified at Pond Lane and Orchard Hills.

- Systems for monitoring the effective management of medication were effectively identifying administration errors. These were recorded, investigated and the outcome fed back to staff and recorded as safeguarding incidents.

Leadership, morale and staff engagement

- We found the wards to be well-led overall. There was evidence of clear leadership at a local level on most wards. Ward managers were visible on the wards during the day-to-day provision of care and treatment. They were accessible to staff. Staff told us the culture on the wards was open and we saw this.
- Staff we spoke with were enthusiastic and engaged with their roles. They told us they felt able to report incidents and raise concerns.
- Staff were kept up to date about developments in the Trust through regular newsletters, emails, team meetings and briefings.
- Staff were aware of the whistleblowing process and told us they felt confident to use it.
- Ward managers told us they had access to leadership training and development opportunities. They told us they felt supported and valued by their immediate line manager.
- A small number of staff reported that they did not always get their breaks which led to them becoming tired. They said this could impact on their work and how they supported patients if it happened regularly.
- Overall managers and staff told us that they felt morale was good within their teams.
- Managers said they were confident in the support they could receive from senior leaders within the Trust.

Commitment to quality improvement and innovation

- The learning disability quality improvement group met monthly. We saw the action logs from this group which stated who was responsible for making improvements and the timescales for this.
- Staff at The Larches told us they were to have a monthly forensic pathway service development meeting which

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.

was similar to their other forensic service at Gerry Simon Clinic. They were also involved in developing the proposals for the community forensic pathway and meeting with commissioners.

- We looked at the audit programme at The Larches for 2015/16. This included an audit of adherence to MHA part 4 consent to treatment paperwork in intellectual disabilities inpatient settings to ensure they complied with legislation at a specialist service level.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way for service users. Ligature risks identified at Orchard Hills and Pond Lane had not been mitigated against and ligature cutters were not accessible to all staff.

The risks of each patient at Orchard Hills to their health and safety were not assessed and all staff were not aware of the impact of these or the action needed to mitigate them.

The emergency bag was not accessible to all staff at Orchard Hills.

This was a breach of Regulation 12 (1) (2) (a) (b) (e)