Good

Norfolk and Suffolk NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

Hellesdon Hospital
Drayton High Road
Norwich
NR6 5BE
Tel: 01603 421421
Website: www.nsft.nhs.uk

Date of inspection visit: 10 to 20 July 2017
Date of publication: 13/10/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RMYMW	Walker Close	Bungalows 3 and 4 Walker Close	IP3 8LY

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

Overall summary

We rated wards for people with learning disabilities and autism as good because:

- Patients had access to activities seven days a week. A Pets as Therapy dog came to the ward every week and patients told us they looked forward to this. Patients were able to personalise their bedrooms and they had somewhere secure to store their possessions.
- Shifts were covered by a sufficient number of staff of the right grade and skill mix which enabled staff to maximise shift-time on direct care activities. Staffing levels were sufficient for patients to have 1:1 time with their named nurse every day. Staff knew how to make safeguarding referrals and what constituted abuse. The ward manager had sufficient authority and administrative support within the team.
- Staff showed understanding of patients' needs in an individual and person-centred way. We observed staff interactions with patients to be caring and staff were respectful at all times. Patients were able to get involved in decisions about their service through regular patient meetings and staff fed back to patients when issues were raised.
- Environmental risk assessments were undertaken regularly and updated when required. Ward areas were cleaned twice daily and the environment was comfortable, well-maintained and with good furnishings.
- There were effective handovers within the team and with other teams in the trust as well as local authority social services. The multidisciplinary team, consisting of psychologist, social worker, nurses and doctor, met three times a week. Staff were supervised regularly and had weekly team meetings.
- Patient accessible information was on display about patients' rights, how to complain and advocacy. There was a choice of food and the daily menu was displayed in the dining room using patient accessible information.
- There was a full range of rooms and equipment to support treatment and care including a low stimulus room. Patients had access to extensive outside space with quiet areas.
- Staff were trained in the Mental Capacity Act and had a good understanding of how to apply this knowledge. Staff accessed the policy on the intranet and sought advice from the team's social worker and manager.
- Care records were holistic, person centred and risk assessed.
- Staff said morale was high and teams worked well together. Staff knew how to whistle-blow and felt able to raise concerns without fear of victimisation. Staff members were able to submit items to the Trust risk register.
- Mandatory training compliance was 89% and there were opportunities to undertake specialist and leadership development training.

However:

- Access to speech and language therapy assessments was problematic, confusing and patients experienced long delays. One patient was on the waiting list in the community for six months without being seen (Suffolk West). After the patient was admitted to Walker Close, they experienced a choking incident. Staff made an urgent referral but still waited a further two months before the patient was seen by a speech and language therapist from another team.
- Minutes from team meetings showed actions but no outcomes so it was not possible to determine whether these were followed up. Some notes were vague and did not include discussion details or attendees so were not useful for team members who were unable to attend.
- Six patient discharges over a period of twelve months were delayed due to a lack of suitable placements.
- There were ligature risks in the bathroom of Bungalow 3 as basin taps were not anti-ligature.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Patients referred for speech and language therapy assessments experienced long delays. Records showed one patient had been on the waiting list for six months in the community before their admission to Walker Close. Staff made an urgent referral following a choking incident but the patient waited a further two months before they were seen.
- Basin taps in the bathroom of Bungalow 3 were not anti-ligature.

However:

- We saw evidence that ward areas were cleaned twice daily and the environment was comfortable, well-maintained and had good furnishings.
- Patients were able to have 1:1 time with their named nurse as staffing levels were sufficient to enable this time to be set aside.
- Staff knew how to make safeguarding referrals and what constituted abuse. Ninety eight per cent of staff had completed safeguarding adults and 100% safeguarding children training.

Are services effective?

Good

We rated effective as good because:

- The multidisciplinary team met three times a week and consisted of a psychologist, doctor, social worker and nurses. The team worked effectively with each other, and with different teams in the trust as well as local authority social services. Recent records showed supervision took place and there were weekly team meetings.
- Care records were personalised, holistic and reviewed regularly.
- Patients had full access to physical health checks and the trust used physical health link nurses.
- Ninety two per cent of staff had been trained in Deprivation of Liberty Safeguards.

However

- Outcome measures such as Health of the Nation Outcome Scales were not routinely used to monitor patient progress.
- Only one out of four patients had a care plan in place.

Are services caring?

Good

We rated caring as good because:

Summary of findings

- Staff showed understanding of patients' needs in an individual and person-centred way. We observed staff interactions with patients to be caring, respectful and unhurried.
- Patients were able to get involved in decisions about their service through regular patient meetings. Staff fed back on raised issues raised so patients were kept informed.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Patients had access to activities seven days a week. A Pets as Therapy dog came to the ward every week and patients told us they enjoyed this very much.
- Patients were able to personalise their bedrooms and they had a secure locker to safely store their possessions.
- Information about patients' rights, how to complain and advocacy was displayed using patient accessible information.
- The daily menu with a choice of food was displayed in the dining room again using patient accessible information.
- There was a full range of rooms and equipment to support treatment and care with a low stimulus room.
- Patients had access to extensive outside space with quiet areas.

However:

- Six patient discharges over a period of twelve months were delayed due to a lack of suitable placements.

Are services well-led?

Good

We rated well-led as good because:

- Staff said morale was high and teams worked well together. Staff knew how to whistle-blow and felt able to raise concerns without fear of victimisation. Staff were able to submit items to the Trust risk register.
- Shifts were covered by a sufficient number of staff of the right grade and skill mix which enabled staff to maximise shift-time on direct care activities.
- Mandatory training compliance was 89% and there were opportunities to undertake specialist training and for leadership development.
- The ward manager had sufficient authority and administrative support to manage the service.

However:

Summary of findings

- We saw team meeting minutes which showed actions but the next meeting minutes did not reflect whether the actions had been followed up or achieved. Some discussion of agenda items were only broadly described and most recent meetings had not listed attendees.

Summary of findings

Information about the service

Bungalows 3 and 4 Walker Close were used as wards for people with learning disabilities and autism. The wards supported individuals whose mental health, behaviour and risk could not be managed safely in the community. Bungalow 3 was a male only ward and Bungalow 4 was for female patients.

On the day of our inspection Bungalow 3 had one patient with two vacant beds. Bungalow 4 had three patients and no vacant beds.

The trust had worked within the principles of the transforming care agenda. Several wards had been closed and the services were more focussed in the community. The inpatient and community teams are part of the same service and work as one team.

Wards for people with learning disabilities and autism were inspected in July 2016 and were rated as requires improvement. All compliance actions from this inspection have been met.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Lelliott, Deputy Chief Inspector (Lead for mental Health), CQC

Shadow Chair: Paul Devlin, Chair of Lincolnshire Partnership NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health), CQC

Lead Inspector: Lyn Critchley, Inspection Manager (mental health), CQC

The team that inspected wards for people with learning disabilities and autism consisted of one inspector, one assistant inspector, one specialist advisor nurse and a medicines inspector.

The team would like to thank all those who met and spoke with us during the inspection and who shared their experiences and perceptions of the quality of care and treatment at the trust.

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:

- visited both of the wards at the hospital site and looked at the quality of the ward environment
- observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with two family members

Summary of findings

- spoke with the manager for both wards
- spoke with six other staff members; including nurses, a junior doctor, and clinical support workers
- looked at a range of policies, procedures and other documents relating to the running of the service
- looked at four care and treatment records of patients
- carried out a specific check of the medication management at both wards

What people who use the provider's services say

We spoke to two patients at Walker Close. One patient told us they liked it on the ward, they liked the Pets as Therapy dog and the food. Another patient said they liked it because of the things they can do and the meals.

We spoke to two carers who told us Walker Close was great and the staff were fantastic. They told us they were invited to care plan approach meetings and felt staff responded to issues they had raised.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that patients have timely access to speech and language therapy assessments where this is clinically indicated.
- The trust must consider replacing the basin taps in Bungalow 3 with anti ligature taps.

Action the provider SHOULD take to improve

- The trust should consider ways to address delayed discharges. Patients who are ready to be discharged are waiting at an inpatient service without clinical reason.
- The trust should ensure team meetings are recorded adequately with attendees, discussions with enough context and detail and that actions are followed through at the next meeting.

Norfolk and Suffolk 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
Bungalows 3 and 4 Walker Close	Walker Close

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Staff did not always receive Mental Health Act training. The overall compliance rate was 79%.
- Patients had access to an advocacy service and information about the service was displayed around the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Eighty seven per cent of staff had received training in the Mental Capacity Act and 92% of staff were trained in the Deprivation of Liberty Safeguards. Both training formed part of mandatory training requirements.
- Patients had access to an Independent Mental Capacity Advocate. Information about how to access the advocacy service was displayed on the ward.

Requires improvement

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

- Bungalows 3 and 4 offered separate accommodation for men and women and the wards complied with the guidance on same-sex accommodation. We saw evidence that ward areas were cleaned twice daily and cleaning records were up to date. There were several handwashing facilities around the bungalows which promoted positive infection control principles. Ward areas appeared visibly clean and tidy and well maintained. Staff told us the windows had recently been replaced and new sofas were on order.
- Staff had assessed ligature risks at 3 and 4 Walker Close. The assessment of ligature risks included photographs of where the identified ligature risks were on the ward and these were rated numerically according to risk level. Staff mitigated risks by completing risk assessments and using increased levels of observation. Some areas of ligature risk had been mitigated by the use of mirrors and the shower rail had anti-ligature fitttings, however some risks could be easily eliminated by replacement of fittings such as the basin taps in Bungalow 3.
- There were no seclusion rooms in Bungalows 3 and 4. Staff told us seclusion was a last resort and this could take place in any room. In each bungalow there was a low stimulus room in which contained one or two pieces of vinyl furniture. This room was not able to be locked.
- Equipment was clean and well maintained. Staff kept records of when equipment was cleaned and we saw staff did this weekly. Equipment which needed to be serviced was done so on a yearly basis.
- There were fully equipped clinic rooms with accessible resuscitiation equipment and emergency drugs that were checked regularly. A medicines inspector checked that monthly medication audits were carried out. Medicines were stored securely and the fridge temperature monitored daily. There was out of hours access to the emergency cupboard on an adjacent acute site. Prescriptions when checked showed that allergies were recorded. The trust completed environmental risk assessments and these were updated yearly. Staff used a pinpoint alarm system to summon help if needed.
- Patient-Led Assessments of the Care Environment were not carried out for this location or core service in August 2016, which is the latest survey data.

Safe staffing

- As of 31 March 2017 there were 33 substantive staff members on Bungalows 3 and 4 Walker Close. The provider had estimated the number and grade of nurses required as follows: 12 qualified nurses and 26 clinical support workers.
- Nursing staff worked a three shift system which covered the 24 hour period seven days per week. Staffing levels were adjusted daily to take account of individual patient need, staffing demands and skill mix. The proximity of the wards to each other allowed the ward manager to monitor staffing levels and make adjustments between the two bungalows when required. Staff told us they were implementing safewards across the trust to ensure safe staffing levels and sufficient time to care for patients. Safewards is an initiative designed to help the ward team focus on the positives and strengths of the patients which should make the ward a safer place for both staff and patients.
- There were three qualified nurse vacancies and six clinical support worker vacancies. This was equal to a 21% and 22% vacancy rate respectively which was higher than the trust average of 12% and 8%. Between 1 April 2016 and 31 March 2017 there were two substantive staff leavers (1%). At this time there was a total vacancy rate of 22% and a permanent staff sickness rate of 5%.
- The manager used National Health Service Professionals bank staff and agency staff to cover shifts as they had the right qualifications and experience. Regular bank and agency staff were preferred as patients knew them and staff were more familiar with the ward.

Requires improvement

Are services safe?

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

- For the period from 1 April 2016 to 31 March 2017, the core service had 201 qualified nursing shifts filled by bank staff (9% of total nursing shifts) and 124 shifts filled by agency staff (6% of total nursing shifts). The core service also had 578 shifts filled by bank staff (14% of total nursing assistant shifts) and 33 shifts filled by agency staff (1% of total nursing assistant shifts).
- We observed staff spending time with patients and patients having 1:1 time with their named nurse. Staff told us there were enough staff for this to take place for an hour per shift. Escorted leave or ward activities were rarely cancelled although staff acknowledged activities may be swapped or substituted occasionally when patients would choose another activity.
- Some shifts were not able to be covered by the number and grade of nurses required. From 01 April 2016 to 31 March 2017, seven per cent of the total shift percentage for qualified nurses or 103 in total were left unfilled. The equivalent number for clinical support workers totalled 43 or less than two per cent of shifts.On these occasions as shift staff numbers were fewer than the trust has estimated as adequate, this could have impacted on patient care.
- The trust target compliance rate for mandatory training was 90%. Data provided by the trust for the period January to March 2017 showed the training compliance rate for wards for people with learning disabilities and autism was 89%. There were 29 mandatory training courses and staff achieved the 90% compliance rate in 18 of these including Safeguarding Children Level 1 and Safeguarding Adults Level 1. Other courses with high compliance included Health and Safety, Infection Control Clinical and Equality and Diversity Level 1. Only Fire Training and Manual Handling- Clinical achieved rates of below 75%. Staff told us it was difficult to obtain places on some training courses as they were full or they had to travel some distance to attend.

Assessing and managing risk to patients and staff

- Patients who needed a speech and language therapy assessment waited an unacceptable period of time. Records show one patient was on the waiting list for six months without being seen in the community (Suffolk West). After the patient was admitted to Walker Close and had experienced a choking incident, staff made an urgent referral. This resulted in a further wait of two months before they were seen by a speech and language therapist from another team.
- One hundred per cent of staff had been trained in Safeguarding Children and 98% had been trained in Safeguarding Adults. Staff told us how they made a safeguarding alert and gave examples of when they would do so. They recognised what constituted abuse and how they would flag this up.
- Between 1 April 2016 and 31 March 2017, there was one episode of seclusion and no use of long- term segregation. There were 30 episodes of restraint, 15 of which took place in Bungalow 3 during April 2016 and related to three patients. There was one prone restraint and two incidents resulting in the use of rapid tranquilisation on the male ward. The trust had a dashboard to monitor activity and use of restrictive practices across the trust. Staff consistently told us they used de-escalation to manage aggressive behaviours and used prevention and management of aggression very rarely. Seclusion was used as a last resort and for the shortest time possible.
- All four care records examined demonstrated good practice in risk assessment. Risk assessments were present, completed on admission, updated after an incident and were up to date. Staff showed us care and risk plan summaries in the offices of both bungalows, which could be used if electronic records were not accessible. Risk assessments were completed using the trust template and were saved on the electronic record system. Care records showed staff updated risk assessments to reflect incidents or an increase in high risk behaviour. Patient records included Positive Behaviour Support and a contingency and crisis plan so staff knew how to manage patients' individual needs.
- Staff told us informal patients were able to leave when they wanted to although the ward was locked so patients had to ask staff to let them out. A poster was displayed on the ward explaining the rights of an informal patient.
- The ward had policies for use of observation. Staff increased observation levels for patients presenting with high risk behaviours. Staff searched patients when required in line with the trust policy.

Requires improvement

Are services safe?

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

- The medicines inspector checked the medicines management practice and confirmed medication charts were completed without gaps. There was a twice daily pharmacy delivery service and the pharmacy technician visited weekly and reconciled the medication on the electronic record system. Medication audits were completed monthly and medicines were stored securely.
- Staff told us children were unable to visit the ward and a suitable room nearby had been identified for this use if agreed with the family. Visits were arranged by mutual discussion and if preferred the visit could take place elsewhere depending upon the patient and families' wishes.
- Information was displayed in the kitchen about individual patient allergies, likes and dislikes, diet chart and fluid monitoring which was used to safeguard patients' health.

Track record on safety

- There was no information about adverse events that were specific to this core service. The trust reported zero serious incidents between 1 April 2016 and 31 March 2017 relating to Bungalows 3 and 4 Walker Close.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how and what incidents to report. Staff used a computerised incident reporting system and the manager investigated all incidents.
- Staff told us they followed the trust incident reporting policy and protocol. Examples of incidents reported were patient incidents, staffing issues, equipment problems, patient behaviour escalation and manual handling of equipment.
- Staff received feedback from incidents and a debrief was held after serious incidents. Staff used handovers and clinical supervision to talk about how they felt after an incident. Staff confirmed that incidents flagged up protocols that needed changing.

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

- Four patient care records were examined which showed current patients length of stay to date varied between three and seven months. One patient did not have a care plan and was not cared for as part of the care programme approach. Risk assessments were present and were up to date.
- Three out of four care records showed patients had physical checks on admission. Regular follow ups showed physical health monitoring had taken place subsequently for all four patients.
- Care records were up to date, personalised, holistic and recovery orientated.
- Staff used an electronic record system to keep patients' records securely and this enabled all staff to access the records when they needed to. Care plan summaries were available in the staff offices should IT problems restrict access.

Best practice in treatment and care

- Staff told us they participated in the Green Light Toolkit. The Green Light Toolkit is a yearly audit to check how well mental health services are meeting the needs of people with learning disabilities and autism. One staff member led as the Green Light Champion to ensure staff were working to the Green Light standards in twenty seven domains. These included challenging behaviour, user involvement, accessible information and working together. The audit was a self-assessment tool and showed how data from the trust compared to other mental health trusts nationally. In the 2017 audit, the trust data showed it was above average in 24 of the 27 standards.
- The inspection team examined four care records. Medical and nursing staff informed us that relevant national guidance was followed when providing care and treatment. This included guidance from the National Institute for Health and Care Excellence and prescribing guidance.
- The service offered psychology support. Any therapy patients were participating in before admission, continued during their stay at Walker Close.
- Patients had full access to physical health checks and the trust used physical health link nurses. Staff highlighted the indicators of risk such as a deterioration in mobility by completing an incident report. Access to speech and language therapy assessments was problematic and one patient had a prolonged wait before admission as a routine referral and after as an urgent case.
- Staff ensured patients' nutrition and hydration needs were assessed and met particularly in hot weather when the temperature reached 25 degrees or above.
- Staff did not use recognised rating scales to assess and record severity and outcomes, for example Health of Nations Outcomes.
- Staff participated in clinical audits and named audits they were taking part in or knew were taking place. These included the medication, environmental and modern matron audit. The trust provided data showing staff at Bungalows 3 and 4 Walker Close participated in twenty clinical audits for year ending 31 March 2017. Audits included hand hygiene, behaviour support plans and capacity to consent to pharmacological treatment.

Skilled staff to deliver care

- The multidisciplinary team consisted of a psychologist, nurses, doctor and activity coordinator. The manager told us the service was recruiting for an art therapist and occupational therapist. A pharmacy technician visited the wards weekly to support staff with medicine management and to undertake audits.
- Staff had varying levels of experience working with learning disability and autism patients; some had joined the trust as a clinical support worker and had trained to become a qualified nurse. Staff spoke about their commitment to working in learning disability services and how they would not want to work anywhere else.
- Staff told us they felt supported by their manager and colleagues on the wards. Staff mentioned they worked well as a team and there was always someone there to ask advice if needed.
- The trust told us they would no longer keep central data on clinical supervision as professional bodies expected practitioners to maintain their own records. We saw staff had signed to verify that supervision had taken place on regular occasions.

Are services effective?

Good

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

- The percentage of non-medical staff that have had an appraisal in the last 12 months to 30 June 2017 was 91% for night staff and 79% for day staff. One hundred per cent of medical staff (one staff member) have had an appraisal for the same period.
- Staff were able to receive specialist training for their role, for example, Makaton as a means of communicating with patients.
- Managers told us the trust had made improvements to staff performance processes in recent months. This has enabled poor performance to be dealt with more quickly and effectively.

Multi-disciplinary and inter-agency team work

- There were effective handovers within the team from shift to shift, with other teams in the trust as well as local authority social services and GPs.
- The multidisciplinary team met three times a week consisting of psychologist, social worker, nurses and doctor.

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

- Seventy nine per cent of staff have had training in the Mental Health Act, the Code of Practice and the guiding principles for year ending 31 March 2017. Staff we spoke with were able to demonstrate good knowledge of the Mental Health Act and the guiding principles of the Code of Practice.
- Care records show patients have had their rights under the Mental Health Act explained to them on admission and routinely thereafter. Staff confirmed they understood their responsibilities in this area.
- The trust provided central administration support and legal advice on implementation of the Mental Health Act and its code of practice.
- Posters were displayed informing patients of how to contact the Independent Mental Health Advocate including easy read versions.

Good practice in applying the Mental Capacity Act

- Eighty seven per cent of staff had training in the Mental Capacity Act from 1 April 2016 to 31 March 2017. Ninety two per cent of staff had training in Deprivation of Liberty Safeguards. Both training courses were part of the mandatory training requirements.
- Between 1 April 2016 and 31 March the Trust made three Deprivation of Liberty Safeguards applications of which one was approved.
- Staff were trained in and had a good understanding of the Mental Capacity Act 2005, in particular the five statutory principles. Staff told us they were able to access the policy on the intranet including Deprivation of Liberty Safeguards as well as seek advice from the team's social worker and manager.
- Records we sampled showed that patients' capacity to consent to their care and treatment was assessed on their admission and reviewed regularly. There was evidence of the giving of information and discussion of treatment and options in the documentation we looked at. Staff we spoke with told us 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. Two patients were detained under Deprivation of Liberty Safeguards criteria.

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 staff interacting positively with patients even when patients were distressed. Staff were responsive, patient, discreet and respectful. They provided appropriate levels of support and encouraged patients to independently manage their time.
- Patients told us they liked the service at Walker Close and referred to the activities and food in a positive way. Patients from Bungalows 3 and 4 shared mealtimes and activities when they preferred to do so.
- Staff showed understanding of patients' needs in an individual and person-centred way.
- There were no up to date Patient-Led Assessments of the Care Environment (PLACE) relating to wards for people with learning disabilities and autism.

The involvement of people in the care that they receive

- On admission patients were orientated to the ward by being shown around the ward and their bedroom. They were allocated a named nurse and support worker to help them. Staff encouraged patients to personalise their bedroom. Staff had contributed to a 'know me' file in the communal area which contained photos of staff and what they liked to do in their free time.
- The three care plans we looked at were personalised and included patients' views. They contained a full range of problems and needs and were focused on recovery with patients strengths and goals identified. Care records did not record whether patients had been offered a copy of their care plan. Staff told us patient accessible copies of care plans would not upload to the electronic record keeping system.
- Patients had access to advocacy services and this was documented in the care records. Information about advocacy services was displayed in communal areas and an advocate often attended the patient meetings.
- Families reported they felt involved in the care of their relatives. They were invited to meetings, could raise issues and they felt they were taken seriously.
- Patients were able to give feedback on the service they received at patient meetings. Easy read patient meeting action plans showed how patients had raised issues and how the service had responded.
- Staff told us patients were always involved in staff interviews and so were able to feed into decisions about the service.
- There was no evidence of documented discussions with patients or families around advance decisions.

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 across the 12 months (1 April 2016 to 31 March 2017) was 64% for Bungalow 3 and 39% for Bungalow 4.
- The average mean length of stay across the 12 months was 214 days for Bungalow 3 and 111 days for Bungalow 4. There were two readmissions within 28 days; one patient was readmitted three days after discharge. The second patient required a bed in a local psychiatric intensive care unit and this was available to them.
- There were no out of area placements attributed to this core service in the last six months. Staff told us patients could have access to a bed on return from leave but for a limited period of approximately one week.
- In the 12 months to 30 June 2017, there had been six delayed discharges from inpatient facilities which made up 43% of patient discharges. Although discharges should never be delayed for other than clinical reasons, the trust told us delayed discharges were related to the difficulty in finding suitable placements for patients. The trust was in discussion with other agencies, including the local authority to alleviate this.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care. Facilities were similar in both bungalows with a recently refurbished clinic room (no examination couch), living room and an activity/ dining room. The living rooms were clean and tidy with a television and DVDs, a sensory box with soft toys and a blanket and card and board games.
- Each bungalow had a low stimulus room where patients could go if they wanted a quiet area. Patients had access to extensive and pleasant outside space which had quiet areas, a table and chairs in the courtyard, relaxed seating under cover and grassed space. Bungalow 4 had raised beds with vegetables and a table tennis facility as well as a courtyard with table and different types of seating. Staff told us patients were always accompanied when they were spending time in the garden to mitigate the increased level of risk.
- Staff accompanied patients to Bungalow 2 who wanted to meet visitors including children.
- Patients told us they liked the food. 'Today's Menu' was displayed on the notice board in the dining room showing pictures of the food choices available that day for breakfast, lunch and dinner with hot drinks, squash and biscuits available anytime.
- There were no Patient-Led Assessments of the Care Environment data available for this core service.
- Staff told us patients had access to drinks and snacks twenty four hours a day. There was a water cooler with no cups in the activity/dining room and staff told us the cups were on order. Staff told us they monitored the temperature levels particularly in light of recent hot weather and made sure patients were encouraged to drink . Room temperatures were recorded in the daily check list and this was audited by administration staff.
- Patients were able to personalise their bedrooms and we saw evidence of this. In Bungalow 4 patients had displayed paintings and pictures including photographs of the Pets as Therapy dog. Patients had a lockable cupboard to store their possessions securely.
- Some of the patients had patient accessible weekly activity plans on the wall which showed which activities the patients had chosen on which day.

Meeting the needs of all people who use the service

- Patients had access to activities seven days a week. Photos of the Pets as Therapy dog were displayed in the patients' bedrooms on their notice board. Patients were able to personalise their rooms and Bungalow 4 in particular showed evidence of patient's individual preferences in the décor. Patients possessions could be stored in a lockable cabinet in each bedroom as bedrooms were unlocked.
- Both bungalows at Walker Close provided level access for people requiring disabled access. Internal and external doors were wide to allow easy access to wheelchair users. Garden areas were also accessible to patients using a wheelchair.
- There was provision of accessible information on the Mental Health Act Code of Practice, Fire Evacuation, 'How to Complain', how to access the Independent

Are services responsive to people's needs?

Good

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

Mental Capacity Advocate and 'Your Rights as an Informal Patient'. Further accessible information was available on treatments and medication. Patient accessible information on each patients's named nurse and doctor was displayed on patients' bedroom doors in Bungalow 4.

- Staff we spoke with told us interpreters would be secured should patients need these services. Some staff were trained in Makaton.
- There was a choice of food and the menu was displayed in the dining room using patient accessible information. Fresh food was prepared and cooked for patients on site. Staff told us if a patient had a specific religious or dietary need this would be provided. Patients at both bungalows were able to access appropriate spiritual support. Patients participated in the Healthy Living Group and Gardening Group. Staff told us one patient may walk to the shops and buy some ingredients and another patient may bake a cake which all the patients would then enjoy at the afternoon tea and cake session. Patients were able to use the patient accessible kitchen at Bungalow 2. Activities were risk assessed to make sure they were safe and to avoid over-stimulation.

Listening to and learning from concerns and complaints

- Wards for people with learning disabilities and autism received one complaint during the last 12 months (1 April 2016 to 31 March 2017) which was not upheld. No complaints were referred to the ombudsman.
- Patient accessible information was displayed on 'How to Complain' in Bungalow 4. Staff told us patients brought up issues at the patient meeting and staff fed back once the issue had been looked into.
- Staff were aware of how to manage complaints and knew the complaints procedure so were able to respond appropriately should a complaint be raised.

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 about and agreed with the organisation's values and behaviours which were displayed on the ward. These consisted of pledges to act positively, respectfully and work together.
- Staff were aware of who the senior managers were in the organisation. Staff told us they knew the senior management team and some of them had visited Walker Close.

Good governance

- The trust target compliance rate for mandatory training was 90% and the staff at Walker Close obtained 89% mandatory training compliance.
- The trust submitted data stating 100% of medical staff had an up to date appraisal and 91% of non-medical night staff and 79% of non-medical day staff were also up to date, for year ending 30 June 2017. The Trust's target rate for appraisal compliance was 89%. Information received before the inspection told us the Trust does not keep central data on clinical supervision as professional bodies expect practitioners to maintain their own records. We saw staff had signed and dated records to verify that supervision had taken place.
- Shifts were covered by a sufficient number of staff of the right grade, experience and skill mix which enabled staff to maximise shift-time on direct care activities.
- Trust data showed staff in learning disability inpatient services participated actively in clinical audits. Staff explained how they learnt from incidents, complaints and patient feedback to improve service quality and patient safety and experience.
- Staff knew about safeguarding, Mental Health Act and Mental Capacity Act procedures.
- The ward manager had sufficient authority and administrative support to manage the service effectively. All staff were able to add risks and concerns onto the trust risk register.
- We saw team meeting minutes for four meetings in June and July 2017. In three out of four minutes, no attendees were recorded so it was unclear who had been at the meetings. The notes showed actions and who was taking responsibility for these but the next meeting minutes did not reflect whether the actions had been followed up or achieved. Some discussion of agenda items were only broadly described, for example 'Discussion around serious incidents' which meant that staff who were unable to attend would not have known what the discussion was about which could have impacted adversely on patient or staff safety.

Leadership, morale and staff engagement

- The sickness rate for staff working on wards for people with learning disabilities and autism was five per cent which was above the trust average of four per cent.
- Staff said morale was high and teams worked well together. Staff knew how to whistle-blow and felt able to raise concerns without fear of victimisation. Information about how to whistleblow was displayed in the staff office.
- Staff we spoke with told us there were opportunities for leadership development within the trust. Staff felt they were part of a great team with good support from their peers. Staff felt everyone worked together and they only had to ask and help was given.
- Staff felt they were offered the opportunity to give feedback on services and input into service development. Staff gave an example of an occasion when they had made a suggestion and this had been followed through and would become adopted by the whole trust.

Commitment to quality improvement and innovation

- The service actively participated in the Green Light Toolkit which was a yearly audit to check how well mental health services were meeting the needs of people with learning disabilities and autism.
- The Trust told us this core service does not participate in any national quality improvement programmes such as the Quality Network for Inpatient Learning Disability Services.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients did not have timely access to speech and language assessments based on their clinical needs which meant that care and treatment was not provided in a safe way for these patients. This was a breach of Regulation 12