

ASC Healthcare Limited

# The Brightmet Centre for Autism

## Inspection report

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Date of inspection visit: 04 November 05 November  
06 November 2020  
Date of publication: 23/12/2020

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

Our overall rating of this service improved, it has gone from requires improvement to good. We have also removed the service from special measures because they had made significant improvements in a number of areas and we saw that all the regulatory breaches identified in the last inspection had been addressed:

- The hospital had appointed a clinically experienced director who was also the registered manager. They had implemented a number of effective governance systems and made changes to the way staff were trained and supported. These changes were evident in our observations of care and in the reviewing of documentation.
- Staff were now all trained in the same enhanced prevention and management of violence and aggression techniques which would reduce the risk of confusion and error.
- The numbers of restraints that took place over a comparable period had reduced significantly and the hospital was working on their own restraint reduction programme.
- Staff were now being offered a bespoke package of training that enabled them to improve their skills and knowledge for working with people with learning disabilities, autism and personality disorders.
- Staff were now receiving supervision and appraisals on a regular basis and the hospital had a detailed induction process in place. Staff said they felt more supported and felt more confident in carrying out their roles as a result.
- The hospital had improved the way they managed incidents, they were now reviewed on a regular basis and where necessary actions were taken to learn lessons and change the way that patients were cared for and risk assessments were updated as a result.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. We saw particular improvements to the way in which patients with communication difficulties were being cared for.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The hospital was not following government guidance in the way in which it was managing infection prevention and control.
- It was not always clear from staff duty records that the service had enough support staff to ensure that patient observations could be carried out to the prescribed levels.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Good 	

# Summary of findings

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# Summary of this inspection

## Background to The Brightmet Centre for Autism

The Brightmet Centre for Autism is an independent hospital which is provided by ASC Healthcare Limited. It is situated in the Brightmet district of Bolton, Greater Manchester. At the time of the inspection the provider was registered to deliver the following regulated activities from this location:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.

The centre provides enhanced services and support to adult patients with a learning disability or autism, who are either detained under the Mental Health Act or admitted informally. The hospital takes admissions from across the country.

The hospital has a registered manager who had been in post for five months.

The hospital accommodation is divided into four separate apartments, located over two floors, each interconnecting with another. Each multi occupancy apartment consists of four or five-bedroom suites with full en-suite facilities and shared communal spaces. There is a separate linked annex which contains staff offices and some further shared communal resources such as an activity room and a family room.

At the time of our inspection, there were six patients residing at the hospital, across three apartments. All of the patients were detained under the Mental Health Act.

The hospital was registered with the Care Quality Commission in 2013. There have been seven previous inspections. As a result of concerns raised at an inspection that took place in June 2019, the hospital was in special measures at the time of this inspection.

The hospital was inspected again in February 2020 and although improvements had been made, the hospital was issued with several requirement notices and therefore the hospital remained in special measures. A focused inspection took place in June 2020 which raised a number of further concerns. We told the provider to take immediate action to ensure these concerns were being addressed. They provided us with assurances and a detailed action plan which addressed these concerns.

During this comprehensive unannounced inspection, we checked that actions which related to previous requirement notices had been carried out. We found that the majority of actions had been met but there were still some improvements to be made in relation to staffing and infection prevention and control.

## How we carried out this inspection

During the inspection, we looked at the quality of the environment and observed how staff were caring for patients. We spoke to the parents and carers of patients that resided at the hospital. We spoke to staff providing care and managers responsible for leading the service. We also reviewed patients' care records and range of policies and procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Summary of this inspection

## Areas for improvement

We told the provider that it must take action to bring services into line with one legal requirement.

The provider must ensure that:

- Accurate records are maintained of which staff are working throughout the shift and their allocated duties. This is to ensure there are enough staff available at all times to meet the individual needs of each patient including the completion of observations. (Regulation 12(2))
- The hospital is following the current and appropriate guidance and following best practice in relation to infection prevention and control, in particularly their management of the risks surrounding Covid-19. Their approach must also address the specific needs of each patient as opposed to being a hospital wide policy. (Regulation 12)






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

# Wards for people with learning disabilities or autism

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Wards for people with learning disabilities or autism safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement because:

- Although some of the failings in the service that led to the previous rating of inadequate had been remedied the service still failed to comply with a regulation and we found one new breach of a regulation. Where we have identified a breach of a regulation the rating is normally limited to requires improvement.
- It was not clear that the service had enough support staff to ensure that patient observations could be carried out to the prescribed levels. Upon further discussion, we were assured that there was enough staff but that recording errors had been made in the way that allocations and staff breaks had been documented. To rectify this, an action plan had been put in place to improve recording and ensure that those assigning duties were competent to do so. The hospital had also provided additional support staff on both day and night shifts to ensure that additional duties could be carried out without impacting on levels of patient observation.
- At the time of our inspection the hospital was not following current government guidance on the wearing of face coverings. The hospital had taken the approach that because of the communication difficulties of their patient group, it would not be appropriate for staff to wear face coverings. We spoke to the provider and they immediately took steps to ensure that they were following the correct guidance and that all patients were individually assessed to understand the impact that face covering might have on their care.
- Positive behaviour support plans contained a lot of information and they were sometimes hard to follow. However, there was a plan in place to review these pieces of work.

However:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to patients and themselves well and were taking steps to achieve the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.
- Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result of the positive work the hospital had done, they used restraint only after attempts at de-escalation had failed and the use of restraint had reduced by over 40%. The hospital had not used any episodes of seclusion. The ward staff all participated in the provider's restrictive interventions reduction programme, including agency staff.



# Wards for people with learning disabilities or autism

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The hospital had improved the way that it reported and investigated safeguarding incidents.
- Staff had easy access to clinical information, and it was easy for them to maintain good quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. We found a small number of clerical errors which were rectified as soon as we alerted staff to them. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had an improving track record on safety. The service managed patient safety incidents well and had taken significant steps to ensure that they were reviewed in a timely manner and that feedback and action was taken where it was necessary. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, we saw evidence of this in staff team meeting minutes and supervision records.

## Are Wards for people with learning disabilities or autism effective?

Good 

Our rating of effective improved. We rated it as good because:

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Patients' needs were discussed on a regular basis in a variety of different meetings. Where it was necessary, the frequency of these opportunities could be increased dependent on the current level of input required.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. They had recently implemented a comprehensive programme of internal auditing which included care records and positive behaviour support plans. They were also making use of a number of national guidance documents to assess the effectiveness of their approach and developing interventions as a result.
- Staff worked with patients where possible and with families and carers to develop individual care and support plans and updated them as needed and as a result of incidents. Care plans reflected the assessed needs of patients, were personalised, holistic and strengths based. The hospital had taken steps to ensure that staff had read and understood care plans and that they were carrying out care that was in line with patients' current needs.
- Staff provided a range of care and treatment interventions suitable for the patient group which was consistent with national guidance and best practice. This included access to support for self-care and the development of everyday living skills, and to meaningful occupation. The hospital had a well-equipped activity room, a sensory room and a kitchen specifically set up for patients to use to help them learn new skills. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- The hospital team included or had access to the full range of specialists required to meet the needs of patients, although a number of them had only recently come into post and were yet to have the opportunity to impact on the quality of service delivery. Managers made sure they had staff with a range of skills needed to provide good quality care. Staff were now being offered a bespoke package of training that enabled them to improve their skills and knowledge for working with people with learning disabilities, autism and personality disorders.
- They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an improved induction programme for new staff and a number of new staff we spoke to were able to tell us about this improved programme and there was evidence of it in staff files.

# Wards for people with learning disabilities or autism

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged them effectively. Managers made sure that staff could explain patients' rights to them where it was appropriate.
- Staff supported patients to make decisions on their care for themselves wherever it was possible. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Are Wards for people with learning disabilities or autism caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. We saw that staff had improved their knowledge of Makaton and were making use of it to communicate with a number of patients.
- Staff were making efforts to involve patients in care planning and risk assessment where they had the capacity to do so and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates who attended the hospital on a regular basis and could be easily contacted if required.
- Staff informed and involved families and carers appropriately in all cases. We saw evidence that staff had prepared regular progress reports for families and carers, but some family members stated that they would still like to be more involved in the care of their family member.

## Are Wards for people with learning disabilities or autism responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge well, they had taken steps that had improved this aspect of their work since we last inspected. They liaised well with services that would provide aftercare and were proactive in managing the discharge care pathway. As a result, the lengths of stay of patients was improving and the hospital was seeing more movement of patients onto more suitable settings as they progressed.
- The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom where they could keep their personal belongings safe. There were a number of quiet areas for privacy that were easily accessible by each patient, these areas enabled patients to use spaces for themselves or with other patients and staff where it was appropriate.
- The food was of a good quality, there were a range of options available and patients could make hot drinks and snacks at any time. There were examples of menus, which included pictures and patients had a choice of alternative options where they preferred.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team. Staff were offered debriefs, regular team meetings and useful handovers took place at the changeover of each shift.

# Wards for people with learning disabilities or autism

## Are Wards for people with learning disabilities or autism well-led?

Good 

Our rating of well-led improved. We rated it as good because:

- Our findings from the other key questions demonstrated that governance processes had significantly improved, operated effectively across the hospital and that performance and risks were managed well. The hospital had appointed a clinically experienced director who was also the registered manager. They had implemented a number of new and effective governance systems and made changes to the way staff were trained and supported
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Staff told us that managers regularly spent time with them, in some cases supporting them to review and learn from experiences.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The hospital's values were incorporated into the way in which some team meetings were carried out, ensuring that areas were discussed and considered.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Ward teams had access to the information they needed to provide safe and effective care and staff used that information to good effect. We saw that a detailed programme of auditing had taken place, which included the regular reviewing of care plans and risk assessments and frequent policy review meetings which gave staff the opportunity to refresh a number of out-dated policies. The hospital was also making use of a number of national guidance documents to help guide their practice, policy and the way in which they developed staff.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	