

The WoodHouse Independent Hospital

Quality Report

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Date of inspection visit: 7 November 2017
Date of publication: 28/12/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Good



Overall summary

We rated The Woodhouse Independent Hospital as good for the Safe domain because:

- During the most recent inspection, we found that the service had addressed the issues that led us to rate the Safe domain as requires improvement following the January 2017 inspection.
- We found that when staff gave oral medication for the purposes of rapid tranquillisation, they completed the necessary physical observations. The provider had removed restrictions that meant that it no longer had a patient living in long-term segregation. The provider had a floating nurse to support the wards for people with learning disabilities or autism, in addition to the staffing establishment for each of the wards. Moneystone ward had sufficient staffing levels to meet patients' needs.
- We found that the provider had allocated a lead nurse for infection prevention and control to the wards for people with learning disability or autism. Staff completed checks on emergency bags on all the wards. Staff completed records to show they had cleaned portable clinical equipment on all the wards. Staff had de-cluttered and tidied the storeroom, and cleaned, redecorated and re-floored the sluice room on Moneystone ward.
- The provider offered overtime to its staff and had a bank staff system to help fill shifts. The provider used

Summary of findings

agency staff frequently, and wherever possible, they tried to use staff who were familiar with the service. Most staff in the core service had received training in autism.

However:

- Staff did not always record the time of the physical observations they completed after they gave oral rapid tranquillisation.
- There were different processes for recording physical observations on the wards.
- The provider's rapid tranquillisation policy lacked guidance on monitoring physical observations after oral rapid tranquillisation.

Summary of findings

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Good



The Woodhouse Independent Hospital

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to The WoodHouse Independent Hospital

The Woodhouse Independent Hospital is an independent mental health hospital provided by Lighthouse Healthcare. Lighthouse Healthcare is part of Elysium Healthcare.

The Woodhouse provides low secure and locked rehabilitation services for up to 46 male patients under 65 years old who have learning disabilities or autism. Patients may have a history of offending behaviour and may be detained under the Mental Health Act 1983 or subject to Deprivation of Liberty Safeguards.

The Woodhouse registered with CQC in March 2011. The Woodhouse has a registered manager and is registered to provide the following regulated activities:

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

The Woodhouse has two core services: forensic/inpatient secure wards and wards for people with learning disabilities or autism. On this inspection, we inspected the wards for people with learning disabilities or autism, which has four wards:

- Moneystone, 8 beds, complex/challenging behaviour
- Highcroft, 4 beds, rehabilitation ward
- Kingsley, 4 beds, rehabilitation ward
- Whiston, which had 6 beds and was closed for refurbishment.

At the time of our inspection, all the patients in these wards were detained under the Mental Health Act or subject to Deprivation of Liberty Safeguards.

We have inspected the hospital on five occasions in the past. We last inspected the hospital in January 2017.

Our inspection team

Team leader: Si Hussain, Inspector, Care Quality Commission (CQC)

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We undertook this inspection to find out whether The Woodhouse had made improvements to their wards for people with learning disabilities or autism since our last inspection in January 2017.

Following our inspection in January 2017, we rated wards for people with learning disabilities or autism as 'good' overall. However, we rated the Safe domain as 'requires improvement'. We told the provider that it must make the following improvements:

- ensure it has a clinical lead for infection prevention and control.
- ensure there are records that show the staff clean clinic rooms and portable clinical equipment on all wards.
- ensure there is adequate qualified nursing cover and staffing levels on Moneystone ward.

- improve the quality of the paper records for the patient in long-term segregation, and ensure forms are completed consistently.
- ensure that staff comply fully with guidelines for rapid tranquillisation when giving oral medicine for this purpose.

We also told the provider that it should:

- ensure that rooms such as sluice rooms and storerooms are clean, and fit for their intended purpose.
- continue to address staffing recruitment and retention issues across the hospital.
- ensure that staff receive the appropriate specialist training for their roles.

Summary of this inspection

- ensure that patients are offered at least 25 hours of structured activity each week and that staff record patients' activities consistently.
- address issues contributing to poor staff morale and poor staff engagement with service improvement developments.

We issued requirement notices for the following breaches of regulations:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing.

Since our inspection in January 2017, we have carried out a Mental Health Act (MHA) monitoring visit in July 2017 to

Moneystone ward, which is one of the four wards for people with learning disabilities or autism. We found that there were some gaps in the monitoring of the long-term segregation arrangement in accordance with the Mental Health Act Code of Practice. This applied to one patient who had lived in a long-term segregation environment for several years. The provider issued action plans that showed how it intended to address the issues identified. This included removing the restrictions that amounted to long-term segregation. At the time of our inspection, the patient no longer lived in long-term segregation as defined by the Code of Practice. The patient remained in the same accommodation but had free access to the main ward.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- visited three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the registered manager, the operational manager and clinical lead for the core service
- spoke with the lead nurse for infection prevention and control

- spoke with five staff members including nurses and support workers
- looked at the risk records for three patients
- looked at ten rapid tranquillisation and medication records
- looked at the records of weekly clinic room checks for the last three months
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection of the three wards, we spoke with three patients.

Patients on Moneystone ward commented on the improved decor on the ward and said that staff had involved them in choosing the colours and furnishings. Patients described the ward as warm and pleasant, and said it felt calmer and safer than it used to be.

Patients described the staff as kind and caring. On Moneystone ward, patients said they had more interaction with staff and good access to activities. Patients said they rarely experienced cancellation or postponement of their activities.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- When staff gave oral medication for the purposes of rapid tranquillisation, they completed the necessary physical observations.
- The provider had removed restrictions that meant it no longer had a patient living in long-term segregation.
- The provider had introduced floating nurse cover for the core service, in addition to the staffing establishment for each of the wards.
- Moneystone ward had sufficient staffing levels to meet patients' needs.
- The hospital had allocated a nursing lead for infection prevention and control to the wards for people with learning disability or autism.
- Staff completed checks on emergency bags on all the wards.
- Staff completed records to show they had cleaned portable clinical equipment on all the wards.
- Staff had de-cluttered and tidied the storeroom, and cleaned and redecorated the sluice room on Moneystone ward.
- The provider offered overtime to its staff and had a bank staff system to help fill shifts. The provider used agency staff frequently, and tried to use staff who were familiar with the service.
- The wards had safe environments. Wards with blind spots had mirrors installed to help staff with observation. Each ward had a ligature risk assessment and staff mitigated any identified risks through individual patient risk assessments and observation.
- All clinical staff carried mobile alarms that enabled them to respond to emergency calls for assistance when required.
- Staff completed standard and specialist risk assessments with patients and updated them regularly. The provider reviewed its restrictive practices regularly and made changes, where appropriate.
- The hospital had the appropriate emergency equipment. Medicines were stored safely and checked regularly. Staff completed prescription charts fully and accurately.
- The provider had a visiting policy and safe procedures for children and families who visited the hospital. The hospital had a designated visitors' area away from the wards.

Good



Summary of this inspection

- Staff reported incidents appropriately and managers analysed incidents to identify any patterns and trends and gave staff feedback on any lessons learnt.

However:

- Staff did not always record the time of the physical observations that they completed after they gave oral medication for the purposes of rapid tranquillisation.
- There were different processes for recording physical observations on the wards.
- The provider's rapid tranquillisation policy lacked guidance on monitoring physical observations after oral rapid tranquillisation.

Wards for people with learning disabilities or autism

Safe

Good 

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

- This core service had four wards – Moneystone, Highcroft, Kingsley and Whiston. At the time of our inspection, Whiston ward was closed for refurbishment.
- The design and layout of Moneystone ward and Highcroft unit allowed staff to observe most parts of the ward. The wards had closed-circuit television cameras and mirrors installed to aid observation of patients. The design and layout of Kingsley unit meant that it had a number of blind spots but there were mirrors installed throughout the ward to help mitigate the risks. Furthermore, all patients on this ward received high levels of support and observation.
- The provider last completed full ligature risk assessments on the wards in this core service in October 2016. The provider planned to review these in December 2017. The ligature risk assessments identified no medium or high-level risks on these units. All the wards with the exception of Kingsley unit had some ligature points, for example, on wardrobe doors. Staff mitigated the risks through individual patient risk assessments and observation. All wards had easily accessible ligature cutters. Kingsley unit had anti-ligature fittings and fixed furniture.
- Moneystone ward had a small clinic room that was secure, clean and tidy. The clinic room had a medicines fridge and a controlled drugs storage cabinet. The clinic room held emergency equipment including an oxygen cylinder, an automated external defibrillator (AED), an emergency 'grab bag' and a first aid kit. Records showed that staff checked the emergency equipment regularly.
- Highcroft ward did not have a clinic room but at the time of our inspection, the provider was refurbishing the nurses' office to include a small clinical area. The ward had temporarily stored its emergency equipment (grab bag and first aid kit) in a secure cupboard on the unit used for cleaning supplies. Staff had access to the AED and oxygen cylinder kept on the nearby Lockwood ward. Records showed that staff completed all checks on the emergency equipment. There were clear signs on the wards that advised staff where to find emergency equipment.
- Kingsley unit had a clinic room that was secure, clean and tidy. Staff kept the emergency grab bag in the nurses' office for ease of access. Staff had access to the AED and oxygen cylinder kept on the nearby Hawksmoor ward. Records showed that staff completed regular checks on the emergency equipment. There were clear signs on the wards that advised staff where to find emergency equipment.
- In addition, the wards had access to the well-equipped clinic room on Whiston ward that continued to be available to them during the refurbishment of the ward. The clinic room was secure, clean and tidy. It contained a separate area with an examination couch. The clinic room had emergency equipment such as an oxygen cylinder, a defibrillator and emergency drugs that staff checked regularly.
- Moneystone ward was on the first floor, and the closed Whiston ward was on the ground floor, of the same building. All patients on Moneystone ward had individual fire evacuation plans because of the ward's location on the first floor. Moneystone ward contained a separate suite that had been used for long-term segregation in the past. However, the provider had removed the restrictions that amounted to segregation, and created an apartment at the end of the ward. The provider had installed an exit button that gave the patient who had been previously been subject to long-term segregation freedom of movement and access to the main ward. During our inspection, we saw the patient press the exit button to leave his apartment and enter the main ward.
- The hospital did not have a seclusion room and did not practice seclusion.
- All wards were clean and had furnishings that were in good condition. Since our last inspection, the provider had redecorated Moneystone ward, which now had a warm and pleasant feel. The provider had altered the layout of Highcroft unit to create a more spacious environment. The unit had been redecorated and

Wards for people with learning disabilities or autism

refurnished, and looked modern and homely. At the time of our inspection, Whiston ward was undergoing major renovation from a six-bedded ward to a unit of four apartments. The unit was due to open in January 2018.

- Each ward had domestic staff who cleaned the ward regularly. We saw completed and up-to-date cleaning charts for each ward. The lead nurse for infection control checked the standard of cleaning and the cleaning records regularly. Some wards had regular deep cleans that reflected the specific needs of the patients. For example, a patient's apartment on Moneystone ward received a thorough clean when the patient went on leave. Kingsley unit received a deep clean twice a week.
- At our last inspection, we found that Moneystone ward had a sluice room that was in a poor state of cleanliness with badly stained walls and ripped flooring. On this inspection, we found that the room had been thoroughly cleaned, repainted, and the flooring had been replaced. At our last inspection, we also found a cluttered storeroom on Moneystone ward that held cleaning supplies, bedding, rubbish bags, patients' possessions and staff's coat and bags. On this inspection, we saw that the room was clean and tidy and used appropriately. The provider had also expanded and improved the staff office on the ward.
- All electrical items had received the appropriate safety tests. All portable clinical equipment such as blood pressure monitors, thermometers and scales was clean and well maintained. Records on the wards showed that staff checked and cleaned them regularly.
- Staff adhered to infection control principles such as handwashing and separation of soiled laundry. Hand sanitiser gel was available throughout the hospital. Since our last inspection, the provider had actively promoted infection control and hygiene with staff and patients. There were posters on handwashing and infection control displayed on the wards and in clinic rooms. Staff and patients had attended workshops on handwashing together, and each ward had a patient who was a 'handwashing champion'. Patients had designed colourful, easy-read and pictorial handwashing posters that the provider had printed on box frames.
- The wards had a clinical lead for infection control who provided advice and guidance on matters of hygiene and infection control. The infection control lead nurse had improved the systems and processes that assured

the provider that their infection control practice was safe and effective. The infection control lead nurse closely monitored the standard of cleanliness on the wards and in clinic rooms.

- The wards did not have call systems fitted in patients' bedrooms. The provider regarded these as inappropriate for an environment for people with autism. The provider mitigated any risks through staff presence and observations. The provider had a specific risk assessment that noted the risks and identified control measures.
- All staff carried mobile alarms that worked in all units and buildings on the site.

Safe staffing

- The average staff sickness for the core service for the three months from August to October 2017 was 1.8%.
- The provider had five vacancies for registered nurses and 40 vacancies for healthcare support workers across the hospital. The provider continued to experience difficulties with recruitment of staff due to a number of local factors such as the hospital's rural location, and competition with local trusts for staff. However, the provider had a continuous recruitment programme. Managers attended monthly meetings at which they discussed recruitment and retention, and reviewed staff's reasons for leaving. The new provider, Elysium Healthcare, had started to explore the possibility of offering associate nursing training. Managers were positive that as a larger provider, they may attract more staff.
- The provider had a staffing model that set out the staffing levels required for each ward and the core service. As of October 2017, the three wards (Moneystone, Highcroft and Kingsley) had a total allocation of three registered nurses and 20.5 healthcare support workers for day shifts, and two registered nurses and 19 healthcare support workers for night shifts. The healthcare support worker allocation included a newly established senior healthcare support worker role. The hospital manager adjusted staffing levels as needed to meet the individual needs of patients.
- Moneystone ward had one registered nurse and 10 healthcare support workers on day shifts, and one nurse

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and eight healthcare support workers on night shifts. At the time of our inspection, the ward had seven patients. The number of staff on shifts matched the ward's staff allocation.

- Highcroft unit had one nurse and 3.5 healthcare support workers on day shifts and three healthcare support workers on night shifts. The allocated nurse for Highcroft unit acted as the floating nurse for the other wards because Highcroft unit was a small step-down unit for up to four patients. At the time of our inspection, the unit had three patients. The number of staff on shifts matched the ward's staff allocation. The floating nurse spent a lot of time on Moneystone ward, which meant there were often two nurses on Moneystone ward.
- Kingsley unit had one nurse and eight healthcare support workers on both day and night shifts. Kingsley unit had patients with very high levels of need and behaviour that challenged and therefore had a high level of staffing compared to the other three wards. Each patient had two staff allocated to them on admission, which staff reviewed over time. At the time of our inspection, the unit was full (four patients).
- The hospital relied heavily on bank and temporary staff to fill shifts. Staff and managers were aware of the impact that changes to staffing had on patients with autism as well as the impact on the continuity of care. Wherever possible, they offered overtime to their existing staff, or used bank staff or temporary staff who were familiar with the hospital and patients. Managers requested evidence from the agencies they used of the skills, qualifications and experience of their staff to assure themselves of their suitability.
- Clinical staff were available in the communal areas of all the wards at all times and there was always a qualified nurse nearby (for example, in the nurses' office). The allocated nurse had access to cover from the floating nurse if they needed a break or had to leave the ward. Each ward had an allocated security lead who oversaw the internal and external of the ward, and checked keys and alarms.
- On our last inspection in January 2017, we found there were occasions when staff on Moneystone ward struggled to maintain patients' individual observation levels, for example, when staff left the ward to support patients' leave or when patients' needs increased. On this inspection, staff commented on the positive changes on the ward since our last inspection. Staff described the ward as stable and adequately staffed.

They described mutually supportive team working and a positive culture. The patients we spoke with also commented on the improvements on the ward. They said it felt calmer and safer, and there was much more staff and patient interaction. Staff and patients said activities and leave were rarely cancelled.

- Many of the patients in this core service received one-to-one or two-to-one care and supervision. Patients had allocated keyworkers who supported them during observations more often than other workers. This meant patients received regular one-to-one time with their keyworker.
- There were enough staff to safely carry out physical interventions, if required. The hospital had high training rates for physical intervention training (95%). The provider also required all agency staff to have completed appropriate physical intervention training. All staff had mobile alarms so they could request urgent assistance, if needed. During our inspection, we observed a physical intervention on Moneystone ward. We saw there were enough staff to respond to the restraint (four staff were required), there were other staff around to support other patients on the ward, and more staff arrived quickly on the ward in response to the alarm call. Staff on Kingsley unit had access to personal protective equipment such as gloves, bite guards and hats to help manage specific risks presented by some of the patients, for example, biting, hair pulling.
- There was adequate medical cover during the day and night, and staff could contact a doctor quickly in an emergency.
- All staff received mandatory training. The hospital had a 90% target for compliance with mandatory training. As of November 2017, the average compliance rates for training across the whole hospital were:
 - Physical intervention, 95%
 - Mandatory training (infection control, health and safety, basic or intermediate life support, manual handling, fire safety, safeguarding adults and children, Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, information governance), 91%
 - First Aid, 93%
 - Food Hygiene, 78%
 - Autism, 76% (increased from 57% in January 2017).

Assessing and managing risk to patients and staff

Wards for people with learning disabilities or autism

- The hospital had adopted a no-seclusion policy and therefore had no reported incidents of seclusion. The hospital had one incident of long-term segregation of a patient on Moneystone ward since our last inspection in January 2017. However, the hospital had re-assessed the patient's need for long-term segregation, and by the time of our inspection, the provider had removed all restrictions that amounted to long-term segregation. The patient had a separate apartment at the end of the ward that had an exit button that the patient used to enter the main ward area. Staff had helped the patient understand what the exit button was for. During our inspection, we saw patient move towards the exit, press the button and enter the ward without restrictions.
- We reviewed incident analysis reports for six months from May to October 2017. The report showed 46 incidents of restraints on the three wards. There were no reported incidents of prone (face-down) restraints. Kingsley unit had the highest number of restraints with 20 (43%), followed by Moneystone ward with 17 (37%), and Highcroft unit with nine (20%).
- We reviewed three risk assessments and associated observation records for patients on Moneystone ward. Staff completed standard risk assessments with patients on admission and updated them regularly. Staff completed additional risk assessments for specific activities such as section 17 leave and access to the kitchen. Psychologists completed detailed risk management plans for some patients who had high risk factors using the historical, clinical, risk (HCR-20) management tool. Occupational therapists completed risk assessments for general access to the occupational therapy suite, and for specific activities, for example, art and crafts, IT access and internet use, cooking/kitchen activities, gardening and woodwork. The staff we spoke with on this inspection described a strong focus on environmental and relational risk awareness and management on the wards.
- Staff used and followed the provider's observation policy appropriately to manage environmental risks and patient safety. Most of the patients in this core service received high levels of observations due to their needs, for example, each patient in Kingsley unit had two staff allocated to them. Staff rotated observations on a maximum two-hourly basis. During observations, staff completed individual patient observation records that included a description of the patient's location and their activity. At our last inspection, staff had struggled to maintain and rotate observations on Moneystone ward. However, on this inspection, we found this was no longer an issue.
- Staff received training in physical intervention and used the correct techniques. However, the provider had adopted a positive behavioural support model as part of its conflict and violence reduction programme, and this had had a positive impact on the use of, and need for, restraint. Staff completed 'antecedent, behaviour, consequence' (known as ABC) charts that helped identify patterns in patients' behaviours and inform preventative risk management strategies. The occupational therapist offered sensory assessments as part of a patient's positive behavioural support plan that helped develop positive risk-taking strategies. Staff were encouraged to get to know their patients' well, recognise triggers and warning signs, and respond appropriately. Staff only used restraint as a last resort when de-escalation techniques had failed. The staff on Moneystone ward commented on the reduction in physical intervention used on the ward and the increase in alternative strategies.
- The hospital had continued in its commitment to identify restrictions and remove or reduce them, wherever possible. Staff and managers discussed any existing restrictions and risks at designated restrictive practice meetings, and determined if they still needed them. For example, managers had removed the restrictions that created a long-term segregation environment on Moneystone ward. Managers described plans to modify Moneystone ward's kitchen from an industrial style locked kitchen to a domestic style kitchen that would give increased access to patients.
- Staff rarely used intramuscular rapid tranquillisation. Staff used oral medication to help patients calm down, if needed. Sometimes the medication used was prescribed for the patient as PRN medication ('pro re nata' – as needed). At our last inspection, we found that staff did not always complete the required observations following oral rapid tranquillisation in line with the Mental Health Act Code of Practice. On this inspection, we reviewed 10 care notes across the three wards and found that staff completed and recorded physical observations. However, they did not always record the time of the observation. The recording processes differed slightly on the wards. On Moneystone ward and Highcroft unit, staff recorded observations on paper

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forms and then noted them on the electronic care notes system. On Kingsley unit, staff recorded the observations on the electronic system only. The provider had an up-to-date rapid tranquillisation policy that referred to both intramuscular and oral rapid tranquillisation. The policy clearly set out requirements for monitoring physical observations following intramuscular rapid tranquillisation. However, there was no guidance for monitoring physical observations following oral rapid tranquillisation.

- Staff knew how to recognise and report safeguarding concerns. Staff received training in safeguarding as part of their mandatory training.
- The hospital had good medicines management practice. We reviewed 10 prescription charts and found that staff had completed them fully and accurately. Staff completed regular fridge and room temperature checks on all wards to ensure the safe storage of medicines. The hospital had a medication error database, which showed errors, remedial actions taken and lessons learnt. The clinic rooms contained a copy of the British National Formulary and a folder of relevant policies and guidelines for reference. Patients in receipt of PRN (pro re nata – as needed) medication had PRN protocols. On Highcroft unit, which was a step-down rehabilitation unit, each patient's bedroom had a locked medicines cabinet to support self-medication. Each cabinet held the patient's medicines, a medicines card and a thermometer to check the temperature of the cabinet and room to help ensure safe medicines storage. Staff completed and recorded the bedroom temperatures daily.
- The provider commissioned pharmacy support from a specialist mental health pharmacy. The pharmacist routinely visited the hospital every three months to provide training and undertake audits on prescribing and medicines charts. Staff had 24-hour access to the pharmacy service for any queries or issues.
- The provider had a visiting policy and safe procedures for children and families who visited the hospital. The hospital had a designated visitors' area away from the wards.

Track record on safety

- The provider reported no serious incidents in the core service in the seven months prior to this inspection.
- During our inspection, the hospital was experiencing disruption from planned changes to its computers

systems as part of the transition programme to the new provider. In addition, there were building works on Whiston ward. We saw that staff managed the disruption well to maintain safe and effective patient care, and ensure minimal disruption to patients. For example, the building works on Whiston ward (located directly below Moneystone ward) ceased during lunchtime to give patients the opportunity to have lunch in a quiet setting.

Reporting incidents and learning from when things go wrong

- All staff recognised incidents and knew they had to report them on the provider's electronic incident reporting system.
- The provider produced incident analysis reports and held weekly incident review meetings to encourage reflection and learn lessons. The reports showed data on incidents (including restraints) by quantity, type and times for each ward, and highlighted any obvious patterns. We reviewed the incident reports for the four months from May to October 2017. These showed 488 incidents reported for this core service. Kingsley unit had the highest number of incidents with 308 (63%), followed by Moneystone with 102 (21%) and Highcroft with 78 (16%). The reports showed that most incidents were of low severity and dealt with by non-physical intervention techniques.
- Psychology staff analysed incidents reports for specific patients to identify their behaviour patterns. These informed multidisciplinary team discussions and individual patients' positive behaviour support plans.
- The provider had a policy on the duty of candour. Staff were familiar with the need for openness and transparency (duty of candour) when things went wrong. Managers shared information about adverse events that affected patients with relatives and other agencies, for example, commissioners, CQC, the local safeguarding team and the police, as appropriate.
- Staff received feedback from the investigation of incidents. Staff discussed incidents, feedback and any lessons learnt at handovers, one-to-one supervisions sessions and team meetings. Managers also shared feedback and learning by email and in notices, where appropriate. Managers implemented recommendations from investigations, for example, in one case, the provider had undertaken a training needs analysis to identify any gaps in training.

Wards for people with learning disabilities or autism

- Staff received debriefs and support following serious incidents. Psychologists offered specific support to staff following traumatic events.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff record the time of the physical observations completed after oral rapid tranquillisation.
- The provider should consider adopting similar processes for recording physical observations for consistency across the service.
- The provider should consider adding monitoring guidance for physical observations following oral rapid tranquillisation to its rapid tranquillisation policy.