Jeesal Cawston Park

Quality Report

Jeesal Cawston Park
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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
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 and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We rated Jeesal Cawston Park as good because:

- Staff throughout the hospital knew the patients, there was evidence across the site of good interactions, positive support and engagement Staff knew patient's likes and dislikes. There was a full range of rooms available for activities from exercise to education and therapies. The lodge patients had a separate kitchen where they engaged in supervised cooking activities. The hospital site also had a small farm. Patients gave feedback on their care and service in ward-based meetings, allowing patients to make suggestions around activities and food.
- Psychological therapies were offered, as recommended by the National Institute for Health and Care Excellence. The range of interventions included post-traumatic stress disorder, anger and anxiety, bereavement, emotional and distressed behaviour. These were available for patients on a one to one basis, in groups and with family.
- There was a physical healthcare lead nurse, who was involved in health promotion such as smoking cessation and infection control regarding personal hygiene. The hospital had recently held a physical wellbeing day to promote healthy living.
- There were three new clinic rooms including a GP room. Rooms and patient bedrooms were clean and well, maintained furnishings in place.
- Managers ensured the correct levels of staff were on shift and, the hospital's electronic system helped managers to effectively plan tasks ward by ward. Staff appraisals were up to date and Jeesal Cawston Park sponsored staff for further development and qualifications.

However:

- There were environmental risks identified at the hospital, on one ward staff were not carrying personal alarms, on another ward we found two ligature points that were not identified on the ligature risk assessment.
- We found one emergency medication was located in a different area of the hospital to the patient it was prescribed for.

Summary of findings

Contents

Good

Jeesal Cawston Park

Services we looked at

Wards for people with learning disabilities or autism.

Summary of this inspection

Background to Jeesal Cawston Park

Jeesal Cawston Park provides a range of assessment, treatment and rehabilitation services for adults with learning disabilities and autistic spectrum disorder. The patients receiving care and treatment in this service have complex needs, associated with mental health problems and present with behaviours that may challenge.

The service is registered with CQC for the assessment or medical treatment for persons detained under the Mental Health Act 1983, and the treatment of disease, disorder and injury.

There are 57 registered beds.

As part of our inspection we inspected all six wards:

- The Grange – a 15 bedded locked ward accepting male patients only
- The Lodge – a 14 bedded locked ward accepting both male and female patients
- The Manor – a 16 bedded ward which accepts both male and female patients
- The Manor Flats – has six individual living flats, where patients are supported to live independently.
- The Manor Lodge – has three self-contained flats, where patients are supported to live independently.
- The Yew Lodge - has three self-contained flats, where patients are supported to live independently.

There was a registered manager and a controlled drugs accountable officer in place.

There were 45 patients in the hospital when we inspected. No patients were informal, five were subject to Deprivation of Liberty Safeguards (where a person's freedom is restricted in their own interests to ensure they receive essential care and treatment) and 40 were detained under a section of the Mental Health Act.

The Care Quality Commission had carried out a full comprehensive inspection on 6 and 7 March 2017. This inspection focused on all five domains, safe, effective, caring, responsive and well led. The service we rated as requires improvement overall and we issued requirement notices for the breaches of the following regulations:

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014

Person-centred Care

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014

Safe care and treatment.

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014

Premises and equipment

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014

Staffing

Following the issuing of the requirement notices the provider sent us an action plan outlining the changes they had made to ensure that they met the regulations.

At this inspection, we reviewed these areas of previous non-compliance and confirmed that improvements had been made.

Our inspection team

Team leader: Teresa Radcliffe Inspector - mental health hospitals Care Quality Commission.

The team that inspected the service comprised of three CQC inspectors and two specialist professional advisors who had current experience of working with people with learning disabilities and autism.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

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 the location.

During the inspection visit, the inspection team:

- visited all six wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 14 patients who were using the service
- interviewed the registered manager and managers or deputy managers for each of the wards
- spoke with 17 other staff members; including doctors, nurses, occupational therapist and psychologists
- talked to two parents and family members of patients
- attended and observed three hand-over meetings, one discharge planning meeting, and three multi-disciplinary meetings
- collected feedback from two patients using comment cards
- looked at 13 care and treatment records of patients, viewed individual positive behaviour support plans, and two person centred care plans
- carried out a specific check of the clinic rooms and medication management on all six wards
- reviewed a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Most patients told us that they felt safe at the hospital. Patients stated if they felt concerned in any way they could talk to staff and staff would look into this.
- Patients said they knew their named nurse, and liked the staff and managers at the hospital.
- Three patients reported that they felt relaxed at the hospital, and had been involved in their treatment, care and progress.
- Patients said they had varied activities provided and had input into activity ideas.
- Some patients in an external organisation survey said the food could be better.
- The comments we collected via CQC comment cards were positive and patients felt staff listened to them and helped them.

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?

Good

We rated safe as good for wards for people with learning disability or autism because:

- Ward areas were clean, with suitable and well-maintained furnishings in place.
- Managers undertook environmental risk assessments regularly, and these showed us that any identified hazards were assessed, other than two ligature points.
- The hospital used an electronic duty rostering system, which generated the required staff numbers to patient ratio automatically. Ward managers assessed the numbers of patients and observation levels required and then booked additional staff as required.
- Staff on duty matched the needs of the patients and this was reflected in the duty rotas examined.
- Care and treatment records for each patient showed that staff had completed and updated detailed risk assessments from the time of admission. The multidisciplinary team reviewed these monthly. Clinical staff measured outcomes around behavioural changes and reviewed individual observation levels for patients.
- There was a restrictive practice decision-making tool in place, where goals were set for patients, including those in long-term segregation. The tool included a clear pathway to reduce levels of restriction. We observed staff choosing least restrictive options for patients.
- The records showed that staff recognised and reported incidents appropriately. Staff recorded incidents on an electronic incident recording system. Front line staff were provided with electronic devices connected directly to this system, this gave them instant access for reporting incidents throughout the hospital.

However:

- On the Grange, we identified two ligature points that were not on the current ligature risk assessment.We brought this to the attention of senior managers. They confirmed that the ligature risk assessment would be updated accordingly.
- Personal alarms and radios were available, and staff conducted checks. However, on the Manor not all staff members carried an alarm. This put staff and patients at risk if an incident occurred.

Summary of this inspection

- We found one emergency medication was located in a different area of the hospital, which meant the emergency response time may be affected when staff needed to collect that medication. We brought this to the attention of senior managers who resolved this immediately.
- The provider's records showed there had been 42 episodes of seclusion between April and September 2017.On one occasion staff members had made the entry of rationale for a patient's seclusion, sometime after seclusion commenced. This meant that the electronic records did not reflect accurate timings or reasons for seclusion clearly.

Are services effective?

Good

We rated effective as good for wards for people with learning disability or autism because:

- We reviewed 13 care and treatment records. Staff had completed a comprehensive assessment within the first 72 hours of each patents admission.
- There was a physical healthcare lead nurse, who was involved in health promotion such as smoking cessation and infection control regarding personal hygiene. The hospital had recently held a physical wellbeing day to promote healthy living.
- Patients assessed as requiring a positive behavioural support plan had one in place. These were visible and easy to find on the wards. Patients had a copy and plans were displayed in patient's bedrooms for staff to read.
- Staff had access to appropriate training. Training records showed that staff had completed training relevant to their role.
- The provider's staff appraisal figures showed 86% of staff had received an appraisal in the last three-month period. The records seen and our discussions with staff supported this.
- There were monthly multidisciplinary team meetings held for each patient. The main topics discussed were patient attendance at activities and therapies, incidents, risks, goals and progression towards discharge.
- Staff described effective working relationships with the local authority and commissioners, management team minutes showed regular contacts and updates occurred.
- There was a quick reference Mental Health Act guide available to staff. Staff were aware of who the Mental Health Act administrator was and how to contact them.
- Staff had a good understanding of the principles of the Mental Capacity Act.

However:

Summary of this inspection

- The hospital had developed an electronic patient information system. However, we found a delay of the uploading of some paper documentation. We saw it took staff up to 15 minutes to locate a physical health record.
- Four staff out of 17 reported that their clinical supervision was not completed on a regular basis.

Are services caring?

Good

We rated caring as good for wards for people with learning disability or autism because :

- Staff knew the patients well and there was evidence across the site of effective interactions, staff supporting patients and engaging with them in a positive manner.
- Patients reported that they felt safe and stated if they felt concerned in any way they could talk to staff.
- Staff knew and acted upon patient's individual likes and dislikes. Staff briefed us on individual patient's personalities.
- Staff showed newly admitted patients around to help orientate them to the environment, and handed out leaflets and timetable. The hospital had introduced a televised information system, with photographs and signage to all activities, advocates and other services.
- Patients gave feedback on their care and service in ward-based meetings. These meetings allowed patients to make suggestions around activities and food. For example, the kitchen staff would review food suggestions, and explain to patients if they could not accommodate them.

Are services responsive?

Good

We rated responsive as good for wards for people with learning disability or autism because:

- Patients were discharged to suitable placements near to home if possible.
- There was a full range of rooms available at the hospital. Clinic rooms, an activity centre, classrooms, gymnasium and an art therapy room. The lodge patients had a separate kitchen where they engaged in supervised cooking activities. The hospital site also had a small farm.
- Patients had access to phones and were able to make calls in private throughout all patient areas in the hospital.
- Patients were provided with information on how to make a complaint, and those patients interviewed stated they knew how to make a complaint.

However:

Summary of this inspection

- Two patients out of 14 stated they did not feel that their complaints would be taken seriously.

Are services well-led?

Good

We rated well led as good for wards for people with learning disability or autism because:

- Staff were fully aware of who their managers were, and confirmed that they were visible and approachable. Staff and patients spoke highly of the senior management team.
- Managers used the hospital's electronic system to effectively plan tasks ward by ward. We observed managers doing this at morning handover. Staff felt that they had time to complete care activities.
- Managers completed patient file checks on wards other than their own that promoted staff's continuing development for accurate record keeping. Managers completed audits such as patient engagement and incident reports. There was evidence of hospital wide actions taken in response to audit findings.
- Staff knew how to use the whistle blowing process should they have any concerns they wanted to raise confidentially. The hospital had its own speak up guardian. Staff said they felt able to raise concerns.
- Staff were passionate about their roles. Staff reported that their morale was good, that they enjoyed working in their individual areas, and said there was an open culture in the hospital.

Detailed findings from this inspection

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.

- The hospital had a Mental Health Act administrator who carried out audits on Mental Health Act papers to ensure detention was legal.
- We saw there was a quick reference guide available to staff for checking paperwork. Staff were aware of who the Mental Health Act administrator was, and how to contact this individual.
- There was a clear process in place for Section 17 leave. The doctor completed the leave forms, the multidisciplinary meeting discussed these, the responsible clinician would then sign them off once agreed.
- Training figures showed 63% of staff had completed the provider's mandatory training in the Mental Health Act. This figure was low, as this training package was new and introduced this year. All staff yet to complete the training had been booked to do it.
- Staff demonstrated awareness of the Mental Health Act and the guiding principles.
- Staff kept patient consent to treatment forms with each patient's medical charts.
- Patients' rights were explained on admission. Their named nurse would then review this; rights were explained on a regular basis thereafter. Staff used easy read material to help explain these to patients.
- Audits were conducted at the hospital by the quality team. The last audit for Mental Health Act was conducted in November 2017, managers review this to ensure these actions are completed There was good access to the advocacy services and patients were aware of how to access this service. Staff referred patients to the Independent Mental Health advocate and response was timely.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety nine percent of staff had completed up to date training in the Mental Capacity Act.
- Staff had made five applications under the Deprivation of Liberty Safeguards in the last six months. One patient had been waiting for assessment by the local authority for two years and another since August 2017 Deprivation of Liberty Safeguards applications were stored in the electronic patient record, all staff had access. Managers had proactive systems in place to review these applications. The local authority was contacted every six months regarding these.
- Staff interviewed had a good understanding of the principles of the Mental Capacity Act.
- There was a policy on Mental Capacity Act and Deprivation of Liberty Safeguards and staff were aware of how to access this.
- Staff assessed and recorded patient's capacity on their electronic records. Patients had the opportunity to make specific decisions for themselves throughout their daily activities. We saw easy read information encouraging patients to make their own decisions.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- The Grange, the Manor and the Manor flats all had poor lines of sight and areas where staff could not easily see patients. However, environmental risk audits had identified these and risk assessed these as being low. The hospital had control measures in place, such as regular observations and individual patient risk assessment.
- On inspection, we found there had been no incidents as a result of poor lines of sight. The ward layout out of the Lodge allowed staff to observe patients at all times.
- Managers had completed ligature risk assessments for all of the wards (a ligature point is a point which a patient may use to tie something around to attempt strangulation). Staff mitigated identified risks by escorting patients assessed as high risk when they were in these areas.
- On the Grange, we identified two ligature points that were not on the current ligature risk assessment. These were bought to the attention of senior managers. They confirmed that the ligature risk assessment would be updated.
- All of the wards complied with the Department of Health's guidelines on mixed sex accommodation.
- There were three new clinic rooms and a GP clinic room on site, all of which were clean. Equipment was well maintained and a record kept of this. The resuscitation equipment and emergency drugs were accessible and checked regularly, with exception of one.
- Both seclusion rooms allowed clear observations, there was a clock, temperature control, en-suite facilities and intercoms in both seclusion rooms. However, on inspection one intercom was not working, this was reported and resolved.
- Ward areas were clean, with suitable and well-maintained furnishings in place. The provider's infection prevention control audit monitored infection risks to patients and staff. There were handwashing signs throughout the site as a reminder to patients and staff.
- Dedicated cleaning staff kept the hospital clean. The hospital's cleaning schedules were up to date. Staff used clean stickers throughout ward areas to identify clean equipment. Equipment was well maintained according to those records examined. Cleaning staff said all staff and patients shared the responsibilities.
- Managers undertook environmental risk assessments regularly, and these showed us that any identified hazards were assessed, other than two ligature points.
- Personal alarms and radios were available, and staff conducted checks. However, on the Manor not all staff members carried an alarm in line with the provider's policy. The provider's policy informs staff who work in locked units that they have a duty to ensure they carry a working alarm.
- There were close circuit television cameras installed at the Lodge and there was appropriate signage to inform patients, visitors and staff of this.

Safe staffing

Good

Wards for people with learning disabilities or autism

- Across the six wards, the overall staffing on a daily basis was 11 qualified nursing staff and 43 support workers when the hospital was at full capacity. The hospital had 11 nursing vacancies and seven support worker vacancies at the time of inspection.
- The hospital used bank and agency staff to meet the additional staffing needs per shift, the hospital had a core of bank staff who worked regularly at the hospital. This meant that they were familiar with the hospital and individual patient need.
- The hospitals agreed staffing levels were one member of staff per two patients during the day and a minimum of one member of staff to three patients at night. Staffing levels included senior staff nurses, staff nurses, senior support workers, and support workers. Those patients assessed as needing two to one support and enhanced observation levels had staff allocated to them. Staff on duty matched the needs of the patients and was reflected in the duty rotas examined.
- The hospital used an electronic duty rostering system, which generated the required staff numbers to patient ratio automatically. Ward managers assessed the numbers of patients and observation levels required and then booked additional staff as required. At times when staffing levels were low, patient observations were reviewed and agreed by the responsible clinician who made the decision if observations were safe to reduce, and this was recorded on a spreadsheet. This would not happen without a full review by the responsible clinician, and did not happen on a regular basis.
- A qualified nurse was present on the wards at all times. Qualified nursing staff from the wards would provide cover for the Yew and Manor Lodge bungalows.
- A designated ward manager held a meeting to plan activities on a weekly basis for patients. Managers would ensure correct staffing levels so patients could access their Section 17 leave, if activities were cancelled for any reason, these were rescheduled, and staff made plans for alternative activities to take place.
- Staff were aware of who to contact when seeking medical advice day and night. There was a doctor on site during the day and a doctor on call at night. The hospital had a visiting GP on a Friday.
- Hospital training records across the site showed 82% of staff had completed mandatory training.

Assessing and managing risk to patients and staff

- Between April 2017 and September 2017, there were 42 incidents of seclusion at the hospital. On one-occasion staff members had made the entry of rationale for a patient's seclusion, sometime after seclusion commenced. This meant that the electronic records did not reflect accurate timings or reasons for seclusion clearly. However, we found the paper records contained appropriate reviews and observations. A responsible clinician authorised seclusion via telephone consultation.
- Three patients were in long-term segregation in the Lodge. There were clear care plans in place and goals set using the restrictive practice tool to minimise and eliminate these restrictive practices where possible. The hospital held regular care plan treatment reviews and care planning approach reviews.
- There were 11 incidents of restraint between the Yew and Manor Bungalows, 301 on the Grange, 338 on the Lodge and 70 on the Manor. This was between April 2017 and September 2017. This figure included any form of hands on and safe holds from staff. There was evidence of care planning, risk management, and multi-disciplinary team involvement around the identified risk of restraint on patients. For example, managers reviewed restraint across all wards, and analysed the frequency, increases and reductions. This analysis fed into the risk reduction policy.
- Out of the total 720 incidents, 70 were prone (10%). In the last six month period, there were 58 prone restraints on 10 patients A register was held to show reasons for prone use.
- We reviewed this register; two patients were currently causing higher figures of prone restraint, when using therapeutic holds, administration of medication, and disengaging safely. Patient's records showed full discussions at multidisciplinary and senior management team meetings, and with commissioners, as per the provider's policy on the management of violence and aggression.
- Staff had received their 'managing violence and aggression' training. They confirmed that restraint was used as the last resort. De-escalation techniques were used first if possible.
- There was a restrictive practice decision-making tool in place, where goals were set for patients, including those in long-term segregation. The tool included a clear pathway to reduce levels of restriction. We observed staff choosing least restrictive options for patients.

Good

Wards for people with learning disabilities or autism

- Thirteen care and treatment records showed that staff had completed and updated detailed risk assessments from the time of admission. The multidisciplinary team reviewed these monthly. Clinical staff measured outcomes around behavioural changes and reviewed individual observation levels for patients.
- There were no blanket restrictions in place. Any patient needing restriction would be individually risk assessed. This was confirmed by the records reviewed and with discussions with patients.
- There were no informal patients at the time of the inspection. However, there was no information available for patients who may become informal on display in the hospital.
- The hospital's observation policy was up to date. A standard operation procedure was in place for staff to follow. The process was clear and transparent, and was set around individual patient activity timetables. Staff breaks were planned taking into account the need for any enhanced patient observation.
- Staff followed the National Institute for Health and Care Excellence guidelines when administering rapid tranquilisation. The hospital's policy for this was current and included up-to-date guidance from the Royal College of Psychiatrists.
- The provider's patient safety and quality report showed that 93% of staff had received safeguarding training. Staff knew what to report under the safeguarding procedures. We saw records where staff had appropriately dealt with potential safeguarding issues.
- A pharmacist attended the hospital weekly to assist with the safe ordering storage and administration of medication. They carried out medicines management audits and reported any concerns to senior managers.
- Medicines were securely stored within locked cupboards. Records showed that clinic room and fridge temperature checks were completed. We found one emergency medication was located in a different area of the hospital, which meant the emergency response time may be affected when staff needed to collect that medication. When raised with senior management was resolved immediately. Staff knew what to do in the event of drug error.
- There was a visitors' policy in place. This addressed any potential risks to children visiting the hospital. These included advance checks and the provision of a suitable family visiting room off the main ward areas.

Track record on safety

- The hospital had 32 serious incidents in the last twelve months. Senior management had investigated all serious incidents and produced a subsequent investigation report.

Reporting incidents and learning from when things go wrong

- The records seen showed that staff recognised and reported incidents appropriately. This was recorded on an electronic incident recording system. Front line staff were provided with electronic devices connected directly to this system, this gave them instant access for reporting incidents throughout the hospital.
- Staff and managers were open and transparent with patients when things went wrong. This was supported by an example of the recommendations made regarding a patient following an incident.
- Senior managers discussed and documented lessons learnt at the morning management meeting. Feedback from incidents to staff took place at shift handovers. Staff could access a folder containing details of incidents and lessons learnt.
- Staff stated they received debriefs and were supported after an incident. We saw evidence of this in documented incident investigations.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed 13 care and treatment records. Staff had completed a comprehensive risk assessment within the first 72 hours of each patents admission.
- Staff completed the required physical health care examinations and recorded entries on admission. Staff referred patients to the GP for initial checks within 24 hours. However, some patients waited until Friday when the GP attends for clinic. There was an on call system for medical emergencies. The GP summarised any medical treatment on the patient's own electronic record.

Good

Wards for people with learning disabilities or autism

- There was a physical healthcare lead nurse, who was involved in health promotion such as smoking cessation and infection control regarding personal hygiene. The hospital had recently held a physical wellbeing day to promote healthy living.
- Patients assessed as requiring a positive behavioural support plan had one in place. These were visible and easy to find on the wards. Patients had a copy and plans were displayed in patient's bedrooms for staff to read.
- Staff had recorded holistic goals for each patient. For example, details around individual patient's sexuality and spiritual needs. Staff reviewed the patient care and treatment plan with them. Ten patients told us that they received a copy of their care and treatment plans if they wanted them, but this was not consistently recorded on their records.
- The hospital had developed an electronic patient information system. However, we found up to a two-week delay of the uploading of some paper documentation. It took staff up to 15 minutes to locate a physical health record.

Best practice in treatment and care

- Psychological therapies were offered, as recommended by the National Institute for Health and Care Excellence. The range of interventions included post-traumatic stress disorder, anger and anxiety, bereavement, emotional and distressed behaviour. These were available for patients on a one to one basis, in groups and with family. Psychologists were involved in writing positive behaviour support plans.
- A local GP visited the hospital and held a weekly clinic to review any physical healthcare needs. A practice nurse was available as the physical healthcare lead to provided additional support for patient's physical healthcare needs.
- The hospital employed a dietician who was developing individual exercise and nutritional action plans for patients who needed additional support.
- The hospital used recognised rating scales to assess and record individual patient outcomes. For example, the health of the nation outcome scales for learning disabilities. However, patient's historic records regarding this were not easy to locate.
- The hospital had used Care Quality Commission guidance to improve the planning of care and treatment for individual patients. Clinical audits such as therapy led and patient engagement were conducted.

Skilled staff to deliver care

- There was a range of skilled staff at the hospital. This included qualified nursing staff, support workers, psychologists, psychiatrists, an occupational therapist, a speech and language therapist, and social workers.
- Staff had access to appropriate training. Training records showed that staff had completed training relevant to their role. Staff said they had opportunities to develop through training. There was a system in place to book extra training courses such as epilepsy awareness, dementia awareness and sexuality and relationships in learning disabilities and mental health The hospital had a training facility away from the hospital, and staff reported that the hospital would sponsor them for further training and qualifications if required.
- The hospital had an induction programme in place for new staff where mandatory training was completed. New support workers completed the national care certificate during their probationary period. The induction period for new staff was three weeks.
- Staff had managerial supervision on a bi monthly basis and reported this happened regularly. Four staff out of 17 reported that their clinical supervision was not completed on a regular basis.
- Regular team meetings took place and supported by those minutes seen.
- The provider's staff appraisal figures showed 86% of staff had received an appraisal in the last three-month period. The records and our discussions with staff supported this.

Multi-disciplinary and inter-agency team work

- There were monthly multi-disciplinary team meetings held for each patient. The main topics discussed were patient attendance at activities and therapies, incidents, risks, goals and progression towards discharge.
- Three morning handovers were observed. These were comprehensive and covered assessed patient need, present state of mind, incidents during the night, medication, sleep patterns and any further individual concerns. Following the handover of individual patients, staff arranged patient activities for the day and recorded these in an activity book.

Good

Wards for people with learning disabilities or autism

- Staff described effective working relationships with the local authority and commissioners, management team minutes showed regular contacts and updates occurred.
- A discharge-planning meeting was attended. We noted good examples of joint working with external agencies and commissioners.

Adherence to the MHA and the MHA Code of Practice

- The hospital had a Mental Health Act administrator who carried out audits to ensure that all detention paperwork met legal requirements.
- There was a quick reference Mental Health Act guide available to staff. Staff were aware of who the Mental Health Act administrator was and how to contact them.
- There was a clear process in place for the granting of Section 17 leave. The doctor completed Leave forms, the multi-disciplinary meeting would discuss these, and when agreed be signed off by the responsible clinician.
- Training figures showed 63% of staff had completed the provider's mandatory training in the Mental Health Act. This figure was low, as this training package was new. Staff yet to complete the training had been booked on to do it. Staff demonstrated an awareness of the Act and the guiding principles.
- Patient consent to treatment was kept with each patient's medical charts.
- The records seen showed that patients' rights under the Act were explained on their admission. The relevant named nurse would then review this with each patient. Patients' rights under the Act were explained to them on a regular basis thereafter. We noted that staff often used easy read material to help explain these to patients.
- The hospital's quality team also conducted audits of the implementation of Mental Health Act. They conducted the last audit in November 2017. Staff had addressed actions arising from this.
- Advocacy services were publicised throughout the hospital and patients were aware of how to access this service. Staff had referred patients to the Independent Mental Health Act advocate and response was timely.

Good practice in applying the MCA

- Ninety-nine percent of staff had received current training in the Mental Capacity Act
- Staff had made five applications under the Deprivation of Liberty Safeguards in the last six months. One patient had been waiting for assessment by the local authority for two years and another since August 2017 Deprivation of Liberty Safeguards applications were stored in the electronic patient record, all staff had access. Managers had proactive systems in place to review these applications. The hospital was actively chasing these applications and the local authority was contacted every six months regarding these assessments.
- Staff spoken with had a good understanding of the principles of the Mental Capacity Act.
- Staff could access the policy on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff assessed and recorded patient's capacity on their electronic records. Patients had the opportunity to make specific decisions for themselves throughout their daily activities. We saw easy read information supporting patients to make their own decisions.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- Staff knew the patients well and there was evidence across the site of good interactions, with staff supporting and engaging with patients in a positive manner.
- Patients reported that they felt safe and stated if they felt concerned in any way they could talk to staff. The atmosphere on wards during our visit was calm and friendly.
- Staff knew patient's individual likes and dislikes. Staff briefed us on individual patient's personalities.
- One patient reported that another patient had assaulted them in the past. However, the patient had reported this to staff and said that an appropriate police investigation took place when this happened.

The involvement of people in the care they receive

- Staff showed newly admitted patients around to help orientate them to the environment, and handed out leaflets and timetable. The hospital had introduced a televised information system, with photographs and signage to all activities, advocates and other services.

Good

Wards for people with learning disabilities or autism

- Ten patients said they had a care plan, and could explain the objectives they were working towards. Three patients said they had lots of input into what goes onto the care plan and two referred us to their positive behaviour plan in their bedroom.
- Patients knew how to access an advocate; they said that staff would help make a referral. We saw information displayed on the televised screen about the advocacy service, their staff, and other services.
- Patients stated that that their family members were involved in their care and invited to participate in meetings if all agreed. Staff regularly contacted family by phone to give updates.
- Patients gave feedback on their care and service in ward-based meetings. These meetings allowed patients to make suggestions around activities and food. For example, the kitchen staff would review food suggestions, and explain to patients if they could not accommodate them. Experts by experience had been used to seek advice on how to develop easy read information for patients.
- Activity suggestions went to the activities coordinator who would consider these and then feedback decisions made to the relevant ward.
- Managers showed us the system in place for patients who lacked capacity. For example, patient's finance and how this is managed. We noted that staff reviewed decisions regarding capacity regularly to help patients take individual responsibility, aiming for the future goal of managing their own money if possible.
- We spoke with two parents of patients at the hospital who stated they were involved in their care, they felt it was a safe and clean environment and were able to visit regularly. Staff were praised for their good interaction with the patients.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

- Average bed occupancy over the last six months was 90%. The Manor flats' average length of stay was highest at 42 months as the patients there were progressing to living more independently. On the Lodge, the average length of stay was 20 months due to patients' complex needs and areas of the ward had been adapted to meet those needs.
- The hospital accepted patients from all parts of the country. Patients were discharged to suitable placements near to home if it was possible.
- Patients returned to their own rooms following leave.
- Patients only moved between wards as part of progression on clinical grounds. For example, from a ward to the individual flats.
- At the time of inspection we saw one patient being discharged, this was well planned and completed at an appropriate time of day.
- In the last six months there had been an average of two delayed discharges per month, this was due to the local authority not having suitable placements.
- At the time of inspection, we saw discharge planning meetings held where Section 117 aftercare services were considered, such as a GP in the community, transition planning, and funded support for placements.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms available at the hospital. Clinic rooms, an activity centre, classrooms, gymnasium and art therapy room. The lodge patients had a separate kitchen where they had supervised cooking activities. The hospital site also had a small farm.
- The Lodge, Manor and the Grange all had quiet rooms for male and female patients. The hospital provided a dedicated room for visitors off the wards, except for the Manor where there was a dedicated room on the ground floor of the ward building.
- Patients had access to phones and were able to make calls in private; this was throughout all patient areas in the hospital.
- The hospital is set on a site with a lot of land so patients were able to access outside areas. These areas were clean and well maintained.
- We observed fresh food being prepared in the kitchen on the Manor, there was a range of food available at meal times. A patient survey conducted this year showed some patients felt the food could be better.
- Patients could make drinks and snacks throughout the day.

Good

Wards for people with learning disabilities or autism

- Patients were able to personalise their bedrooms, we saw evidence of this throughout the inspection, patients had personal possessions in their rooms and they were individual to each person's wants and needs. One patient's room had art painted onto the wall, which the patient had done with the art therapist.
- Patients had electronic keys to their rooms on the Manor. Patients assessed with capacity had access to safes in their rooms; patients interviewed felt their belongings were secure. The hospital also has a secured storage room for patient's property.
- We spoke with the activities coordinator and saw the timetable for planned activities on a weekly basis, this included activities scheduled at the weekend.

Meeting the needs of all people who use the service

- Throughout the hospital, there were bedrooms adapted for patients needing disability support. These rooms had suitable en suite facilities. The Manor had bedrooms upstairs. However, there was a lift for this ward for patients in wheelchairs.
- Wards had information leaflets available including in easy read formats, and there was a televised notice board system for information.
- The hospital provided a menu for patients to choose a variety of meals, which met their individual religious and cultural needs.
- All patients had access to spiritual support; we saw evidence of spiritual needs considered in person centred care plans.

Listening to and learning from concerns and complaints

- The hospital received 98 complaints in the last 12 months, 24 were upheld, and no complaints were referred to the ombudsman. The hospital investigated complaints and apologised when required in line with the Duty of Candour.
- Staff provided patients with information on how to make a complaint and those patients interviewed stated they knew how to make a complaint. However, two patients stated they did not feel complaints would be taken seriously.
- Staff supported patients to write a complaint, and followed the process in place to ensure managers handled them. The hospital had a dedicated complaints clerk.
- Staff received feedback from complaints in team meetings, there were folders on the wards, which included the feedback given to patients. Patients had signed to evidence they had read the feedback.

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

Good

Vision and values

- The provider's vision and values were not displayed in all areas. However, they were available in patient's welcome packs.
- Staff either knew the vison and values, or could explain philosophy of care they provided. This demonstrated their knowledge of the varied individual needs of the patients they cared for.
- Staff were fully aware of who their managers were, and confirmed that they were visible and approachable.
- Staff and patients spoke highly of the senior management team.

Good governance

- Managers kept the electronic training record system up to date to ensure compliance with mandatory training.
- Managers supervised staff every two months and records showed this was happening. Staff had team supervision. Staff appraisals were up to date.
- Five staff files were reviewed. Pre-employment checks, immigration status, right to work and employment history documents were all present. New staff received starter packs, there was evidence that Disclosure and Barring Service checks were carried out before they started work.
- Managers used the hospital's electronic system to effectively plan tasks ward by ward. We observed managers doing this at morning handover. Staff felt that they had time to complete care activities.
- Managers completed clinical audits, such as incidents, therapy led and patient engagement. Managers completed records checks on other wards with feedback to staff as part of continuous development. We saw evidence of hospital wide actions taken in response to findings, and progress updates reported in the quality improvement review.

Good

Wards for people with learning disabilities or autism

- Staff were able to feed into the hospitals risk register, and corporate risk management meetings were held, and progress reported on the qualities priority action plan from the clinical governance annual report.
- Ward managers said that they were supported in the running of their own ward, and had individual accountability and the authority to make changes to improve services for patients.

Leadership, morale and staff engagement

- Between October 2016 and September 2017 the average sickness absence rate was 3%.
- There were no current bullying or harassment cases reported to us by staff or management.
- Staff knew how to use the whistle blowing process should they have any concerns they wanted to raise confidentially. The hospital had its own speak up guardian. Staff said they felt able to raise concerns.
- Staff were passionate about their roles. Staff reported that their morale was high, they enjoyed working in their individual areas, and said there was an open culture in the hospital.
- Jeesal Cawston Park sponsored staff for further development and qualifications. There had been opportunities in the last 12 months for staff to act up in different roles, and support workers were given the opportunity to complete nurse training.
- Staff communicated well across teams and said that they felt well supported by colleagues.
- Staff were able to share best practice ideas at team meetings.

Commitment to quality improvement and innovation

- The hospital was participating in the Royal College of Psychiatrists quality network for inpatient learning disability services. This standard based quality external accreditation network facilitated good practice across similar services nationally.
- One hospital consultant was involved in the quality network for neuropsychology, and was building links with the local university, and supervised the student nurses currently working in the hospital.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all staff wear personal alarms in line with their policy.
- The provider should maintain up to date ligature risk assessments.
- The provider should ensure that any persons working with service users can access accurate records in a timely manner.
- The provider should support staff to have clinical supervision regularly.
- The provider should ensure the proper and safe management of emergency medicines.