Newbus Grange

Quality Report

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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

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.

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

Summary of findings

Overall summary

We rated Newbus Grange as outstanding because:

- Feedback for the service and the staff working there was positive. Carers and family members, told us that staff went the extra mile to support the patients in the hospital. Staff were highly motivated to care for patients in a kind and dignified way. Staff recognised the value of patients' relationships and supported patients to maintain relationships with those who were close to them. Staff in the service recognised the totality of patients' needs and showed determination and creativity in overcoming obstacles to delivering care.
- Staff supported patients in having access to advocacy and their support network. Staff in the service were aware of patients' communication needs and ensured that people who needed to know understood these. Staff had received training in Makaton and voice output communication aids to support patients and also used pictures and simple sentences to communicate with patients.
- There was compassionate, inclusive and effective leadership at all levels. Leaders understood the issues, priorities and challenges of their service and beyond. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the provider's strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of the service.
- Leaders had an inspiring and shared purpose and strived to deliver and motivate staff to succeed. Staff were proud to work for the organisation and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and policies and procedures positively supported this. There was strong collaboration, team working and support and a strong focus on improving the quality of care and sustainability of the service and of improving patient's experiences.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- There were consistently high levels of constructive engagement with staff and people who used services. Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account. There was a demonstrated commitment to acting on feedback.
- Staffing levels were appropriate to the needs of the patients. There were effective handovers at every shift change and staff were aware of any changes to patients' needs. Risks to patients were monitored and risk management plans were updated when patients' needs changed or following incidents. Staff followed best practice in relation to prescribing and medicines management, including storage, transportation and disposal.
- Patients' care and treatment was delivered in line with national guidance. Staff carried out a comprehensive assessment of patients' needs when they were admitted to the hospital. Staff understood patients' rights and protected them. Patients who were detained under the Mental Health Act were advised of their rights regularly and staff did this in a way they could understand. Patients were supported to make decisions about their care and where patients lacked capacity there was evidence of decisions being made in their best interests.
- Staff routinely collected and monitored information about patients' treatment and outcomes and used it to improve care. Staff participated in accreditation schemes to ensure patients received the best care and treatment possible. All staff participated in the provider's mandatory training schedule. Staff, including agency staff, were supported in their roles with regular supervisions and appraisal. Care and treatment was supported through close and effective team working, including with outside agencies. Staff were consistent and proactive in supporting patients to lead healthier lives.

Summary of findings

- Patients' needs and preferences were taken into account to ensure that care was provided in an appropriate way.

However:

- There was a group of patients in the unit who had been there for many years. However, we concluded that the principal reason that these people were still in hospital was because of difficulty in finding alternative placements and that this was not under the direct control of the provider. The current average length of stay is four years, which is below the current NHS length of stay. The provider worked actively with commissioners to facilitate discharge.

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	Outstanding ☆	

Summary of findings

Contents

Outstanding ☆

Newbus Grange

Services we looked at
Wards for people with learning disabilities or autism

Summary of this inspection

Background to Newbus Grange

Newbus Grange is an independent, specialist hospital that provides assessment and support for up to 17 men aged 18 and over who have a primary diagnosis of autism, learning disability and complex needs. The service is registered and accredited with the National Autistic Society and provides an autistic specific programme.

Admission to the service is usually offered to people who cannot be cared for in the community due to their presentation, or for people who are stepping down from secure services, or for people who present a risk to themselves or others. The patient group at the time of the inspection was a mixed one. It included people who had been admitted recently and a number people who had been in the unit for many years.

The service is registered with CQC to provide:

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

The service had a registered manager in place and an accountable officer for controlled drugs, who was the regional consultant nurse.

The service has previously been inspected on three separate occasions, as follows:

- Comprehensive inspection January 2016, when the service was rated as good overall with requires improvement in the effective domain.
- Focussed inspection in October 2016, when the effective domain was upgraded to good.
- Responsive focussed inspection in May 2017, as a result of information of concern that was received. The service was rated as good in the caring domain as a result of this inspection.

At the time of our inspection there were 13 patients receiving care and support.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one registered learning disabilities nurse, one occupational therapist and one expert by experience.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

Summary of this inspection

- toured the service and looked at the quality of the environment;
- checked the clinic room and equipment for cleanliness and maintenance;
- audited some of the medicines held in the service;
- observed staff supporting patients, including at mealtime;
- spoke with four patients who were using the service;
- spoke with carers of five patients;
- spoke with the registered manager;
- spoke with 14 other staff members; including the deputy manager, doctor, nurses, occupational therapist, psychologist, speech and language therapist, activities coordinator, healthcare support workers and housekeeper;
- looked at six care and treatment records of patients:
- reviewed four complaints and the investigations relating to these;
- reviewed seven incident records and related investigations;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The majority of patients who used the service did not communicate verbally, or did not want to speak with us. However, we were able to gain feedback from four patients.

Patients we spoke with indicated that they were happy in the service and the staff looked after them well.

Throughout our inspection we saw patients smiling and laughing with staff and visitors.

Feedback from carers and relatives was very positive and told us that they were always told what was happening with their relative and that all the staff were very good.

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 because:

- Staffing levels were appropriate to the needs of the patients. Staffing levels were adjusted when required and staff working with patients had the knowledge and skills to support patients.
- Staff managed risks by completing risk assessments for the service and patients. Risk management plans were in place and risk assessments were reviewed and updated regularly.
- Staff participated in the provider's mandatory training schedule and had regular updates.
- Staff knew how to keep patients safe from potential harm and abuse and were aware of their responsibilities in relation to reporting incidents and concerns.
- Lessons learned were communicated to staff and changes were made because of this.

Are services effective?

Good

We rated effective as good because:

- There was a holistic approach to assessing, planning and delivering care and treatment to all people who use services. This included addressing, where relevant, their nutrition, hydration and pain relief needs. Assessment tools were used to identify individual needs and these were used to create individual and person-centred care plans. Staff referred to national guidance in relation to autism to ensure they followed best practice.
- People who are detained under the Mental Health Act understood and were empowered to exercise their rights under the Act. The provider supported staff to understand and meet the standards in the Mental Health Act code of practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to detention.
- Staff assessed and monitored patients' physical health needs. Staff worked closely with external services to ensure patients received appropriate routine monitoring and specialist care. Patients had several individual care plans in place to help staff understand individual needs and preferences.
- The service used the 'Personal PATHS' model of care, which incorporated positive behavioural support, therapeutic

Summary of this inspection

outcomes and safe services. The principles were used across Danshell autism services which meant there was a care pathway focussed around the patient group. All patients had positive behavioural support plans.

- Opportunities to participate in benchmarking and peer review are proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for people who used services were positive, consistent and regularly exceeded expectations. This allowed the service to consistently strive for improvement and quality in care and treatment.
- Staff were supported in their roles with the use of effective supervision and appraisal. All staff, including agency and non-clinical staff were trained in positive behaviour support.
- Staff, teams and services are committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who used services. There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- There was a strong person-centred culture in the service. Staff were highly motivated and inspired to offer care that was kind, person centred and protected their dignity. Staff took time to get to know their patients and were able to identify their individual needs and preferences.
- Everyone we spoke with was complimentary about the service and the staff, and we were told they were compassionate and caring and went the extra mile for their patients.
- Staff ensured that patients and their families were fully involved in decisions about their care and treatment. Families and carers were invited to attend multi-disciplinary team meetings and reviews about their care and were provided with regular updates on how patients were progressing.
- Families and carers and external stakeholders were confident in how the service managed patients care. The service managed behaviour that challenged in a proactive way, with positive results and improvements being highlighted.
- Staff worked closely with external services to enable patients to receive the care and treatment they needed, supporting patients in a variety of ways to ensure they were comfortable with arrangements for their care in other services.

Summary of this inspection

Are services responsive?

Good

We rated responsive as good because:

- Discharge planning was embedded in the care and support the service provided. Staff worked with external stakeholders as part of a team to ensure that discharges were planned and carried out smoothly.
- Patients, carers and families felt able to raise complaints and were confident that they would be taken seriously. Feedback was provided for all complaints received.
- Incidents and complaints were reviewed and thoroughly investigated. Staff responded to incidents and complaints appropriately and changes were made as a result of investigations.

However:

- There was a group of patients in the unit who had been there for many years. However, we concluded that the principal reason that these people were still in hospital was because of difficulty in finding alternative placements and that this was not under the direct control of the provider. The current average length of stay is four years, which is below the current NHS length of stay. The provider worked actively with commissioners to facilitate discharge.

Are services well-led?

Outstanding

We rated well-led as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represents the diversity of the workforce.
- Staff were committed to improving the quality of the service they provided. The service carried out an annual audit programme to ensure the safety and quality of the service and had been accredited by both the National Autistic Society and the Royal College of Psychiatrists.
- The provider operated a system for recognising and rewarding staff commitment and achievement and staff in the service had received nominations from families and carers for several awards. Staff had been finalists in the outstanding team of the year and hospital manager of the year categories for 2018 and won the outstanding positive behavioural support practice award for 2017.

Summary of this inspection

- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- There was a robust governance structure in place to monitor the quality and effectiveness of the service. The provider and the service continually sought to improve the quality of patients' experience and the care provided.
- Managers were aware of the need to have good staff morale. The management team had listened and responded to staff concerns and this had resulted in group supervisions, changes within the service and closer working with external stakeholders.

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.

Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. Staff were required to undertake training in the Mental Health Act as part of the provider's mandatory training package. Training in this subject was regularly reviewed to ensure staff were up to date with any changes in legislation. At the time of our inspection 81% of staff had completed the training.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of practice. Staff knew who their Mental Health Act administrators were. Staff knew who they could contact and how to contact them if they had any queries.

Staff requested an opinion from a second opinion appointed doctor when necessary. Staff were aware when a second opinion should be requested and the reason for this. This was clear in patient care records.

Staff carried out regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits. Mental Health Act audits were carried out as part of the hospital's annual audit timetable.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. Staff were required to complete training in the Mental Capacity Act as part of the provider's mandatory training package. Training was regularly reviewed to ensure staff were up to date with the most recent information. At the time of our inspection 90% of staff had completed this training.

Staff made deprivation of liberty safeguards applications when required and monitored the progress of applications to supervisory bodies. There was one deprivation of liberty safeguards application made in the six months prior to our inspection.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards. Staff told us they would contact the Mental Health Act administrator if they needed help with any aspect of the Act or the provider's policy.

Staff gave patients every possible assistance to make a specific decision for themselves. Staff recorded the help they gave when assisting patients. Patients decisions were recorded and acknowledged, including when the patient lacked capacity.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions. Capacity assessments were correctly completed and recorded. Records included the reason for the assessment and the outcome.

Care records showed, where patients lacked capacity, decisions were made in their best interest and the outcome of decisions were recorded.

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and took action on any learning that resulted from it. Mental Capacity Act audits were completed as part of the annual audit programme. The last Mental Capacity audit was conducted on 14 November 2018. Actions were identified to ensure the service was fully compliant with the Act. Actions were allocated to individual staff members and these were fully completed prior to our inspection.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

Safety of the ward layout

Staff carried out regular risk assessments of the care environment. Environmental risk assessments were completed as part of the provider's annual audit programme. Any concerns were highlighted and an action plan was formulated, with a responsible person noted. The action plan was signed to show when the required work had been carried out.

The layout did not allow staff to observe all areas, and patient observations mitigated the risk that may have been caused due to the restrictions in sightlines. There was closed circuit television in place in the communal areas, which was not used to monitor patients but could be accessed if needed; for example if managers to review specific incidents should there be an allegation of abuse.

Staff had mitigated the risks of potential ligature anchor points. Staff had completed a ligature audit in the service and a ligature risk assessment was in place. Ligature risks had been reduced where possible and mitigated against appropriately.

The service complied with guidance on eliminating mixed-sex accommodation. The service only accepted male patients and all had their own rooms.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff were supplied with personal alarms which were connected to the hospital's central system. This allowed staff to summon help if they needed assistance. Patient bedrooms were fitted with nurse call systems. We saw staff responding to alarms throughout our inspection.

Maintenance, cleanliness and infection control

All ward areas were clean, had good furnishings and were well maintained. The hospital employed housekeeping and maintenance staff to ensure the service was kept to a good standard. Staff reported any problems with the building and furnishings, and where possible, were dealt with immediately. Regular environmental audits were carried out and the service had important safety checks completed on a regular basis. This included fire equipment testing, legionella tests and gas safety tests. The manager walked around the service and carried out checks of the grounds daily.

Cleaning records were up to date and demonstrated that the hospital was cleaned regularly. Cleaning records for the six months prior to our inspection showed that the service had been cleaned daily, with more major tasks, like window cleaning carried out at regular intervals.

Staff adhered to infection control principles, including handwashing. Staff used control measures to prevent the spread of infection, including using gloves and hand sanitisers. Staff completed infection control audits and actions identified were completed quickly. Hand sanitisers were attached to the wall in various areas of the service and visitors were encouraged to use these. Information was displayed for staff and visitors about the importance of handwashing and infection control.

Seclusion room

The hospital did not have a seclusion room and patients were not secluded in any other area.

Clinic room and equipment

The clinic room was fully equipped and staff checked it regularly. The service had the appropriate physical health care equipment, resuscitation equipment and emergency drugs available, and these had been checked and audited regularly to ensure they were in date and working correctly. Temperature checks had been carried out and were in line with the recommended limits. Topical creams and medicines had the date they were opened recorded on them and where needed the date of expiration.

Staff maintained equipment well and kept it clean. Staff carried out daily checks to ensure the clinic room was clean, tidy and organised. All clinic room equipment was service and calibrated in line with manufacturers recommendations.

Safe staffing

Nursing staff

At the time of our inspection the number of whole time equivalent staff employed in the service was 84. This included seven qualified nurses and 55 nursing assistants.

There were no qualified nurse vacancies and 33 nursing assistant vacancies. The service was running an ongoing recruitment campaign to ensure they were able to provide the necessary care and support,

The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in the 12-month period from 1 September 2017 to 31 August 2018 was 2147. There were no shifts that had not been filled during this period. Although agency use was high for the service this was mitigated with the use of the same staff and the hospital manager worked closely with the agency manager to ensure staff received regular supervision and appraisals.

The service manager could adjust staffing levels daily to take account of patient needs. The manager had calculated the number and grade of nurses and nursing assistants required for each shift based on each patient's acuity level. The number of staff on duty was usually enough to ensure patients were given the correct level of support and that staff could deal with incidents safely and effectively. If needed, members of the management team assisted staff to support patients.

Staff rotas for the three months prior to our inspection, showed that the number of staff on duty was the same, or more than the requirements for the same period. This included two qualified nursing staff during day shifts and one qualified nursing staff member at night.

When necessary, the manager deployed agency and bank nursing staff to maintain safe staffing levels. The manager of the service provided us with staff rotas, which showed that the level of bank and agency staff used had reduced over the previous three months. Rotas showed the same agency staff being used regularly meaning they had gained the experience and knowledge of the patients in the service.

Staffing levels allowed patients to have regular one-to-one time with their named nurse. Staff told us that they were able to have an appropriate amount of time with patients. One-to-one time was documented in care records, with details of activities undertaken. Staff in the service worked with patients for a set period of time each day, then another staff member took over their support. This was to ensure consistency for patients, while ensuring staff did not become fatigued due to the intensity level of the support.

Staff shortages rarely resulted in staff cancelling escorted leave or hospital activities. However, staff did tell us that on rare occasions, activities outside the hospital were rearranged as there was a shortage of staff available to drive the hospital minibus. The recruitment campaign that was running for the hospital included requests for drivers.

There were enough staff to carry out physical interventions. All staff working in the service had received physical intervention training and staffing levels ensured that staff could carry out physical interventions without leaving patients without support.

When agency and bank nursing staff were used, those staff received an induction and were familiar with the service. The hospital manager worked closely with the employment agency to ensure that agency staff were familiar with the service and the patients and the staff were properly inducted into the service prior to starting work.

The layout of the hospital meant that a qualified nurse could not be present in communal areas of hospital. However, staff were able to locate a qualified staff member quickly and easily if needed.

Medical staff

There was adequate medical cover day and night and a doctor could attend the hospital quickly in an emergency. The hospital had a doctor on site four days each week and they were able to contact the doctor via telephone at other times. The service used an on-call duty doctor system out of hours and at weekends. Staff told us they were able to easily contact a doctor when needed. In the event of a medical emergency, staff contacted emergency services.

Mandatory training

Staff had received and were up to date with appropriate mandatory training. The provider had a mandatory training package in place which all staff were required to complete. Mandatory training courses included, emergency first aid (which included immediate life support), Mental Health Act, safeguarding, positive behavioural support and physical intervention. There was no mandatory training which was below the provider's requirement of 80%. The hospital had an overall compliance rate of 87% which was above the provider's requirement of 80%.

Assessing and managing risk to patients and staff

Assessment of patient risk

During our inspection we looked at the care records of six patients. All the care records we reviewed demonstrated good practice in the areas reported on.

Staff carried out a risk assessment of every patient on admission and updated it regularly, including after any incident. Individual patient risks had been identified and risk assessments completed for each. Risk management plans were in place to show how staff could reduce or mitigate risks. Incidents involving patients were reviewed and where needed risk assessments were amended to take account of these. Staff used a Danshell, risk assessment tool, developed in light of their experience of working with other patients, to complete risk assessments.

Occupational therapists completed additional risk assessments for specific activities and had considered the tools that would be used in the carrying out of these. Where needed activities were adapted to ensure patients were able to take part.

Management of patient risk

Staff were aware of and dealt with any specific risk issues, such as falls. Staff identified and documented specific risk issues, including those for restraint and restrictions, and carried out regular checks to see if there had been any changes to patient's needs. Where changes had occurred, risk management plans were updated to show this.

Staff followed good policies and procedures for the use of observation and for searching patients or their bedrooms. The provider had policies in place which related to the use of observation and searching. Policies identified observation levels and when searching should be conducted to ensure that this type of restriction was not enforced without justification.

Staff adhered to best practice in implementing a smoke-free policy. Staff provided patients with smoking cessation education and advice and appropriate nicotine replacements.

All the patients in the service were either detained under the Mental Health Act or had Deprivation of Liberty safeguards in place. This meant that none of those in the service were able to leave the hospital unless the appropriate permission was in place.

Use of restrictive interventions

There had been no incidents of seclusion or long-term segregation in the 12 months prior to our inspection.

Staff in the service used reactive strategies, like restraint, only as a last resort and together with proactive interventions like distraction.

The hospital participated in the provider's restrictive interventions reduction programme. The provider had a national programme in place to ensure that patients were not subjected to restraint unless it was justified. All staff in the service were aware of the programme and had received appropriate training. In the 12 months prior to our inspection the service had seen a reduction of 18% in high level restraint.

Information from the provider showed there had been 359 incidents of restraint, involving 16 different patients between 1 September 2017 and 31 August 2018. Although there was a high level of restraint recorded, this included guided holds which were used to support patients to other areas of the hospital.

The service did not use prone restraint and had not used any intramuscular or oral rapid tranquilisation in the 12 months prior to our inspection.

Staff used restraint only after de-escalation had failed and used correct techniques. Staff were trained in physical intervention as part of the provider's mandatory training programme. This included breakaway training and physical intervention methods. Compliance rates for this training was 92% and 96% respectively. Staff recorded physical interventions in patient care records and as part of the hospital's incident recording. Records showed that staff made efforts to de-escalate situations prior to carrying out any form of physical intervention. Debriefs were carried out for staff and patients following incidents.

The provider had a policy in place relating to the use of rapid tranquilisation and staff were aware of the process to be followed. Staff carried out monitoring of patients who had rapid tranquilisation in line with the Mental Health Act code of practice.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. All staff were required to complete safeguarding training as part of the provider's mandatory training package. The compliance level for the service was 86% which was above the provider's requirement of 80%.

Staff gave examples of how they protected patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff explained that if they witnessed harassment they would tell a member of management about the incident and this would be reported in the usual way. Staff we spoke with were clear about their responsibilities in relation to protecting patients from harm and what they would do if they witnessed patients being subjected to improper treatment. Staff worked well with other agencies to ensure patients were protected. We spoke with representatives from safeguarding and clinical commissioning groups who confirmed that they worked with the service to protect patients.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Staff we spoke with were able to give examples of how people's behaviour or presentation may indicate they were experiencing abuse.

Staff followed safe procedures for children visiting the ward. The provider had a policy in place which related to child visitors. Children were only able to visit the service through prior agreement, although the staff encouraged all visitors to take patients off the premises if possible. Where this was not possible, patients were able to see visitors in a private room, this included child visitors.

Staff were aware of patients who had protection plan in place and this information was documented in care records and was shared during shift handover. When patients were transferred to other services, details of the protection plan were highlighted to ensure the patient was kept safe.

Staff access to essential information

The service used both paper and electronic records, care plans were paper based and incident reporting was completed electronically.

Staff completed communication passports and positive behavioural support plans for all patients. Important information was included on a grab sheet which was used if patients left the hospital. For example, to go to a medical appointment.

All information needed to deliver patient care was available to staff (including agency staff) when they needed it and was in an accessible form. This included when patients moved between teams. Staff were able to view care records during their shift, and changes to patients care or support needs were communicated during shift handovers.

If staff were expected to record information in more than one system (paper or electronic), this did not cause them any difficulty in entering or accessing information. Staff were able to review or update records when needed. Staff we spoke with told us there were no problems in accessing files and they had computer access if they needed to record incidents.

Medicines management

Staff followed good practice in medicines management (transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, and use of covert medication) and did it in line with national guidance. Staff had received training in medicines management and followed the provider's policy. Medicines management formed part of the provider's mandatory training package and the compliance rate for the service was 80%, which was equal to the provider's required compliance level.

Medicines were stored safely and appropriately in locked cabinets and were only accessed by qualified nursing staff.

We reviewed the medicine charts of all patients and found they were completed accurately with no gaps. Staff completed regular medications audits and the pharmacy service also completed an annual audit.

Staff reviewed the effects of medication on patients' physical health regularly and in line with guidance from the National Institute for Health and Care Excellence, especially when the patient was prescribed a high dose of antipsychotic medication. The service participated in the 'Stopping the over medicating of people with learning disabilities, autism or both' initiative. The service had reduced the medication of all antipsychotic medications and any 'as required' medications were detailed in individual care plans which gave details of the circumstances in which they should be used.

Multidisciplinary team meetings were carried out weekly for patients who were starting treatment and were changed to monthly following the first four reviews. Physical health monitoring was completed to ensure that patients were not affected by medications. Results of tests and physical health monitoring was recorded in patients' care records.

Track record on safety

The provider reported 17 serious incidents between 1 September 2017 and 31 August 2018. These included 16 incidents of actual or alleged abuse of a patient by another person, and one unexplained injury. We saw evidence of actions taken as a result of the investigations. The service had investigated the possible cause of the injury and believed it to be a result of self-harm but this could not be proven.

Staff planned for emergencies and understood their roles if one should happen. The service had a business contingency plan in place and there were emergency evacuation plans in place for patients.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff we spoke with were able to give examples of incidents which needed to be reported. Staff reported incidents via the provider's electronic reporting system and the hospital manager reviewed all incidents. Managers investigated incidents and shared lessons learned with the hospital team and wider teams of the provider.

Staff reported all incidents that they should report. Incidents were reported to CQC and other agencies in line with their requirements. Copies of all reports were kept in a central file and were noted in patient care records.

Staff understood the Duty of Candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The provider had a policy in place which related to the Duty of Candour. Staff were aware of the policy and were able to access it easily. Staff were required to complete training in the Duty of Candour as part of the provider's mandatory training package. All incident forms that were completed included information which related to the duty of candour and the people who should be informed.

Staff received feedback from investigation of incidents, both internal and external to the service. Incidents were discussed at unit led and regional governance meetings as well as internal review meetings. The provider shared learning from incidents throughout their services and this helped to ensure that there was consistency throughout the services.

Staff met to discuss feedback. Regular meetings were held to ensure staff were aware of feedback the hospital received. This was evidenced by minutes of meetings and records of group clinical supervisions.

There was evidence that changes had been made as a result of feedback. The manager of the hospital was able to give us examples of changes that had been implemented as a result of lessons learned. For example, the introduction of reflective practice and an increase in external stakeholder engagement.

The hospital had made changes to improve patient and staff safety. This included having glass in some windows strengthened and the installation of closed circuit television in communal areas. These had been introduced as a direct result of incidents.

Staff were debriefed and received support after serious incidents. Debriefs were carried out after all serious incidents. Staff we spoke with told us they were supported following incidents and were able to access additional support through the provider's assistance programme if needed.

Outstanding ☆

Wards for people with learning disabilities or autism

The hospital manager was aware of the need to report or escalate concerns to commissioners, including when a patient's placement was not going well. However, the manager told us they had not needed to do this.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

During our inspection we reviewed the care records of six patients. All care records we looked at showed evidence of good practice.

Staff completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission. All the care records we reviewed showed evidence of a mental health assessment being completed.

Staff listened to patients, gave them time and supported them in using their preferred method of communication. All patients had communication passports in place which informed people of how they liked to communicate. For example, Makaton, pictures or simple sentences.

Staff assessed patients' physical health needs in a timely manner after admission. The service offered care and support that reflected the transforming care model of care. Staff carried out an assessment of needs when patients were admitted. This included identifying triggers in behaviour that challenged, physical and mental health conditions and environmental factors that may affect treatment. All care records showed evidence of patients having physical health assessments at the time of their admission with regular reviews being carried out. Staff used the national early warning score, falls assessments and other health assessment tools.

There was a holistic approach to assessing, planning and delivering care and treatment to all people who use services. This included addressing, where relevant, their nutrition, hydration and pain relief needs. Staff developed care plans that met the needs identified during assessment. Patients with specific physical health needs like epilepsy or diabetes had specific and detailed care plans in place with references to appropriate guidance and detailed things like frequency and length of seizure. Patient's needs were recorded and addressed with evidence of referrals to other professionals as needed.

Staff completed physical health observations regularly, and ensured that patients were able to attend medical appointments and health checks. Annual health checks were carried out by the local GP and patients were supported to attend these and other health related appointments, like dentists or podiatrists. Health action plans were in place and records were kept to show patients involvement.

Care plans were personalised, holistic and recovery-oriented. Care records included information which related to people's personal preferences and referenced individual needs and goals. All patients had positive behavioural support plans in place and a range of individual care plans with addressed their needs including physical health, physical interventions, and discharge plans. Named nurses were responsible for the completion of care plans and positive behaviour support plans.

All staff were actively engaged in activities to monitor and improve quality and outcomes including, where appropriate, monitoring outcomes for people once they have transferred to other services. Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for people who used services were positive, consistent and regularly exceeded expectations. Examples of this included patients who had spent time in other services and in long periods of seclusion or segregation and had progressed to being able to fully interact with other patients and had not been secluded or segregated at any time within the service.

Staff had referred to nationally recognised guidance when appropriate and had completed communication grab sheets that enable people who read them to easily understand how the patient preferred to communicate. Communications grab sheets were created using guidance from the Royal College of Speech and Language Therapists to adhere to the five good communication standards which details how to support communication for people with autistic spectrum disorder and learning disabilities in specialist hospital and residential settings.

Wards for people with learning disabilities or autism

The service used positive behavioural support throughout their work with patients and as part of the Personal PATHS model of care. Positive behaviour support plans were based on functional assessments using the Brief Behaviour Assessment Tool or The Behaviour Problems Inventory, Adaptive Behaviour Assessment System or Vineland Adaptive Behaviour Scales, observations and discussion with staff members. Personal PATHS was Danshell's own model of care which we were told was 'a unique way of supporting people with complex needs in health and social care, based on research and best practice. The model of care draws together contemporary thinking and practice, and importantly, reflects what people and families tell us is important to them.'

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group, the interventions were those recommended by, and were delivered in line with guidance from the National Institute for Health and Care Excellence. These included medication and psychological therapies and, training and work opportunities intended to help patients acquire living skills.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff ensured that patients were registered with a local doctor, dentist and if required, optician. Patients were supported to attend routine screening appointments and to attend specialist appointments when required.

Staff carried out physical health checks on admission and annually thereafter. National early warning system sheets were used for recording physical observations and all patients had a health action plan. Staff reviewed patients' physical health needs as part of the multi-disciplinary team process.

Staff in the service monitored the effectiveness of care and treatment and used the findings to improve them. Local results were compared with other similar services in order to learn from them. Staff were able to give us an example of the effectiveness of support offered, as a patient who came to them in crisis and had previously been in another service, improved so much that they were well enough to be discharged to alternative accommodation seven weeks later.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. Patients were provided with a varied diet which was part of a rolling menu. The hospital was able to meet the individual dietary needs of patients which included diabetic, gluten free and halal. The service worked with a speech and language therapist who was able to assess if patients were at risk of choking and needed to have their food prepared in an easy to digest form. Staff provided patients with prescribed fortified drinks when needed.

Staff supported patients to live healthier lives. Staff provided patients with information on smoking cessation and healthy eating and supported them to access routine medical screening. Staff worked closely with outside agencies to ensure that patients were encouraged to understand and manage their health needs. This was evidenced by notes in patient care records. The service had a sports therapist who worked with patients to encourage them to participate in physical activities and improve their physical health.

The provider had signed up to the 'Stopping the Over Medication of People with learning disabilities, autism or both' initiative. Patient medication charts showed that doctors were following guidance from the National Institute for Health and Care Excellence in relation to prescribing. Anti-psychotic medications were within limits in the British National Formulary.

Staff in the service used Personal PATHS, which had been developed by the provider and incorporated five key principles to form the model of care. This included positive behavioural support, appreciative inquiry, therapeutic outcomes, healthy lifestyle and safe services.

Staff used technology to support patients effectively. Patients had been provided with voice output communication aids to assist their communication skills. All staff had been trained to use these to enable their communication with patients. Patients were also provided with devices to enable access to the internet and were supported to use these as needed.

Patients were provided with communication key chains which helped staff to understand how individual patients communicated, what they were trying to say or the reason and an appropriate response. For example, one patient may say (name) is going to pull hair today, indicated that the patient is becoming upset, and staff were advised to respond with something like, 'No we are not going to pull

hair today, or 'No we don't do that kind of thing here.' Key chains were also colour coded to help patients and staff know when someone was becoming upset and to allow the opportunity to move to a lower stimulus area.

Staff had received training in SPELL which is a tool designed by the National Autistic Society to help people with autism. SPELL stands for Structure, Positive, Empathy, Low arousal, Links and was used to help recognise the unique needs of people with autism. Sensory assessments were carried out for all patients and support provided to patients was skills based.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. The provider had an annual audit programme in place to ensure the quality of care provided. Audits were completed and required actions were recorded to ensure work was completed. Associated audit action plans were completed and signed off. Results of audits were shared with staff and discussed at team meetings and clinical governance meetings. Audits carried out in the 12 months prior to our inspection included medication audits, anti-psychotic audit and physical intervention audit.

Skilled staff to deliver care

The hospital team included or had access to the full range of specialists required to meet the needs of patients. This included doctors, nurses, occupational therapists, clinical psychologists, speech and language therapists as well as a sports therapist. In addition, the service worked closely with external stakeholders and were able to get help from dieticians, social workers and pharmacists.

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Prior to starting work in the service staff qualifications were checked to ensure they had the appropriate knowledge and skills. Permanent staff were required to undertake mandatory training with refresher courses as needed. Qualified nurses and medical staff were required to complete revalidation and continuous professional development in order to retain their qualifications. Agency staff complete an induction training package and have been trained to carry out physical interventions.

All staff had received autism specific training and had either achieved, or were working towards NVQ level three. One member of staff had learnt British Sign Language in order to support a patient with complex needs. Training was available in Makaton, picture exchange communication system, voice output communication aids and talking mats. All staff were trained in at least one other form of communication.

Managers provided new staff with appropriate induction. Staff who were new to the service were required to participate in the provider's induction programme.

Managers provided staff with supervision (meetings to discuss case management, to reflection and learn from practice, and for personal support and professional development) and appraisal of their work performance. Information from the provider showed that 100% of staff had received regular supervision in the 12 months prior to our inspection. The percentage of staff in the hospital who had an appraisal in the last 12 months was 96%. The manager explained that those who had not received an appraisal had not been employed for the full 12-month period or were off work.

Managers ensured that staff had access to regular team meetings. The hospital manager arranged team meetings on a monthly basis and staff were also able to attend unit led clinical governance meetings. Minutes were recorded for all meetings and were available for staff to read.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff used appraisals to identify training needs or to request training to enhance their knowledge.

Managers dealt with poor staff performance promptly and effectively. The provider had a policy in place which related to performance management. Staff who were found to be underperforming or behaving inappropriately were dealt with in line with the provider's policy. If concerns were serious staff members could be suspended from work in order to allow an investigation to be carried out. This was evidenced by the hospital's record of incidents and investigations and also disciplinary records.

Multi-disciplinary and inter-agency team work

Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. For example, the psychology and speech and language therapists worked together to provide intervention on emotional recognition and understanding

and practice on how to recognise the need and request help. The occupational therapist and speech and language therapist worked jointly on a financial game which assesses financial capacity on several levels, and language, comprehension and communication skills.

The service has also implemented Accountable Care Partnerships in care planning and meetings as part of the transforming care agenda, where commissioners are involved and also liaison with the Royal Victoria Infirmary which has included, 'getting to know you' session with consultants, surgeon, liaison specialist nurse and patient's family to ensure that reasonable adjustments are made before and during treatment and further provided post recovery, discharge and aftercare.

Staff held regular and comprehensive multi-disciplinary meetings. Information was shared in meetings regarding patients and their changing needs. Changes to patients' care was fed back to care staff and recorded in care plans.

Staff shared information about patients at comprehensive handover meetings within the team. The service had two handover meetings per day. All staff who were starting their shift were required to attend handover meetings. Handover meetings provided staff with information on events that had occurred during the previous shift, incidents and details of any visitors that were expected in the service.

The ward teams had effective working relationships, including good handovers, with other relevant teams within the organisation. There were positive relationships between external stakeholders and staff in the service. The ward teams had good working relationships with teams outside the organisation (for example, local authority social services and GPs). Staff in the hospital worked hard to ensure they had close working relationships with external stakeholders. Feedback we received showed that there was positive communication between teams.

Adherence to the MHA and the MHA Code of Practice

People who were detained under the Mental Health Act were empowered to exercise their rights under the Act. The provider supported staff to understand and meet the standards in the Mental Health Act code of practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to detention. Staff were required to undertake training in the Mental Health Act as part of the provider's mandatory training package. Training in this subject was regularly reviewed to ensure staff were up to date with any changes in legislation. At the time of our inspection 81% of staff had completed the training.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of practice. Staff knew who their Mental Health Act administrators were. Staff knew who they could contact and how to contact them if they had any queries.

The provider had relevant policies and procedures that reflected the most recent guidance. Staff were able to access the provider's Mental Health Act policy easily via the intranet, there was also a hard copy kept in the service with a copy of the code of practice.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. Patients were assessed individually about their ability to take Section 17 leave. Some patients in the service were only able to have escorted leave, which staff accommodated whenever required. Staff told us that leave was only cancelled if it was absolutely necessary and that they would always try to rearrange leave rather than cancel it.

Staff requested an opinion from a second opinion appointed doctor when necessary. Staff were aware when a second opinion should be requested and the reason for this. This was evidenced by notes in patient care records.

Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly and so that they were available to all staff that needed access to them. Detention papers were stored correctly and copies were held in patient records. Section 17 leave forms that were out of date were crossed through so that staff knew they were no longer relevant.

The service did not display a notice to tell informal patients that they could leave the ward freely. This was because all the patients in the service were either detained under the Mental Health Act or were subject to deprivation of liberties safeguards. This meant none of the patients was able to leave the service without appropriate leave.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits. Mental Health Act audits were carried out as part of the hospital's annual audit timetable.

Good practice in applying the MCA

Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. Staff were required to complete training in the Mental Capacity Act as part of the provider's mandatory training package. Training was regularly reviewed to ensure staff were up to date with the most recent information. At the time of our inspection 90% of staff had completed this training.

Staff made deprivation of liberty safeguards applications when required and monitored the progress of applications to supervisory bodies. There was one deprivation of liberty safeguards application made in the six months prior to out inspection.

The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it. Staff knew where to find a copy of the provider's policy and the Mental Capacity Act code of practice if they needed.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards. Staff told us they would contact the Mental Health Act administrator if they needed help with any aspect of the Act or the provider's policy.

Staff gave patients every possible assistance to make a specific decision for themselves. Staff recorded the help they gave when assisting patients. Patients decisions were recorded and acknowledged, including when the patient lacked capacity.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions. Capacity assessments were correctly completed and recorded. Records included the reason for the assessment and the outcome.

When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. The service had a best interest checklist in place to ensure that staff completed all necessary actions and details were recorded. Care records containing best interest decisions were accurately completed in line with the Mental Capacity Act and included consultation with other relevant bodies.

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and took action on any learning that resulted from it. Mental Capacity Act audits were completed as part of the annual audit programme. The last Mental Capacity audit was conducted on 14 November 2018. Actions were identified to ensure the service was fully compliant with the Act. Actions were allocated to individual staff members and these were fully completed prior to our inspection.

There was a holistic approach to planning patient's discharge, transfer or transition to other services, which was done at the earliest possible stage.

Are wards for people with learning disabilities or autism caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

There was a strong, visible person- centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. Staff displayed a caring and compassionate attitude to patients they were supporting.

Feedback from patients who used the service, those who are close to them and stakeholders was continually positive about the way staff treat people. Carers we spoke with thought that staff went the extra mile and their care and support exceeded their expectations. Feedback from families and carers was that staff really cared about the patients and understood their needs, treating them with kindness and respect. Families told us they couldn't fault the staff in the service and they were very caring. Feedback

included, 'staff did everything possible to make (patient) feel welcome', 'there is always someone to help when we need it' and 'the staff handled a difficult situation in a kind and professional way and made (patient) feel more comfortable.'

Staff supported patients to understand and manage their care, treatment or condition. Staff worked with patients to ensure they knew about their condition. This included using different methods of communication to help them understand how their condition affected them and how they could manage or control behaviours that were part of the condition.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. Patients were referred to other services when required and if they wanted, staff supported them throughout any treatment they received. For example, we were shown work that staff had carried out for a patient who needed surgery. Staff had attended hospital and arranged for the patient to be introduced to the team looking after him. Staff put a timetable in place which showed the patient what could be expected on the day and who he would meet. The patient was given a copy of the timetable and staff talked about it to ensure he was prepared.

Patients said staff treated them well and behaved appropriately towards them. The majority of patients in the hospital did not communicate verbally and had to find other methods of communication. However, patients we spoke with were able to demonstrate that they were happy in the hospital and that staff treated them well.

Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. Patient's emotional and social needs were seen as being as important as their physical needs. Staff knew patients well and were aware of their personal needs and preferences. Staff knew about patients' dislikes and things that may cause them to become upset. For example, one patient became upset if people mentioned a certain film.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Staff told us they were able to raise concerns with the management team and they would be listened to and acted upon. This was evidenced by minutes of meetings and disciplinary records.

Staff maintained the confidentiality of information about patients. The manager made sure that staff were aware of their responsibilities toward patients and their families in respect of the need for confidentiality. Staff we spoke with were aware of the need for confidentiality and this was re-iterated to staff through team meetings and supervision.

Involvement in care

Involvement of patients

Staff used the admission process to inform and orient patients to the ward and to the service. Staff supported patients throughout the admission process and also showed them around the service. Due to the individual needs of patients and the support required, staff were able to spend time to show patients around the service and ensure they were properly oriented. Staff spent time with newly admitted patients to ensure they were comfortable.

Staff involved patients in care planning and risk assessment. Staff made attempts to involve patients in all aspects of their care.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties. Many of the patients in the service were unable to communicate verbally, therefore staff took the time to communicate in ways which patients preferred and understood.

Staff involved patients when appropriate in decisions about the service – for example, in the recruitment of staff. Staff encouraged patients to participate in the running of the service. Staff supported patients to show visitors around the service and also to join in with staff recruitment.

Staff always empowered patients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Staff enabled encouraged and supported patients to give feedback Using talking mats and talking walls led by the support team, encouraging free speech without management present, accessible care plans and people's parliament which patients were able to access. All patients were invited to multidisciplinary meetings and if these

were too overwhelming, an easy read form was available to complete prior to the meeting. Patients were also involved in community meetings and were asked for feedback through surveys and direct communication with staff.

Staff recognised that people needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that people's communication needs are understood, sought best practice and learned from it. Staff ensured that patients could access advocacy. Staff encouraged patients to access advice and support and referred patients who lacked capacity to advocates. A representative from a local advocacy service visited the hospital regularly.

Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Where appropriate, staff provided families and carers with updates on patients and changes to their care. Staff encouraged families and carers to attend meetings, medical reviews and other discussions relating to patients' care. Staff notified families and carers of any incidents involving patients.

Staff enabled families and carers to give feedback on the service they received. Staff encouraged families and carers to provide feedback via comment cards, surveys and meetings. Throughout our inspection we also saw carers speaking directly to the hospital manager. Between 1 August 2017 and 31 July 2018, the service received 22 compliments. Compliments were received from clinical commissioning groups, social workers and families and carers.

Staff provided carers with information about how to access a carer's assessment.

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

Good

Access and discharge

Bed management

There was always a bed available when patients returned from leave. The hospital never offered beds of patients who were on leave.

Patients were not moved between locations during an admission episode unless it was justified on clinical grounds and was in the interests of the patient.

When patients were moved or discharged, this happened at an appropriate time of day. There had been six discharges in the 12 months prior to our inspection. Patient discharges were carefully planned and prepared for allowing patient transfers and discharges to be completed at an appropriate time with an appropriate level of support.

There was a large hospital nearby which had psychiatric intensive care facilities if they were required. Information from the provider showed that there had been no transfers to the psychiatric intensive care unit in the 12 months prior to our inspection.

Discharge and transfers of care

The average length of stay in the service was four years. The length of stay was skewed by the presence of a number of patients with very long lengths of stay. However, we concluded that the principal reason that these people were still in hospital was because of difficulty in finding alternative placements and that this was not under the direct control of the provider. The service had discharged a number of patients in a much shorter period. For example, one patient was discharged after seven weeks. In the last 12 months, there was one delayed discharge from the hospital. Discharge was never delayed by the hospital for other than clinical reasons or because of difficulty in finding an alternative placement. The only time that discharge was delayed was due to an appropriate move on placement not being available. The service worked closely with commissioners to ensure a placement which was suitable for the needs of the patient was found.

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Staff in the service participated in the care and treatment review, supporting patients and carers through the process. Meetings were arranged with patients and carers prior to the start of the process to allow person centred discussions about concerns with people they already knew. All discharges

were planned and discussed with patients, carers, commissioners and other relevant agencies to ensure that the patient had the best possible outcome following discharge. Patients were given the opportunity to visit their new placement prior to the move. Staff went to visit placements with patients on more than one occasion and spent different amounts of time with them to give them the opportunity to grow accustomed to the placement.

Staff supported patients during referrals and transfers between services. Staff supported patients throughout the transfer process, going to visit other services and placements with them and ensuring patients were aware of what was going to happen in the new location. For example, one patient who was to have surgery was given the opportunity to visit hospital and meet the staff team.

The service complied with transfer of care standards set in the national Children and Young People Mental Health Transitions Commissioning for Quality and Innovation, for patients who were moving between child and adult services.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms. All patients had their own bedrooms with ensuite facilities. Patients were able to access their own bedrooms at any time of the day and were supported where needed.

Patients could personalise bedrooms. Patients' rooms had their own property in them. This varied according to personal choice and need and included duvet covers, pictures, décor and in some cases furniture. One patient's room was very stark with no pictures or personal property on show, but this was also personalised according to the patient's needs, as they preferred the room this way.

Patients had somewhere secure to store their possessions. Patients had access to lockable storage in their bedrooms and all bedrooms could be locked when patients were not in them.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. The service had a variety of facilities to allow patients to participate in activities and to help staff to support patients appropriately. This included space for arts, games and therapies.

There were quiet areas on the ward and a room where patients could meet visitors. The service had a variety of areas where patients could spend time or meet visitors. The hospital manager told us that where possible, they encouraged visitors to take patients out of the service.

Patients could make a phone call in private. Risk assessments had been completed to determine if it was safe for patients to make private calls and to have mobile telephones. Patients who were able to, could make calls when they wished. Patients who did not have access to a mobile telephone were able to use a telephone in the hospital to make calls.

Patients had access to outside space. The hospital was situated in its own grounds and patients were able to access a large garden area. There was enough space for patients to play games, sports and to ride bicycles within the grounds and some patients were able to leave the hospital to utilise leave.

The food was of a good quality. Food provided was on a rolling menu which was determined with the help of patients. The service was able to cater for the needs of people who required special diets and those who had difficulty swallowing.

Patients could make hot drinks and snacks 24/7. The service had a café type set up in place, which patients were able to access at all times. Risk assessments had been carried out to determine if patients were able to make hot drinks and snacks and whether they needed support to do so.

Patients' engagement with the wider community

Staff supported patients to maintain contact with their families and carers. Where appropriate, staff communicated with patients' families and carers regarding events at the service to enable patients to see them. Staff supported patients to call relatives and to send letters or cards.

Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. Staff supported patients to go out of the service and meet people in the community. For example, patients used the local swimming pool and gym and the hospital held an

annual garden party when people from the local community were invited to attend. When friends or relatives visited, staff supported patients to leave the hospital with them.

Meeting the needs of all people who use the service

The service made adjustments for disabled patients – for example, by ensuring disabled people's access to premises and by meeting patients' specific communication needs. The hospital was set in a listed building and adaptations to the building were limited because of this. However, there were ramps throughout the building to allow people with mobility difficulties to move around the service and lifts were also in place. Staff in the service used different methods to communicate with patients, including Makaton and pictures. Signers and interpreters were available if they were needed.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and so on. Staff provided patients with information in different formats as needed. The information provided was in a form accessible to the patient group, for example, easy read, pictorial and verbal. Communication was specific to individuals.

Staff made information leaflets available in languages spoken by patients. There were no patients in the service that spoke languages other than English. However, the hospital had a library of leaflets available in different languages and formats for people who required them.

Managers ensured that staff and patients had easy access to interpreters and/or signers. The service had telephone numbers for signers and interpreters which could be used if patients or their families needed them.

Patients had a choice of food to meet the dietary requirements of religious and ethnic groups. Patients had expressed their preferences for menus and these had been included as part of the hospital's rolling menu. Patients with dietary or religious requirements were able to obtain meals that had been prepared to their specific needs.

Staff ensured that patients had access to appropriate spiritual support. The hospital did not have a multi-faith room, although patients who wished to could access religious or spiritual support when needed. Staff were able to support patients to services or could arrange to have religious and spiritual representatives visit the service.

Listening to and learning from concerns and complaints

The hospital received five complaints in the 12 months prior to our inspection. Of these two were partially upheld, two were not upheld and one was still under investigation. There were no complaints referred to the ombudsman.

Patients knew how to complain or raise concerns. Patients and their families were provided with information on how to raise a complaint when they started using the service. Families we spoke with told us they knew how to raise complaints and were happy with the way they were dealt with.

When patients complained or raised concerns, they received feedback. All the people who had raised complaints had received feedback in an appropriate format. This included via email, letter or verbal feedback.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff ensured that patients who raised complaints were protected by removing staff from care work, having other staff support them or asking them not to work whilst investigations were carried out. In addition, the service has closed circuit television in place which could be reviewed if there was a complaint or concern.

Staff knew how to handle complaints appropriately. The provider had a complaints policy in place which staff followed when complaints were received. Investigations were carried out and external investigators were brought in if needed.

Staff received feedback on the outcome of investigation of complaints and acted on the findings. Staff were informed of the outcomes of complaints and of any lessons learned as a result of this.

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

Outstanding ☆

Leadership

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Leaders had the skills, knowledge and experience to perform their roles. The provider had leaders at every level who were appropriately skilled to carry out the roles and support those below them, ensuring they were able to provide good quality care.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. The hospital manager had an in-depth knowledge of the service, it's challenges and how they could affect the care provided, if allowed to do so. The manager was proactive and ensured that she regularly checked the building and outside areas for any concerns, spoke with staff and patients regularly and also maintained contact with carers and families.

Leaders were visible in the service and approachable for patients and staff. Members of the management team ensured they spent time at the service and spoke with patients, carers and staff. Throughout our inspection we witnessed carers speaking with the hospital manager and saw the manager had an open-door approach which made visitors feel more comfortable. Staff morale was important in the service and the easy access to the manager helped to ensure staff were confident and happy to speak with managers. More senior managers visited the service regularly and were accessible if people wanted to speak to them.

Leadership development opportunities were available, including opportunities for staff below team manager level. Staff were able to request training as part of their development and this was discussed during supervision and appraisal.

Vision and strategy

Danshell's mission is to make a positive difference to people and their families by delivering personalised health and social care that helps them to achieve the things they want out of life. Danshell's values were;

- Safe – person centred, rights based.
- Sound – high quality, appreciative.
- Supportive – empowering, transforming.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. The management team in the service promoted a positive culture that supported and valued staff. Staff we spoke with told us that managers were supportive and they felt valued. This was clearly shown from ward to board level.

Staff told us the hospital manager had an open-door policy and they were able to speak with the manager about any concerns. Staff told us they enjoyed their jobs and they valued the chance to support patients and to improve their lives.

Culture

Staff felt respected, supported and valued. The provider had a staff recognition and reward scheme in place. Staff in the service had been nominated for awards by external stakeholders, carers and families. Staff told us they felt happy working in the service.

Staff felt positive and proud about working for the provider and their team. All the staff we spoke with told us that the service team worked well together. We were told the provider was good to work for and the manager was fair and approachable.

Staff felt able to raise concerns without fear of retribution. Staff told us that some people had recently raised concerns about the use of agency staff and how this could impact on patient and staff safety. Staff confirmed that they had been listened to and that changes had been made as a result of their concerns, including group supervision and closer working with the agency team. In addition, agency staff now had supervision and appraisal with permanent staff and the agency manager.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian. Staff confirmed that they were aware of the provider's whistle blowing process and were confident that they could raise concerns if needed.

Managers dealt with poor staff performance when needed. Managers followed the provider's policy in relation to poor staff performance. Concerns about performance could be discussed in supervision where staff were able to talk about any issues that could impact on their performance. In more serious cases, staff could be removed from caring duties or suspended while concerns were investigated.

Support was provided to staff throughout investigations and staff were always able to give any evidence or

mitigation for their performance. Staff who remained in the employment of the service were given additional support to allow them to improve their performance in line with the provider's policy.

Teams worked well together and where there were difficulties managers dealt with them appropriately. Staff told us that all areas of the service worked together to ensure patients received the best outcome. This was evidenced during our inspection, when we saw teams working closely to support patients and carers.

Staff appraisals included conversations about career development. Staff were able to discuss their future and the changes they would like to make during appraisals. The service was able to support staff with some aspects of development by providing training. Healthcare support workers who wished to carry out transition to qualified nurses were able to request support from the provider which would be managed where possible.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. The provider recognised individual equality and diversity and ensured that staff were aware of their responsibilities. All staff who worked in the service were required to complete training in equality and diversity.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff had access to an employee assistance programme which they were able to access even when they were not at work. Staff received free help and advice about different matters and in addition to help they could access through their GP.

The provider recognised staff success within the service – for example, through staff awards. Staff working for the provider could be nominated for recognition of achievement and outstanding work by carers, families and visitors to the service. Staff in the service had been nominated for several awards. Staff had been finalists in the outstanding team of the year and hospital manager of the year categories for 2018 and won the outstanding positive behavioural support practice award for 2017.

Governance

The provider had a systematic approach to ensure the continuing quality of its service. An annual quality review was in place and managers submitted action plans and updates weekly. There was an extensive clinical audit programme in place and monitoring of patient outcomes was embedded in the care and treatment provided.

The provider monitored various outcomes in each of its services and used them as a comparison of what improvements or changes were required. This included compliments, complaints, accidents, physical interventions and incidents.

Managers monitored compliance with mandatory training, supervision and appraisal to ensure staff were able to carry out their roles safely and effectively. Training, supervision and appraisal rates were above the providers requirement of 80%.

There were enough staff to ensure patients received the right care and treatment and that patients and staff were kept safe. The manager was able to change staffing figures to take account of patients' fluctuating needs.

There was a clear commitment to improving the service and learning from when things went wrong. The provider was committed to promoting training and using the results of information collected to maintain and improve the quality of the service. Action plans were drawn up and monitored to ensure completion.

Team performance was monitored along with the safety indicators like physical interventions and incidents. Outcomes were discussed at local clinical governance meetings and managers meetings. The service and the provider used data and information gathered in a pro-active way to inform staff and other services within the group and to support the wider organisation.

The hospital manager told us they were well supported by their manager and by the senior management team and were able to make changes as needed. The management team worked closely with the multi-disciplinary team and care staff to ensure the smooth running of the service and quick response to changes in patient needs.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

There had been no recommendations with regard to reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The provider had an annual audit schedule in place which staff followed. Audits were comprehensive and resulted in action plans which were monitored to ensure compliance.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. Staff were aware which organisations they worked with and of information they were able to disclose. Teams within the service worked well together and shared information to ensure a safe and therapeutic outcome for patients.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. The hospital had a risk register in place which fed into a national register at provider level. The hospital manager added any concerns which related to the service. Risks were monitored and regularly reviewed to ensure they were kept up to date and were removed when possible. For example, windows in the service were secondary double glazing and needed to be replaced. This had been carried out in a phased process and the risk register has been regularly reviewed and updated throughout the process.

Staff concerns matched those on the risk register. Staff discussed items they thought may need to be added to the risk register at meetings and the hospital manager added items as needed,

The service had plans for emergencies – for example, adverse weather or a flu outbreak. There was a business continuity plan in place and this included plans on how the service would manage in the event of an emergency. This was regularly reviewed and updated when necessary.

Information management

The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff. All information relating to performance and incidents was recorded electronically. This information was collated and used as a thermometer for patient care and outcomes. Information was shared regionally and nationally and used to compare the service with other similar services within the Danshell group.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Staff were able to access policies, procedures, information and training via the information technology system. Staff did not mention any concerns about access to information or the systems used.

Information governance systems included confidentiality of patient records. Staff were able to access information relating to incidents via the provider's system. Records were accessed via a personal log in and password and the provider was able to monitor who had accessed the information. This helped to ensure it was not being accessed inappropriately.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Managers were able to view information which related to staff training and performance. Records of supervisions and appraisals were able to be accessed by the line manager and hospital manager. Managers used this to ensure that staff were up to date with mandatory training packages and were receiving the appropriate support through supervision. In addition, the manager was able to monitor the continuous personal development of qualified staff.

Staff made notifications to external bodies as needed. Notifications were submitted to the required stakeholders in line with their requirements. This was evidenced by the review of submissions during our inspection.

Engagement

Staff had formed good relationships with local services and had provided education and training to members of the local police force, on autism and how unique patients with autism were.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The provider had a website which gave people up to date information about the service and events. Staff in the service encouraged carers, families and representatives of other organisations to visit the service and to attend events.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their

individual needs. Anyone who visited the service was invited to give feedback on their experience. Feedback was accepted in any format and was recorded in the hospital records. Feedback we reviewed came from clinical commissioning groups, families, NHS trusts, local authority safeguarding, other Danshell staff and families and was all positive.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Feedback was reviewed and this was used to inform the provider of changes that were required, or what they were doing well.

Patients and carers were involved in decision-making about changes to the service. Patients and carers were able to give their thoughts on potential changes to the service. Patients had been involved in showing visitors around the service and the recruitment of new staff. There were patient and carer forums and there was a people's parliament which had patient and carer representatives from all the Danshell services.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback. Representatives from the service were members of Danshell's people's parliament and were able to meet with senior staff members and governors on a regular basis to discuss things that mattered to them. The provider used this forum as another way of gathering and acting on feedback.

Managers had engaged staff from human resources to carry out weekly clinics where staff were able to discuss concerns and ask questions. Clinics were conducted on a one to one basis but group discussions were able to be implemented if needed.

Learning, continuous improvement and innovation

Staff had opportunities to participate in research. Staff in the service were encouraged to participate in research that related to their work and the care of their patients. Although there was no research at the time of our inspection, we were aware of previous occasions when staff had done so.

Staff used quality improvement methods and knew how to apply them. Quality improvement was always on the provider's agenda and staff used audits and accreditation to ensure that the service was constantly improving the care and support for their patients. For example, the service participated in an internal quality audit which used the same outcomes of CQC and gave an independent view of the service outcomes.

Staff had not participated in any national audits relevant to the service at the time of our inspection.

Wards participated in accreditation schemes relevant to the service and learned from them. The service had received accreditation from the National Autistic Society and the Royal College of Psychiatrists Quality Network for Inpatient Mental Health Learning Disability services. The service received accreditation for these in July 2017 and ay 2017 respectively. Accreditation for each lasts three years.

Outstanding practice and areas for improvement

Outstanding practice

Staff worked closely with patients and other services to provide support when they were going to hospital for treatment.

One example of this was a patient who needed hospital treatment. Staff had taken the patient to visit the hospital and meet the staff and had put together a timetable of the day which gave details of what was going to happen and which staff members would be involved. The patient was provided with a copy of the timetable and staff went through it regularly.

Staff members learning British Sign Language and Makaton to enable them to support patients.

Admission and subsequent successful discharge of a patient who was in crisis and following a short time was able to move on to alternative accommodation.

Staff providing training and support to local police on autism.