

Good 

# North Staffordshire Combined Healthcare NHS Trust

## Wards for people with learning disabilities or autism

### Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RLY88	Harplands Hospital	Assessment and Treatment	ST4 6TH

This report describes our judgement of the quality of care provided within this core service by North Staffordshire Combined Healthcare NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by North Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare NHS Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated inpatient wards for people with a learning disability or autism as good because:**

- During this inspection we found that the ward had taken action and showed that improvements had been made in areas that made us to rate safe as requires improvement in September 2015 inspection. These improvements included, enough staff to meet the needs of patients, managing potential ligature risks appropriately, meeting the standards on mixed gender environment and displaying warning notices where oxygen cylinders had been stored.
- In relation to transforming care, the trust closed one of the wards and remained with the Assessment and Treatment ward only. This reduced the number of inpatient beds by 50% and moved all staff to work in one ward. This meant their staffing numbers increased and had enough staff to meet the needs of reduced number of patient beds. The service turned the two attached wards into one ward and designated one area for females and the other for males in order to meet the standards required for mixed gender wards.
- Although the ward had a number of potential ligature risks, the trust had reviewed its ligature risk assessment and came up with a detailed and robust risk management plan to manage the risks. The trust had a plan in place to refurbish the whole ward to have anti-ligature fittings throughout the building. The ward had clearly put warning notices to show that oxygen was kept in clinical rooms.
- The inpatient wards for people with a learning disability or autism were now meeting Regulations 10, 12, 15, and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

# Summary of findings

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

### Are services safe?

#### We rated safe as good because:

- The environment was clean and well maintained. Warning notices were in place to show where oxygen cylinders were stored.
- Staff completed patients' risk assessments, reviewed, and updated them as a multidisciplinary team. The ward had a detailed ligature risk assessment that clearly showed how to minimise identified potential risks to patients and staff were aware of this.
- The ward had specific bedroom and lounge areas, bathroom and toilet facilities for males and females that complied with the requirements of mixed gender environment. Staff were trained in safeguarding and had good awareness of safeguarding procedures.
- The ward had enough staff to meet the needs of the patients safely. Staff had completed mandatory training and had the skills and knowledge to meet patients' needs.
- The ward had proper arrangements to manage medicines safely. Staff reported incidents and the managers discussed lessons learnt from incidents to improve practice. Staff were aware of the duty of candour.

However:

- The ward was not fitted with nurse call systems.

Good



### Are services effective?

#### We rated effective as good because:

- Staff completed comprehensive assessments in a timely manner for all patients on admission. Staff assessed, monitored and supported patients with their physical health care needs.
- Staff regularly reviewed and updated care plans. The care plans included patients' views, covered all the needs and had clear goals. The teams used a variety of clinical outcome measures.
- The ward worked well as a multidisciplinary team and with other external organisations to ensure that patients were given the right support. The managers provided staff with regular supervision and annual appraisals. Staff had undertaken relevant training specific to their roles.

Good



# Summary of findings

- Staff applied and followed the Mental Health Act and Mental Capacity Act procedures correctly.

## Are services caring?

### We rated caring as good because:

- Staff treated patients with respect and dignity. Staff spoke and behaved in a way that was respectful, kind and polite. Staff understood the needs of their patients and took time to explain information to them.
- Patients and carers told us that staff encouraged them to make choices about their care and treatment. Patients and families were complimentary about the support they received from the staff
- Staff involved patients and their in their care and treatment planning. The ward involved patients and gathered their views in decisions about their service.
- Patients and their families told us that they could access advocacy services when needed.

Good



## Are services responsive to people's needs?

### We rated responsive as good because:

- All patients had discharge plans in place that were discussed in the multidisciplinary and care programme approach meetings.
- Patients were able to have hot or cold drinks and snacks anytime and had a selection of choice for meals. Patients were able to personalise their bedrooms.
- The ward offered patients a wide range of meaningful individual therapeutic weekly programme of activities.
- Staff provided patients with easy read information about their treatment and care and on how the service was run. Interpreting services or information in different languages was made available when needed.
- Patients knew how to raise concerns and make a complaint. Staff were aware of the formal complaints process and knew how to support patients.

Good



## Are services well-led?

### We rated well-led as good because:

- The managers were knowledgeable and provided good leadership and support to staff.

Good



# Summary of findings

- Staff reported morale was good within the team and their immediate managers supported them. The team was cohesive and supportive of each other.
- Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- Staff demonstrated a good understanding of the duty of candour and gave examples of where and how it could be used.
- Staff felt confident to raise concerns with managers and that these concerns would be acted upon appropriately. We observed an open culture between staff and team managers.
- The trust used key performance indicators and other measures to gauge the performance of the team.

However:

- The ward was not accredited or participating towards Accreditation for Inpatient Mental Health Services for inpatient learning disability services (AIMS-LD).

# Summary of findings

## Information about the service

The Assessment and Treatment unit is based at Harplands hospital and provides specialist interventions for community based patients who require short term support as a result of acute health care needs. The ward has six in-patient places offering short term assessment and treatment for a maximum of six months.

The ward provided short term assessment and treatment for individuals when community placements have broken

down due to acute health care needs. The multidisciplinary team carried out an assessment and designed an individually person centred plan or developed a care programme. This enabled the patient to return to their own home to be supported successfully within the community.

## Our inspection team

Our inspection team was led by:

Chair: Beatrice Fraenkel, Chair of Mersey Care NHS Trust.

Head of Inspection: James Mullins, Head of Hospital Inspection (Mental Health), Care Quality Commission.

Our team was comprised of one CQC inspector and two learning disabilities specialist nurses.

## Why we carried out this inspection

We carried out this inspection to find out whether North Staffordshire Combined Healthcare NHS Trust had made improvements to their inpatient wards for people with a learning disability or autism since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated inpatient wards for people with a learning disability or autism as **good** overall. We rated the core service as requires improvement for safe and good for effective, caring, responsive and well led.

Following the September 2015 inspection, we told the trust it must make the following actions to improve inpatient wards for people with a learning disability or autism:

- The trust must ensure staffing levels are appropriate to meet the needs of the patient group.

- The trust must ensure ligature risks on the Assessment and Treatment ward are appropriately managed.
- The trust must ensure the facilities promote privacy, dignity and safety within a mixed gender environment.
- The trust must ensure appropriate warning notices are displayed where the oxygen cylinders are stored.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 10 HSCA (regulated activities) Regulations 2014: dignity and respect.
- Regulation 12 HSCA (regulated activities) Regulations 2014: safe care and treatment.
- Regulation 15 HSCA (regulated activities) Regulations 2014: premises and equipment.
- Regulation 18 HSCA (regulated activities) Regulations 2014: staffing.



# Summary of findings

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited Assessment and Treatment unit at Harplands hospital and looked at the quality of the environments
- observed how staff were caring for patients
- spoke with three patients who were using the service and two of their relatives and carers.

- spoke with one matron
- spoke with one team leader
- spoke with two external health professionals that had attended a patient's meeting
- spoke with 10 other staff members; including doctors, nurses, nursing assistants, activities coordinators, psychologist and administrator
- interviewed two managers with the responsibility for community learning disabilities teams and Assessment and Treatment ward
- attended and observed one care programme approach meeting
- attended multidisciplinary team meeting
- looked at five care records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

### Good practice

### Areas for improvement

#### Action the provider **MUST** take to improve

#### Action the provider **SHOULD** take to improve

# North Staffordshire Combined Healthcare NHS Trust

## Wards for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Assessment and Treatment	Harplands Hospital

#### 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 had received training in Mental Health Act (MHA). Staff showed a good understanding of the MHA and the code of practice.

Records of detained patients were up to date, stored appropriately and compliant with the MHA and the code of practice.

Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

The ward had access and displayed information on the rights of patients detained in easy read format. Patients had access to independent mental health advocacy services.

Staff routinely explained to patients about their rights and audited this regularly.

Staff knew how to contact the MHA administrator for advice when needed. The MHA department carried out audits twice a year to check that the MHA was being applied correctly.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and deprivation of liberty safeguards (DoLS).

The trust had a detailed policy on how to apply MCA that staff were aware of and could refer to when required.

# Detailed findings

Staff assessed and clearly recorded patients' capacity to consent to treatment. This was done on a decision – specific basis concerning significant decisions.

When patients lacked the capacity, staff recorded in patients' records to show that they had gone through the

process of properly assessing capacity following the four stage assessment. The multidisciplinary team made decisions in the patient's best interest. Patients had access to an independent mental capacity advocate (IMCA).

Staff knew the lead person to contact about MCA and DoLS to get advice. There were arrangements in place to monitor adherence to the MCA.

# Are services safe?

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

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean ward environment

- The layout of the ward enabled staff to observe most of the parts effectively. Staff were able to observe all corridors of the ward from a central point. Staff managed the blind spots on the corridors using mirrors when no staff were in the central point of the ward. The ward had good lines of sight in the communal areas.
- The ward had a detailed up to date ligature risk assessment completed and reviewed in June 2016. The ward had many potential ligature points. The risk assessment identified all potential ligature points on door handles, bathroom taps and door handles, window latches, from bedrooms and communal areas. The managers showed us a new plan to renew the ward, which would be fitted with anti-ligature fittings. The ward a risk management plan describing how to minimise ligature risk to patients. Control measures in place to minimise the risk to patients included individual patient risk assessments, use of observations, staff supervision and clear admission criteria about patients at high risk of suicide. The unit had ligature cutters available in nurse offices. Staff were trained how to use them and knew where they were kept. Staff knew the potential ligature points within the ward.
- The ward was divided into two separate areas with a locked door; one area with three beds for female patients and the other with three beds for male patients. Male and female patients did not share any toilet or bathroom facilities and there were also separate lounge and communal areas.
- The ward had two clinic rooms that were well equipped with all emergency medication and equipment such as automated external defibrillators and an oxygen cylinder. The clinic rooms had warning signs to show that oxygen cylinders were kept there. All staff had easy access to emergency equipment and knew where it was kept. Staff checked emergency equipment regularly to ensure it was in good working order when needed. Staff also regularly checked medical devices and emergency medication.
- The ward had no seclusion facilities available.
- The ward was clean with well-maintained decor and furnishings. Staff completed daily, weekly and monthly cleaning records to show that cleaning was always carried out. Patients told us that the level of cleanliness and maintenance was good. According to patient-led assessment of the caring environment (PLACE) data provided by the trust, the ward scored 99.6% in relation to cleanliness. This was 2% above the national average of 97.8% for cleanliness. PLACE assessments are self-assessments undertaken by NHS and private/independent health care providers, and include at least 50% members of the public (known as patient assessors). They focus on different aspects of the environment in which care was provided, as well as supporting non-clinical services.
- The ward had information on how to follow infection control principles displayed in all key areas. We saw staff using alcohol gel and practising good infection control procedures through hand washing hygiene and food hygiene. Staff carried out monthly audits of infection control and prevention. The manager took actions to address any areas identified as requiring improvements.
- The trust carried out portable appliance tests consistently for all equipment used. All equipment had stickers to show that it had been checked to ensure that it was safe to use. The stickers had visible dates to show when they were due for another test.
- Staff carried out regular environmental risk assessments in areas such as infection control and prevention, health and safety, fire safety, access to the kitchen and garden area.
- All staff had personal safety alarms attached to them that were regularly tested. This helped to ensure the safety of patients and that of staff. However, the building was not fitted with nurse call systems.

### Safe staffing

- The ward had whole time equivalent of 13.5 qualified nurses and 18.7 nursing assistants. The team had three vacancies for qualified nurses and none for nursing

# Are services safe?

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

assistants. The team leader told us the three vacancies for nurses had been recruited to and the nurses would start in October 2016. The ward had adequate staffing levels to meet the needs of patients.

- The ward estimated the number and grade of nurses required to meet patients' nursing needs safely by taking into account the bed occupancy and acuity of the service. They reviewed the staffing levels regularly through the trust's safer staffing arrangements. The trust also reviewed performance around sickness and turnover rates.
- The sickness rate in the 12-month period from August 2015 to July 2016 was 6.8% and the staff turnover rate was 9.4%. The sickness rate was higher than national average sickness rate of 4.4% but lower than the trust average rate of 7.6%.
- There were 50 shifts filled by bank staff in the three-month period from May 2016 to July 2016. No agency staff were used. The team leader told us that they only used bank staff that were familiar with the ward.
- There were 23 shifts that had not been filled by bank or agency staff, as result of staff sickness or absence in the three-month period from May 2016 to July 2016. Staff and patients told us that staffing levels were rarely below the required numbers. Patients told us that leave or activities were never cancelled and we saw records that showed patients' leave and activities were monitored.
- We reviewed the staff rota for the three months prior to the inspection and found that the numbers mostly matched the number of nurses and nursing assistants on duty. The team leader and matron were available during weekdays 9am to 5pm. Staff told us that they offered clinical support when needed.
- We observed that the qualified nurses spent some time interacting with patients in the communal areas. Staff and patients confirmed that staff were always present in communal areas.
- The ward had enough staff available so that patients could have regular one-to-one time with their named nurse.
- There were enough staff to carry out physical interventions safely.

- Staff told us they could access medical input during the day. The doctors were on site weekdays 9am to 5pm. The trust had an out-of-hours doctor on call system that ensured a doctor could get on site quickly if needed.
- Records showed that the average rate for completed staff mandatory training was 91.5%; this was above the 90% trust target.

## Assessing and managing risk to patients and staff

- The ward had no incidents of seclusion or long-term segregation from March 2016 to August 2016.
- The ward recorded 12 incidents of restraint in the six-month period from March 2016 to August 2016, used on four different patients. Staff did not use prone position on any of these incidents and no staff or patients were injured in restraints in that period. Staff only used restraint after de-escalation had failed. Staff recorded methods of de-escalation used prior to restraint to show that it was only used after all other methods had been unsuccessful. The trust trained staff in physical intervention and they were aware of the techniques required. Staff completed an incident report following each incident.
- Staff carried out risk assessments on every patient at the initial assessment. We looked at five care records of patients and found that each of these contained a detailed risk assessment. The multidisciplinary team regularly reviewed and updated the risk assessments after every incident to reflect the changes in risk.
- Each patient had a detailed risk management plan in the form of a positive behavioural support plan. They clearly identified how staff were to support patients to be safely involved in local communities. They focussed on different methods that could be used by staff before any restrictive methods such as restraint or rapid tranquilisation could be used.
- The inspection team found no evidence that blanket restrictions were being used on the ward.
- The ward did not have any informal patients at the time of the inspection. The manager told us that staff would explain to informal patients that they could leave the ward if they wanted to.
- The ward had policies and procedures for use of observations to manage risk to patients and staff. Staff

# Are services safe?

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spoken with demonstrated a good understanding of the observations policy and we saw that staff maintained continuous observations of all patients on one-to-one. Staff actively engaged with patients they were observing through activities and positive engagement.

- The ward had clear guidelines that followed the national institute for health and care excellence (NICE) challenging behaviour and learning disabilities (NICE guideline 10) and violence and aggression: short-term management in mental health settings (NICE guideline 11). Each patient had detailed medical and nursing guidelines for staff to follow when rapid tranquilisation was used. This covered circumstances in which it could be given, the physical observations that needed to be carried out and any risks. Staff did not use rapid tranquilisation in the six-month period from March 2016 to August 2016.
- Records showed that all staff received training in adult safeguarding and 81% in children's safeguarding. They knew how and when to make a safeguarding alert and were able to give us examples of how they had responded to safeguarding concerns. Staff knew who the designated lead for safeguarding was and knew how to contact them for support and guidance. Staff shared and explained safeguarding procedures in easy read format with patients and their relatives. Patients told us that they felt safe on the ward. The multidisciplinary team discussed any safeguarding issues such as protection plans with all other relevant professionals in patients' review meetings and care programme approach meetings.
- The ward had appropriate arrangements for the management of medicines. Medicines were stored securely in a locked clinic room and cabinet. Staff recorded room temperatures daily to ensure that there were always kept within safe range. The nurses checked medicines stock and administration of medicines on a weekly basis to ensure that the administration record card for each patient was completed and medicines given. The pharmacist visited once every month to carry out audits. We reviewed five medicines cards, observed medicines being administered and saw that all medicines given were clearly signed for as prescribed. The pharmacist conducted a weekly visit to monitor the safe management of medicines. The pharmacist was involved in multidisciplinary team meetings to review individual patient's medicines. Staff checked all the medicine stock when they received it from the pharmacy.
- Staff were aware of and addressed issues such as falls and pressure ulcers. Staff completed falls assessments when needed.
- The multidisciplinary team discussed and risk assessed all visits from children taking into account any child protection issues. Where any risks had been identified, a risk management plan was developed to ensure safety.
- **Track record on safety**
  - This core service had no serious incidents in the 12-month period from September 2015 to August 2016.
- **Reporting incidents and learning from when things go wrong**
  - The trust used an electronic system for incident reporting. Staff were able to demonstrate how to use this and gave clear examples of what should be reported.
  - Incidents sampled during our inspection showed that staff reported appropriate incidents properly.
  - Staff were aware of the duty of candour and were able to give us examples of having been open and honest when mistakes had been made. The trust had a duty of candour policy.
  - Staff explained that learning from incidents was discussed in staff meetings, via emails, supervision and through learning lessons post on the trust intranet. Lessons learnt from incidents were shared with staff.
  - Staff were offered debrief and support after serious incidents.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- We looked at five care records and saw that staff had completed a comprehensive assessment for all patients to the service in a timely manner. These covered all aspects of care as part of a holistic assessment such as social circumstances, finance, safeguarding, physical health, mental health, medication, communication, and personal information and life style factors.
- Care records showed that all patients had received a physical examination on admission and there was evidence of ongoing physical health monitoring. Patients had health action plans and nutritional assessments.
- Patients had up to date and detailed person-centred care plans. All care plans contained patients' views about their treatment and had clear goals that involved patients on what they needed to achieve to be discharged. They had clear outcomes that focussed on transferring patients back into community settings as soon as they were ready. The care plans addressed the needs identified in the assessment stage and were recovery orientated. The care plans included communication passports and contingency plans. Staff gave patients copies of easy read care plans.
- The ward managed care records appropriately using both paper and electronic systems. Records were organised, stored securely and team members could access patients' records when needed. We were told that the trust was moving to a new system of electronic records.

### Best practice in treatment and care

- Staff followed national institute of clinical excellence (NICE) guidelines such as challenging behaviour and learning disabilities (NICE guideline 11), mental health problems in people with learning disabilities (NICE guideline 54) and medicines adherence (clinical guidance 76) when prescribing medicines. We saw information on patients' medicines based on NICE guidance which included information on drug

interactions, minimum effective doses, contra-indications, side effects and health checks required. Staff also monitored and reviewed the effectiveness of the medicines prescribed.

- The ward offered patients a wide range of psychological therapies such as cognitive behaviour therapy, cognitive analytic therapy, anxiety management, methods of assessing behavioural functions, coping skills, emotion management and solution focussed therapy. The psychologist also offered support to staff around positive behavioural support.
- Staff monitored physical health needs of patients and ensured physical health care plans were kept up to date. The ward carried out annual health checks and regular physical health checks to enable earlier detection of any illnesses such as electrocardiogram (ECG) tests and blood samples for testing. They also discussed and monitored patients' weight, blood pressure, lifestyle choices such as diet and exercise and side effects from medication. Patients had access to specialists such as dentists, chiropodists, diabetic team, epilepsy specialists, dieticians and district nurses. Staff could refer patients to other specialists when required.
- Staff assessed patients for nutritional and hydration needs and referred them to the dietician if required. Staff monitored fluid and food intake and conducted weight checks each week. We were told that the speech and language therapist would carry out any dysphagia assessments when required.
- Staff used a range of outcome measures such as health of the nation outcome scales (HoNOS), model of human occupation screening tool (MoHOST) and health equalities framework (HEF) to ensure that patient progress and recovery were closely monitored. Staff monitored progress regularly in care records and recorded data on progress towards agreed goals in each patient's notes.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. The records reviewed included care records, medicines, infection control and prevention, health and safety and physical health audits. Where staff identified areas of



# Are services effective?

Good 

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improvement, action plans were completed and followed up. The ward used the findings to identify and address changes needed to improve outcomes for patients.

## Skilled staff to deliver care

- The ward had a full range of learning disabilities disciplines including psychologists, doctors, speech and language therapists, pharmacist, nurses, nursing assistants, activity co-ordinators and occupational therapists. The team leader told us that the ward was in the process of recruiting a social worker.
- The ward had experienced and appropriately qualified staff. The ward had band five, band six and band seven staff that had worked for the trust for over four years, which reflected the level of experience and skills. Most nursing assistants had worked at the ward for over 10 years and were provided with training updates.
- New staff received an appropriate trust and a local ward induction. Unqualified staff were able to complete the care certificate. Staff confirmed that they received an appropriate induction.
- Records reviewed showed that the team leader and matron provided regular supervision to staff. We saw records that showed staff received regular supervision of a good quality. The ward carried out monthly team meetings.
- Managers carried out annual appraisals; the average rate between May 2015 and April 2016 was 95.2%. Staff told us that they received annual appraisals that were reviewed every three months to discuss progress.
- Managers addressed issues of staff performance in a timely manner through management supervision and human resources team supported them when required.
- Staff told us that the trust provided them with training relevant to their role. Staff had completed a range of training including approaches to least restrictive practice, care planning, risk assessment, autism, dementia, personality disorder, diabetes awareness, ECG, epilepsy and positive behavioural support.

## Multi-disciplinary and inter-agency team work

- The ward had regular and effective multidisciplinary team meetings held weekly. These meetings involved all different professionals within the team and sometimes

included other professionals from the community team. We attended one multi-disciplinary team meeting. We observed in depth discussions that addressed the identified needs of the patients such as risk, discharge planning and changes to care plans. Staff took into account patient wishes and considered a holistic approach to patient care.

- We attended one handover meeting and looked at handover information. We found that staff discussed feedback from multidisciplinary team meetings, any changes in care plans, patients' physical health, mental state, risks, observations, community activities and incidents.
- The ward had a good working relationship with the community teams, intensive support and mental health inpatient and shared information well. We saw that staff from the community teams, intensive support and the ward had meetings that they attended to share information about patients. The ward also appointed a liaison nurse that had regular contact with the mental health inpatient wards. They shared information effectively about patients likely to move between the services. Patients transferred between teams were discussed in detail before the transfer was made and teams continued to support each other when needed.
- The ward had good working relationships with the external organisations. Social workers, advocates and staff from the independent health and social care attended meetings at the ward to share information about risks, clinical and social needs and discharge planning. We attended one care programme approach (CPA) meeting and saw that staff shared information appropriately with external professionals and organisations. They also worked closely with GPs, hospitals, local community facilities, local authorities and health commissioners.

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

- Training records indicated that 89.7% of staff had received training in Mental Health Act (MHA). Staff showed a good understanding of the MHA and the code of practice. All five patients were detained under the 'Act'.
- We reviewed five records of detained patients which was up to date, stored appropriately and compliant with the MHA and the code of practice.



# Are services effective?

Good 

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

- Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.
- The ward had access and displayed information on the rights of patients detained in easy read format. The independent mental health advocacy services were readily available to support patients. We saw information on posters Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.
- Staff routinely explained to patients about their rights and audited this regularly. This ensured that staff offered patients the opportunity to understand their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the Mental Health Act had been explained to them.
- Staff knew how to contact the MHA administrator for advice when needed. The MHA department carried out audits twice a year to check that the MHA was being applied correctly.
- None of the patients were subject to Deprivation of Liberty Safeguards (DoLS) and the ward had not made any applications in the 12 months up to September 2016.
- Staff assessed and clearly recorded patients' capacity to consent to treatment. This was done on a decision – specific basis concerning significant decisions. There was detailed information on how capacity to consent or refuse treatment had been sought.
- Staff supported patients to make decisions where appropriate and there was evidence of using different methods to enhance communication and understanding. When patients lacked the capacity, staff recorded in patients' records to show that they had gone through the process of properly assessing capacity following the four stage assessment. The multi-disciplinary team made decisions in the patient's best interest, recognising the importance of their wishes, feelings, culture and history. We saw an independent mental capacity advocate (IMCA) attending a CPA meeting.

## Good practice in applying the Mental Capacity Act

- Training records showed that 89.7% of staff had received training in Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and they could explain the five principles.
- The trust had a detailed policy on how to apply MCA that staff were aware of and could refer to when required.
- Staff understood, and where appropriate, worked within the MCA definition of restraint.
- Staff knew the lead person to contact about MCA and DoLS to get advice.
- There were arrangements in place to monitor adherence to the MCA.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- We saw that staff demonstrated an honest relationship and caring attitude towards patients. We observed that staff interacted in a respectful and compassionate way with patients. Staff connected with patients in a polite, friendly and kindly manner. Staff were readily available to respond and support patients in a calm and positive manner all the time.
- Patients and their families told us that staff were very caring, approachable and treated them with respect and dignity.
- The interactions, engagement and care showed that staff knew and understood the individual needs of their patients. Staff were sensitive to patients' needs and wishes. We observed that they took their time to explain things to patients and engaged them at the level of their understanding. Staff gave patients choices to take the lead in what they wanted to do and guided them into meaningful activities without being demanding.
- According to PLACE data provided by the trust in relation to privacy dignity and wellbeing, this service scored 100%. This was around 10% higher than the national average of 89.7%.

### The involvement of people in the care they receive

- The ward gave patients and families welcome packs with easy read information. This explained how the service worked and helped them to understand what to expect. Patients confirmed that staff had shown them around the ward on admission and introduced them to staff and others. The ward gave patients and relatives the opportunity to visit before an admission was agreed if possible.
- Staff encouraged patients to maintain and develop independence. For example, staff taught patients activities of daily living skills such as cooking, cleaning, laundry and community access. Staff promoted patients to take control and have choice over their lifestyles.
- We saw that staff involved patients in their care planning, risk assessments and multi-disciplinary team meetings. Patients had copies of care plans that were

written in the simplest form that was suitable to each individual's preferred method of communication. For example, one patient had care plans that were in pictorial format.

- We observed one care programme approach and one multi-disciplinary team meeting. We saw that the ward team involved patients in making decisions about their care and they offered them choices. Staff encouraged patients to express their views. Patients told us that staff involved them in their care. Where patients refused to attend meetings, they sat down with named nurse before and after the meeting to discuss their views and feedback.
- Staff involved patients' carers, and relatives in care planning and clinical reviews with the consent of patients. They considered family members' views about care and treatment plans. Relatives told us that they were actively involved in the planning of care and treatment for patients.
- The ward had a carer's lead who offered support to families and carers. They gave advice about care and treatment, how to get support from other organisations and emotional support.
- Patients had access to advocacy services. The advocate attended patient review meetings when required. Patients and their families told us that they could access advocacy services when needed.
- The trust conducted patient and family surveys to gather their views. The results were analysed to formulate trends and themes to enable staff to make changes to the service where needed. Patients had opportunities to give feedback on the service they received in community meetings. In addition, the ward had a suggestion box where patients and relatives could post suggestions about how the service was run.
- Patients were involved in decisions about their service. The trust ran service user and carer groups where they discussed issues about how the service was run. The trust used video link for people with learning disabilities to take part in interviews for staff recruitment.
- Staff considered whether patients had made any decisions beforehand to refuse a specific type of treatment at some time in the future.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access & discharge

- The average bed occupancy was 86% over six months from March 2016 to August 2016.
- The average length of stay was 823 days over the 12-month period from June 2015 to May 2016. This was high due to patients that had been admitted some time ago when the ward used to be part of the long stay in-patient wards. The service had discharged most of these patients to community placements and only one was left to be discharged. Since the introduction of transforming care in the community teams in January 2015, the average length of stay for all patients admitted from January 2015 to September 2016 was reduced to 96 days. All patients received care and treatment reviews before admission.
- All referrals for admission were made through the responsible consultant psychiatrist. The ward considered referrals for adults with a learning disability who lived in or originated from North Staffordshire. To be admitted, the patients must require emergency health care due to the breakdown of their ordinary community placement because of experiencing acute health care needs in relation to severe and frequent challenging behaviours or acute mental health needs. The multi-disciplinary admissions panel would discuss the request for admission.
- The service also admitted 'out of area' referrals where there had been an initial assessment undertaken to decide needs and treatment and the funding for the placement had been agreed.
- Only patients that required admission to low or medium secure units were placed out of area because local services could not meet their needs. The service had regular meetings with the commissioners to monitor these patients' progress. This ensured that they could be transferred back into the community as soon as they were ready; to prevent unnecessary lengthy hospital stays.
- The ward had a good working relationship with the commissioners and independent organisations to ensure that patients were successfully supported with their discharge plans. All patients had discharge plans in

place that were discussed in their care programme approach meetings. Patients told us that they were aware of their discharge plans. We saw one patient close to discharge having planned visits to spend time to familiarise them with the next placement.

- Staff discussed all discharges and transfers in the multidisciplinary team meeting and they managed them in a planned and co-ordinated way.
- Patients on leave could access their beds on return.
- Patients were not moved between wards during their admission period.
- The ward had three delayed discharges in the six month period from March 2016 to August 2016. This was due to delays in funding arrangements and lack of suitable placements to meet the needs of patients in the community. The managers told us that they were working with the commissioners to support and enhance the skills of independent social care organisations in the community.

### The facilities promote recovery, comfort, dignity and confidentiality

- The ward had rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities. It had open sitting areas, two lounges, two kitchens, laundry rooms and art rooms.
- There was a designated room where patients could meet visitors privately.
- Patients were able to make phone calls in private and had access to their own mobile phones.
- The ward had access to secure garden area; this included a smoking area which patients had access to throughout the day.
- Patients told us that the quality of food was good and meal times were flexible. They had a wide choice of menu. According to PLACE data provided by the trust in relation to food, this service scored 94%. This was around 6% higher than the national average of 88%.
- Patients had access to hot drinks and snacks anytime of the day.
- Patients were able to personalise their own bedrooms. Patients had their own televisions, radios and could decorate the rooms to their own liking.

# Are services responsive to people's needs?

Good 

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

- Patients had locked cabinets where values could be secured subject to individual risk assessments.
- The ward offered a wide range of activities to patients. Each patient had an individual structured daily programme of activities which were related to their individual needs. The occupational therapist assessed patients and encouraged them to actively engage in routine meaningful and purposeful activities that promoted their skills such as cooking, making their own hot drinks, community access and laundry. There were two activities co-ordinators that led the activities and engagement with patients. Patients told us that they were always involved in activities all the time including weekends and evenings.
- Interpreting services were available when required. Staff knew how to access these services.
- Staff offered and supported patients with the choice of food they wanted to meet their dietary requirements, health, religious and ethnic needs. The ward ordered their food direct from the supermarket according to the menus that involved patients' choice.
- The ward had no dedicated multi-faith room. Staff told us that patients could access the multi-faith room that was in the main part of the hospital. Staff told us they supported patients to attend faith centres in the local community to meet their spiritual needs. The ward had no contact details for representatives from different faiths.

## Meeting the needs of all people who use the service

- The entrance to the building had adjustments for disabled access. The ward had disabled toilet facilities and bathrooms. The whole environment was enriched with signs, symbols and photographs to show areas such as lounge, kitchen, toilets, bathrooms and nurses office. This ensured that patients were aware of their ward environment.
- The ward had information leaflets in English. The ward had English speaking patients only at the time of our inspection. Staff told us that leaflets in other languages could be made available when needed.
- Staff gave patients relevant information that was useful to them such as the service provided, treatment guidelines, medical conditions, medicines, safeguarding, advocacy, patient's rights and how to make complaints. All this information was available in easy read leaflets, signs, symbols, photographs and visual aids to support spoken language using real objects.

## Listening to and learning from concerns and complaints

- This core service received three formal complaints and two compliments in the 12-month period from April 2015 to March 2016. The reasons for complaints were staff attitude and clinical issues. None of the complaints were referred to the parliamentary and health services ombudsman.
- The unit had information on how to make a complaint displayed and patients were given this information. Patients could raise concerns with staff anytime. Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. Patients and relatives told us that they knew how to raise concerns and complaints and staff gave them feedback.
- Staff were aware of the formal complaints process and knew how to support patients and their families when needed.
- Staff told us that any learning from complaints was shared with the staff team through staff meetings and the managers made changes where it was required.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The trust disseminated the importance of their vision and values to staff. Staff were aware of these and agreed with them. The ward displayed the vision and values in different parts of the ward for staff, patients and visitors.
- The objectives of the service reflected the organisation's values and objectives. There was a clear focus on person centred and recovery focussed approach for patients to take control of their lives and engaged in their community.
- In view of the Winterbourne review and subsequent transforming care agenda for learning disability services, the trust developed a new model of service delivery. The trust reduced the number of inpatient beds to ensure that more and early intensive care was provided in the community so that people could stay in the community and closer to home. As such, the ward aimed to move patients back into the community within the shortest possible time.
- Staff told us that they knew who the most senior managers in the organisations were and that they had visited the service.

### Good governance

- The trust had governance processes to manage quality and safety; the team leaders used these methods to give assurances to senior management. The trust had an operational structure and governance arrangements. Managers were experienced and knowledgeable and demonstrated strong leadership of the service.
- Staff received mandatory training and team leaders had arrangements in place for monitoring the set targets and identifying areas of poor performance against trust training targets.
- All staff received supervision regularly and appraisals annually. Medical staff attended continuing professional development sessions.
- The ward covered shifts with sufficient numbers of qualified nurses and nursing assistants with the right skills and experience.
- Staff had enough time to engage with patients to offer direct care activities.

- The trust ensured that staff learn lessons from incidents, complaints and patients' feedback. In addition to discussions that took place in staff meetings, the trust distributed incident learning information on the trust intranet.
- The trust had a safeguarding lead and there was good awareness of safeguarding procedures. Staff discussed safeguarding in multidisciplinary team meetings. The trust had a Mental Health Act administrator that ensured staff had the right support to enable them to apply the Mental Health Act procedures correctly. Staff had a good awareness of the Mental Capacity Act and Mental Health Act procedures.
- Staff participated in clinical audits in order to monitor the effectiveness of the service provided. However, it was not clear how they used the findings to address changes needed to improve outcomes for patients.
- The team leader and the matron provided data on performance to the trust consistently. All information provided was analysed to identify themes and trends. The information was used to improve the quality of service provided. They collected data on performance such as staffing levels, length of stay, discharges, bed occupancy, incidents, safeguarding and training. The management discussed the performance at monthly meetings to gauge the performance of the ward. However, we could not identify how this information was shared with the wider staff team.
- The team leader and the matron felt they were given the freedom to manage the ward and had administration staff to support the ward. They stated where there were concerns; they could easily raise them and were given support by the senior management. Where appropriate they could place the concerns on the ward, directorate or organisation's risk register.

### Leadership, morale and staff engagement

- The sickness and absence rate in the 12-month period from August 2015 to July 2016 for Assessment and Treatment was 6.8%; this was lower than the trust average rate of 7.6% but higher than the national average of 4.4%.
- The team leader and matron reported that there were no bullying or harassment cases within the ward staff.
- Staff knew how to whistle blow and told us they felt confident in doing so if necessary.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff felt confident to raise concerns with the managers and that these concerns would be addressed appropriately. We observed an open culture between staff, the team leader and the matron. All staff spoke positively about their managers.
- Staff reported high morale, they told us that they liked their jobs and felt happy at work. All staff told us they felt well supported by their line manager to develop skills and felt their work was valued.
- Staff told us that the trust had opportunities for leadership development. The trust offered staff various courses in personal and leadership development.
- All staff told us they worked as a unified team that supported each other to achieve the best outcomes for patients. We observed that there was a sense of harmony and good relationship within the team. Staff respected each other's roles and effectively shared good practice.
- Staff had a good understanding of the duty of candour and the need to be open and transparent. They were aware of when and how apologising for serious mistakes should be applied.
- Staff were able to give feedback on the service and input into service development through their staff meetings, staff surveys.

## **Commitment to quality improvement and innovation**

- In order to improve compliance with the standards as set by the prescribing observatory for mental health (POMH), the ward conducted research in September 2015 on antipsychotic prescribing for people with a learning disability. The results showed that all patients prescribed antipsychotics for more than 12 months had a general assessment of side effects and all relevant physical health checks. An action plan was put in place to improve practice, for example, a standardised recording sheet in care notes was changed to include reason for antipsychotic being prescribed and recording of side effects.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.