

Outstanding



South London and Maudsley NHS Foundation 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)
R505	Bethlem Royal Hospital	National Autism Unit	BR3 3BX

This report describes our judgement of the quality of care provided within this core service by South London and Maudsley NHS Foundation 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 South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley NHS Foundation 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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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 the South London and Maudsley NHS Foundation Trust wards for people with autism as **outstanding** because:

Staff working in the service were acknowledged experts in the assessment, care and treatment of the mental health needs of people with autism spectrum disorder. Staff worked constructively with patients to involve them in planning their care and treatment. The service had a track record of success in reducing the incidence of challenging behaviour and the severity of mental illness symptoms in patients who had very complex needs.

The approach of the service was creative. The multi-disciplinary team worked effectively to ensure assessments were holistic. The team developed each

patient's care and treatment from a broad range of possible interventions. There was a focus ensuring that patients discharged from the National Autistic Unit were either prescribed no medicines at all or prescribed the least amount of medicines for their mental health needs. Staff interacted with patients in ways which enhanced their dignity, independence and confidence.

Morale was high with staff describing a positive working environment and constructive working relationships with multi-disciplinary team colleagues. Staff worked effectively with commissioners and other agencies from across the country in relation to the admission and discharge of patients.

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 trust had identified risks to patients in relation to ligature points and there were arrangements to manage these risks.
- The MDT was well resourced with experienced and skilled staff. Vacant posts were covered by suitable bank staff.
- Risk management plans were put into place for newly admitted patients.
- Individual risk assessments were comprehensive and regularly reviewed to ensure they were accurate.
- Staff received mandatory training on recognising and reporting concerns about abuse and neglect and made safeguarding referrals to the local authority when appropriate.
- Staff reported incidents and discussed the learning from incidents within the team.

Good



Are services effective?

We rated effective as outstanding because:

- The MDT developed holistic assessments with input from the person, their relatives and staff from other agencies who knew them.
- Staff ensured any physical health issues that people had were assessed and treated.
- The MDT included staff who were recognised experts in treating mental health conditions in people with ASD.
- People had a personalised treatment plan drawn from a wide range of possible pharmacological, psychosocial and psychological interventions.
- Multi-disciplinary work in the team was highly constructive and focused on best practice and achieving positive outcomes for people using the service.
- Staff, including bank staff, received training and support to meet the complex needs of NAU patients.

Outstanding



Are services caring?

We rated caring as outstanding because:

- Patients' dignity, independence and confidence in their skills were promoted by the way staff interacted with them and involved them in the process of reviewing planning their care and treatment.

Outstanding



Summary of findings

- Staff had in-depth knowledge of patients' individual ASD and mental health needs.
- The MDT worked with relatives to improve communication between staff and relatives.
- People told us staff were kind to them and understood their needs.

Are services responsive to people's needs?

We rated responsive as good because:

- Staff on the NAU worked effectively with commissioners and other agencies from across the country in relation, to the admission and discharge of patients.
- People's individual needs in terms of their ASD needs and mental health needs were taken into account.
- The NAU was spacious and comfortable for patients.
- Patients and relatives knew how to make a complaint and received an appropriate response when they did so.

Good



Are services well-led?

We rated well-led as outstanding because:

- Staff understood the trust's values and explained how the service put them into practice.
- Managers of the service were described by staff as supportive and committed to improving the service.
- Senior managers visited the NAU to speak with staff.
- Plans were in place to enhance the environment and design of the NAU and achieve accreditation from the National Autistic Society.
- The trust gathered data on the performance of the service and this showed that the service had met trust targets in key areas such as mandatory training for staff.
- Morale was high with staff describing a positive working environment and constructive working relationships with multi-disciplinary team colleagues.
- The multi-disciplinary team were recognised national experts in the development of good practice in meeting the mental health needs of people with autism spectrum disorders.
- The team worked in creative ways with patients to improve their confidence and independence.
- The team aimed to ensure that when people were discharged from the NAU they were either prescribed no medicines at all or prescribed the least amount of medicines for their mental health needs.

Outstanding



Summary of findings

Information about the service

The National Autism Unit (NAU) is a national specialist service based on the Bethlem Royal Hospital site. The NAU provides inpatient assessment and treatment for 15 adult male patients with an autism spectrum disorder (ASD) and similar disorders who have additional mental health problems, including obsessive compulsive disorder, psychosis, depression and anxiety. Some patients behave in a way that challenges the service.

Autism spectrum disorders (ASD) are lifelong conditions such as autism and Asperger's syndrome. People living with an ASD tend to have difficulties with social communication and interaction. They may also have strongly repetitive patterns of behaviour, interests and hobbies; difficulties adjusting to rapid and unexpected change and unusually narrow interests. Some people with ASD have an unusual response to sensory stimuli such as noise.

Our inspection team

The inspection team that inspected wards for people with autism consisted of one inspector, an expert by experience, two psychologists, an occupational therapist and a community psychiatric nurse.

Why we carried out this inspection

We inspected this core service as part of our 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 these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited the National Autism Unit

- Looked at the quality of the environment and observed how staff were caring for patients
- Spoke with nine patients who were using the service
- Spoke with the manager of the unit
- Spoke with the two consultant psychiatrists for the unit
- Spoke with nine other staff members; including psychologists, the activity co-ordinator, the occupational therapist, nurses, nursing assistants and a social worker
- Attended and observed a multi-disciplinary meeting and a hand-over meeting
- Attended a community meeting with patients
- Observed a patient's discussion meeting

Summary of findings

- Read seven care records
- Carried a check of the medication management on the unit
- Reviewed three records of staff appraisal, supervision and training
- Looked at a range of policies, procedures and reports relating to the operation and management of the unit

What people who use the provider's services say

- Patients who use the NAU told us they felt safe. They said they were offered treatment and care which made them feel more confident and supported them to be more independent.
- Patients said they were able to discuss any concerns about the NAU at a weekly community meeting. They told us staff listened to what they had to say and took action to make improvements when necessary.
- Patients reported that staff involved them in the planning of their care and treatment. They said they had regular meetings with doctors, psychologists, nurses and other members of the multi-disciplinary team about their progress.
- Patients were positive about the range of different activities available to them. They said their individual interests and preferences were taken into account by staff when planning their care.
- Patients and relative told us staff were polite and respectful to them. They told us they were involved in meetings to plan for their discharge from the NAU.

Good practice

- Staff at the NAU were recognised as experts in their field. For example, the consultant psychiatrists contributed to a national training scheme run by the Royal College of Psychiatrists to train psychiatrists in the diagnosis and support of adults with autistic spectrum disorders (ASD). Staff held a large grant for research into autism and had published numerous papers.
- The multi-disciplinary team provided a range of interventions to patients with ASD which were person-centred and improved patients' daily living and coping skills. The NAU staff team included an occupational therapist and an activities co-ordinator who were able to engage patients and promote their self-confidence and independence. This approach complied with the NICE guidelines 'Autism in adults: diagnosis and management' (June 2012).
- The MDT worked constructively with the families of patients on the NAU. Staff facilitated a support group for the relatives and carers of patients.

South London and Maudsley NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

National Autism Unit

Name of CQC registered location

Bethlem Royal 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.

- Nine of the 15 patients on the NAU were detained under the Mental Health Act 1983 (MHA). None of the detained patients were on overnight leave. Staff had received trust training on the Mental Health Act.
- When we checked 15 patient medicines administration record (MAR) charts we confirmed that staff had attached consent to treatment forms when appropriate.
- The care records of a detained patient included evidence that they had been informed of their rights on admission and regularly thereafter. Detained patients were given an information pack with a leaflet about their rights and how to get advice and support. Staff went through the information with the patient to make sure they understood it.
- Detention paperwork was up to date and had been completed correctly. Staff had easy access to legal and administrative advice from the trust's Mental Health Act office.
- An independent Mental Health Act advocate (IMHA) attended the ward regularly to meet with detained patients and supported them at ward rounds and care programme approach meetings.
- There were posters on the patient notice boards informing patients of the IMHA contact details. Patients were able to access this service without staff intervention if they wanted to.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- The seven care records included an appropriate assessment of the patient's mental capacity to make specific decisions. For example, staff had documented whether the patient had the mental capacity to make decisions about their medicines.
- Staff on the ward had completed mandatory training on the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain the principles of the MCA and how to put the DoLS procedures into practice if appropriate. At the time of the inspection no patients on the ward were subject to DoLS.
- Most of the nine patients we spoke with told us they made decisions for themselves. The patients who did not make decisions for themselves were detained under the Mental Health Act.

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 environment

- The NAU is used only by male patients.
- The NAU was light, airy and spacious. It was clean throughout. There were a number of different rooms and sitting areas which patients could use for activities or for quiet relaxation. There was a securely fenced garden. Patients and relatives told us they found the communal parts of the NAU comfortable and suitable.
- Each patient had their own bedroom. Doors to the bedrooms had panels so staff could undertake close observation of patients, when this was part of their care plan.
- Some bedroom furnishings were unsafe and in need of replacement. For example, a patient showed us his bedroom. The mattress did not fit the bed base and would easily slip off the side of the bed as the patient moved around at night, thus potentially putting him at risk of falling off the bed. We noticed this in other patient bedrooms and pointed out the issue to senior managers on the unit who told us the issue would be immediately rectified.
- Ligature points were seen around the unit, which included door handles and taps in the bathrooms. The trust had documented these ligature risks on the NAU in March 2015. The NAU was due for refurbishment in February 2016. The trust had planned for ligature risks to be addressed by the renovation of the unit.
- At the time of the inspection, risks, including the risk of deliberate self-harm, were managed by staff providing an appropriate level of observation. Appropriate care plans were put into practice in relation to such risks. For example, patients assessed as high-risk of deliberate self-harm were closely observed by staff.
- The clinic rooms were clean and tidy. Staff knew how to access emergency drugs and other emergency equipment. Staff made checks to ensure the equipment was safe and emergency drugs were in date.
- At the far end of the unit, was a separate area, with several rooms, which was known as the 'intensive care

area' (ICA). The ICA was used as an area where staff closely supervised patients who were highly aroused and potentially dangerous to themselves, other patients and staff.

- The ICA was used safely. On the day of the inspection, one detained patient was taken to the ICA for a period of less than an hour. The patient's care plan included guidelines for staff which covered the steps they should take to try and calm them before they considered use of the ICA; the arrangements for approving each separate use of the ICA and deciding when the patient could come back from the ICA into the main part of the NAU.
- Staff carried safety alarms and there were additional alarm bells on the walls of the NAU. They said the alarm system functioned well.

Safe staffing

- Minimum staffing levels for the NAU were set by the trust as two qualified nurses for the day shifts, supported by six nursing assistants. At night the staffing level was two qualified nurses and four nursing assistants. The ward had current vacancies for qualified nurses and there was an ongoing recruitment campaign.
- The ward used bank staff to cover for unfilled posts. The unit manager told us that she tried to obtain bank staff who were familiar with the NAU. Most vacancies on each shift were covered through the use of bank staff and they were able to give patients the time they needed.
- On some shifts, bank staff were used who had not previously worked on the NAU. However, there were always a core of experienced nursing staff who knew the patients well working on the ward.
- Escorted leave took place as planned, without any last minute cancellations due to staff shortages.
- The unit manager was able to adjust staffing levels in accordance with the case-mix on the NAU. For example, she was able to arrange for extra nursing assistants from the bank to provide additional observation of new patients. We spoke to two bank nursing assistants who were undertaking this role. They were both able to give us information about the patients they were observing and regularly worked on the unit.

Are services safe?

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

Assessing and managing risk to patients and staff

- The seven care records showed staff had undertaken an initial brief risk assessment of every patient on referral to the NAU. This covered the risks they posed to themselves, staff and others. Immediate arrangements were made to mitigate these risks. For example, staff had drawn up an observation plan for bank staff to follow in relation to a new patient who was detained under the Mental Health Act. The plan was designed to minimise the risk of the patient going absent from the ward without leave.
- A comprehensive risk assessment was developed at the first multidisciplinary team (MDT) meeting where the patient was discussed. At the MDT meeting clinicians discussed information from monitoring and assessments in relation to each patient's mental state and functioning over the previous week. They clarified whether there were any new risks which should be addressed. The records of patients who had been on the ward for more than two weeks included a detailed risk assessment.
- Informal patients were able to come and go from the ward as they wished. There were some restrictions in place, such as playing loud music, but these were agreed with patients at the community meeting.
- Patients told us they felt safe on the unit. Patients said staff took effective action to protect them from possible risks from other patients.
- Care records included a completed comprehensive risk assessment. Risk management plans had been reviewed and amended as necessary when incidents occurred. When significant incidents occurred they were reported to managers and there was further discussion at handover meetings.
- There had been 57 incidents of restraint on the NAU from 1 December 2014 to 27 May 2015. They mainly related to one person who had challenging behaviour. This patient had a care plan which specified how staff should respond to incidents of challenging behaviour and the steps they should take to try calm the person prior to any use of restraint. Incidents of restraint were well documented and it was clear that since June 2015

incidents of restraint had significantly reduced. The person had not been subject to rapid tranquilisation during any of these incidents. Prone restraint had been used on four occasions.

- Staff had received mandatory training in safeguarding. Safeguarding issues were discussed at the multi-disciplinary team meeting. Staff dealt with issues sensitively and followed trust policy and inter-agency procedures in relation to making safeguarding referrals to the local authority.
- Medicines were managed safely. The medication administration records were completed correctly. Patients had been supported to receive their medicines as prescribed. Medicines were properly stored and kept securely. Controlled drugs were monitored in accordance with legal requirements. One detained patient was given their medicines covertly. Staff had ensured appropriate protocols had been followed in making decisions in relation to this, and the person's consultant and family had been involved.
- Staff followed trust procedures in relation to children visiting the ward.

Track record on safety

- Most of the new patients on the NAU had a history of challenging behaviour in previous settings and this continued when they were first admitted to the unit.
- Staff reported incidents in line with trust policy. Additionally, staff closely analysed the factors involved in relation to incidents of aggression by individual patients. This assisted them with positive behaviour management and to evaluate the success of different types of intervention.
- We read reports and data in relation to individual patients which showed this approach was successful and in reducing challenging behaviour.

Reporting incidents and learning from when things go wrong

- Staff were aware of incident reporting procedures. Incidents were reported as they occurred. Managers supported staff by carrying out immediate de-briefs after any incidents.

Are services safe?

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

- Patients felt that staff were generally open and honest with them. They said patients could raise any concerns about incidents involving them or other patients at the community meeting which was held each week.
- There was discussion at MDT meetings in relation to incidents of challenging behaviour and aggression from

patients. Changes were made to patient's care plans in relation to managing incidents. For example, observation of patients was increased when this was necessary to prevent harm to staff or other patients.



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

- The NAU received referrals from commissioners across the country. Commissioners funded the additional costs of a patient's assessment and treatment at the NAU because other in-patient units had not been successful in reducing the severity of the patient's symptoms or the incidence of challenging behaviour. Target timeframes were agreed between the NAU and commissioners in relation to the completion of an assessment and the period of treatment.
- The assessments were holistic and covered the patient's personal and mental health history, psychiatric and ASD needs, communication needs and the needs of their family. A wide range of external agencies had contributed to the assessment. In addition, NAU staff had worked with the patient and made observations of their behaviour to clarify their needs. Staff asked relatives to give their views of the patient's needs.
- NAU staff maintained close contact with commissioners about the progress of patients. Commissioners attended reviews of people's care and treatment in order to develop plans for their discharge from the NAU.
- The approach of the NAU was to attempt to clarify the impact of each patient's ASD and mental health needs on their behaviour and well-being. This involved a careful review of the patient's medicines and observations by the staff team of their day-to-day behaviour. Initial assessments were usually carried out in line within the NAU target of twelve weeks.
- People received a physical examination on admission to the ward. Care plans included information on people's health and how the service was addressing their needs. For example, some patients had a low body mass index and there were guidelines in place about monitoring their weight and supporting them to eat a healthy diet.
- All patients were registered with a GP. There was evidence in care records of clinicians undertaking checks on physical health of patients on admission. Some patients were receiving medicines which could

have an adverse effect on their physical health. When this was the case, staff were undertaking appropriate checks of their vital signs and had arranged for the required follow up tests.

- Patients were able to discuss any physical health issues with a doctor on the NAU. Patients said they were receiving regular health checks and could ask to see a doctor if they needed to.
- Each patient's care plan was highly personalised and included goals they had developed for their own recovery. For example, the occupational therapist for the NAU told us how she worked individually with each patient to identify activities which would bring them satisfaction and enjoyment. She then developed a care plan which explained to the patient, in a way they could understand, how they would work together to improve their skills, confidence and independence.
- A patient told us how staff had worked with him to help him understand his mental health needs. He explained how his care and treatment had enabled him to manage his anxieties, interact more with other people and become much more independent.

Best practice in treatment and care

- Each patient's medicines had been prescribed in accordance with NICE guidance. A trust pharmacist visited the ward weekly to monitor the quality of medicines management. They also attended the MDT meeting and participated in discussion and decision making.
- Clinicians working on the NAU were acknowledged by their peers as leaders in the development of effective assessment and treatment for people with ASD who have a mental illness.
- The development of successful treatment of patients on the NAU depended on careful consideration of the use of medicine alongside other therapeutic interventions.
- Patients on the NAU benefitted from a range of psychological therapies as recommended by NICE. During the MDT meeting we observed that for each patient there was a personalised care plan which included psychoeducational programmes, social skills training and cognitive behaviour therapy.

Are services effective?

Outstanding



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.

- Health of the nation outcome rating scales were used to measure clinical effectiveness. This showed that the NAU was effective in reducing the severity of patients' mental health symptoms. Patients told us they felt they received treatment which made them feel better and had improved their quality of life.
- Clinical staff had carried various audits on the effectiveness of the unit. For example, in 2014 staff had checked the operation of the NAU against NICE guidance on the treatment of adults with ASD. This confirmed the NAU was fully compliant with this guidance.
- Handovers between each shift were informative and enabled staff to quickly understand significant events that had taken place. For example, a nursing assistant explained to us how he would handover information about a patient he had been observing to the incoming worker so they would be prepared in relation to some challenging behaviour from the patient.
- Patients on the NAU came from different parts of the country. Staff actively liaised with a different range of external agencies in relation to each patient. A social worker based on the ward ensured there was effective communication with partner organisations in relation to safeguarding issues and patient discharge.

Skilled staff to deliver care

- Patients received input from a full range of mental health workers. In addition to experienced nursing staff, there were two consultant psychiatrists, supported by junior doctors. Both consultants were senior lecturers in the field of mental illness in people with ASD. A full time occupational therapist and an activities co-ordinator were based on the NAU. There was a social worker who led on safeguarding work and liaised with people's families. Psychologists and behavioural therapists provided a range of interventions and an art therapist met with patients and gave them individual sessions. A speech and language therapist supported NAU patients on two days each week.
- Staff had completed mandatory training and received supervision and an appraisal in line with trust targets. Due to the number of bank staff on the ward, clinicians had arranged a number of training sessions geared to ensuring they understood the specific needs of patients on the NAU. Bank staff confirmed they had attended these sessions which they had felt equipped them with appropriate knowledge of mental health issues and people with ASD.
- The ward manager gave us some examples of management action which showed she had efficiently dealt with individual staff performance issues.

Multi-disciplinary and inter-agency team work

- The weekly multi-disciplinary team meeting was very effectively chaired by the consultant psychiatrist. For example, he established how much time was needed for each issue at the start of the meeting and encouraged all members of the team to participate.

Adherence to the MHA and the MHA Code of Practice

- Nine of the 15 patients on the NAU were detained under the Mental Health Act 1983 (MHA). None of the detained patients were on overnight leave. Staff had received trust training on the Mental Health Act.
- When we checked 15 patient medicines administration record (MAR) charts we confirmed that staff had attached consent to treatment forms when appropriate.
- The care records of a detained patient included evidence that they had been informed of their rights on admission and regularly thereafter. Detained patients were given an information pack with a leaflet about their rights and how to get advice and support. Staff went through the information with the patient to make sure they understood it.
- Detention paperwork was up to date and had been completed correctly. Staff had easy access to legal and administrative advice from the trust's Mental Health Act office.
- An independent Mental Health Act advocate (IMHA) attended the ward regularly to meet with detained patients and supported them at ward rounds and care programme approach meetings.
- There were posters on the patient notice boards informing patients of the IMHA contact details. Patients were able to access this service without staff intervention if they wanted to.

Are services effective?

Outstanding



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.

Good practice in applying the MCA

- The seven care records we looked at included an appropriate assessment of the patient's mental capacity to make specific decisions. For example, staff had documented whether the patient had the mental capacity to make decisions about their medicines.
- Staff had completed mandatory training on the Mental Capacity Act (MCA) and the Deprivation of Liberty

Safeguards (DoLS). Staff were able to explain the principles of the MCA and how to put the DOLS procedures into practice if appropriate. At the time of the inspection no one on the ward was subject to DoLS.

- Most of the nine patients we spoke with told us they made decisions for themselves. The patients who did not make decisions for themselves were detained under the Mental Health Act.



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

- Throughout the duration of our visit to the NAU we observed many interactions between staff and patients. Without exception these interactions demonstrated that staff respected patients. During a group activity staff supported patients to make their own hot drinks and encouraged them to interact with others and express their views. Staff were very attentive to those patients who expressed themselves quietly and ensured they participated as much as possible.
- The nine patients we spoke with told us staff treated them with respect and were polite to them. They said they felt staff understood them and knew about their needs.
- Staff had an in-depth knowledge of people's individual needs. For example, the ward manager was able to give us detailed information about each patient on the ward. She knew their personal and family background; their progress since being on the NAU and their current care plan in terms of treatment goals and day to day risks.
- Other staff on the NAU were also well-informed about patients. The social worker was able to explain how safeguarding issues were being managed in partnership with other agencies. A bank nursing assistant told us she was briefed at handover about the particular issues of relevance to him when carrying out observations of a patient. He said he knew what the risks were and what steps he was expected to take to minimise the risk of harm to the patient and others.

The involvement of people in the care they receive

- Patients told us they were told about the way the NAU operated and actively involved in planning their care. For example, a patient showed us his care plan in relation to developing his independent living skills. The patient said the care plan was set out in a slightly different way from the standard format at his request. He said the occupational therapist (OT) had fully involved him in drawing up the care plan. In another instance, an informal patient told us he felt he had full control over the content of his care plan and said he reviewed it regularly with his named nurse.
- We observed that people were given sensitive support from staff to contribute to discussion about their care at the MDT meeting. They were encouraged to give their opinion about their treatment and feedback about the individual components of their care plan.
- The MDT promoted people's independence. For example, the care plans of some patients showed they worked with a maths and English language tutor who came to the NAU. The ward manager explained this was to improve people's opportunities in relation to education and employment. Patients told them staff supported them to retain their links with their family and friends. Some informal patients said they frequently went home for short periods.
- Patients told us there was an advocacy service which they could use if they wished.
- The MDT involved families in people's care and treatment appropriately. Families were involved in reviews of people's care. The NAU ward manager held a monthly meeting with a group of carers and relatives to help to support them in their caring role. With people's permission, relatives were involved in activities and given feedback on the patient's progress.
- We attended a community meeting which was held once a week on the NAU. Staff supported patients to actively participate in this by encouraging them to read out the notes of the last meeting and the agenda. Staff explained how a noise issue raised at a previous meeting had been followed up. Patients raised a concern that new bank staff did not always introduce themselves to the patients. Staff told them they would look into how to improve this and report back at the next meeting.
- The NAU had a patient who acted as a representative for other patients. He told us that the MDT supported him in this role and encouraged him to raise issues at the community meeting on behalf of other patients if they were reluctant to do so. Staff told us that the trust had patients who are involved in the recruitment and training of staff.
- Patients and relatives were regularly asked for their views. We read the August 2015 feedback which ten patients had given on the quality of the NAU. Most people said they were satisfied or very satisfied with care and treatment.



Are services caring?

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

- Care records showed that patients had been asked about how they wished to be treated if their mental health deteriorated. We met with a patient who explained how he had been fully involved in planning for a significant change to his treatment plan.

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 and discharge

- The NAU was a national resource. New referrals to the NAU were made by commissioners from around the country. At the time of the inspection it was fully occupied. Some patients told us they regularly left the ward for short periods of home leave and they experienced no problems with this.
- If an NAU patient required intensive care this was always provided within the NAU.
- The MDT worked in partnership with commissioners to plan the patient's discharge from the NAU. For clinical reasons, some patient had lengthy stays on the NAU. This was because of the complexity of their needs.

The facilities promote recovery, comfort, dignity and confidentiality

- The NAU had a full range of therapy and treatment rooms. For example, there were a number of small rooms which patients could use when meeting with a staff member.
- Patients could meet with their relatives in their bedroom if they wished or could use one of the quiet areas of the unit.
- Patients said they had access to a phone which they could use for private telephone calls.
- There was a securely fenced garden with picnic tables which patients told us they had access to when they wished with staff supervision.
- Most of the nine patients we spoke with told us they though the meals were of good quality and they had sufficient choice of food.
- During the inspection we observed that people were able to make themselves a hot drink and help themselves to a snack.
- Patients told us they were able to decorate their bedrooms as they wished. We saw that a person had put up posters of their choice in their room. They said they could keep their belongings securely in their bedroom as they were able to lock the door.

- Patients said there was an extensive range of activities available to them at different times of day and at weekends. These included art sessions, a gardening project, gym and sports activities such as badminton and swimming.

Meeting the needs of all people who use the service

- The nine patients we spoke with told us the design of the NAU was appropriate for their needs. The unit was level access and was suitable for patients with physical disabilities.
- The NAU was in the process of seeking advice and eventual accreditation for the NAU environment from the National Autistic Society. The refurbishment plans for the NAU included the provision of a sensory room. The aim was for the newly refurbished NAU to reach the standards expected by the NAU in relation to wards for people with ASD.
- The occupational therapist for the NAU said the trust was funding them to receive training in undertaking sensory assessments. This meant that in the future she could develop specific sensory care plans for those patients identified as having needs in this area.
- Patients and their relatives told us they understood the information leaflets which were on display. If it became necessary staff could easily access an interpreter or signer.
- There was a range of different foods available at each mealtime and it was possible for them to meet their diverse dietary requirements.
- Staff had asked patients whether they wanted any particular spiritual support.

Listening to and learning from concerns and complaints

- Patients told us they knew how to make a complaint if they wished to. A patient explained that generally patients raised issues they were concerned about at the community meeting.
- Relatives told us they knew how to make a complaint and had discussed any issues they had with the ward manager or the patient's consultant.

Are services responsive to people's needs?

Good 

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

- Five complaints were received about the NAU in the twelve months preceding the inspection. None of these were referred to the ombudsman. Managers had sent each complainant a prompt and detailed response to the concern they had raised.
- The ward manager explained that most complaints related to poor communication with patients relatives in

relation to care and treatment. She said work to improve relationships between staff and relatives was ongoing. The monthly relatives support group had been set up to try to ensure communication was as effective as possible.

Are services well-led?

Outstanding



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

- Staff were familiar with the trust's values and felt their managers ensured these values were put into practice on the NAU. They felt the MDT constructively worked with people to promote their mental health and move forward with their lives.
- Staff from all disciplines told us that senior managers were in touch with them and regularly visited the ward.

Good Governance

- A document was produced each month and detailed the effectiveness of the NAU in relation to key performance indicators (KPIs) set by the trust. This showed trust standards were met in relation to areas such as: mandatory training, staff appraisal and supervision, record keeping and sickness monitoring.
- Staff were able to spend the majority of their time providing direct care to patients and administrative duties were not overly time consuming.
- The ward manager had sufficient authority to make improvements to the way the NAU operated. She was highly valued by the staff team and regarded as 'the backbone' of the service. She was effective in ensuring the ward was adequately resourced and operated smoothly.
- The ward manager told us there was good administrative support available to her. She felt well supported by her managers.

Leadership, morale and staff engagement

- The sickness rate and absence rate on the NAU was in line with the average rate across the Trust. There were no current bullying and harassment cases.
- Staff knew how to use the trust's whistleblowing procedures and were aware of their rights to be protected from victimisation if they raised a concern.

- Staff consistently told us the NAU was an enjoyable place to work and they thought morale across the MDT was good. They were asked by their managers to give their views at regular 'away days' and meetings which facilitated communication.
- Staff who had worked at the NAU for several years told us that their current senior managers listened to them and involved them much more in the development of the service than had been the case previously. They felt this had contributed to the current positive working relationships and high morale on the NAU.
- Staff received appropriate support from their colleagues and managers which helped to ensure they were able to work effectively.
- Patients told us of some minor problems which sometimes occurred on the NAU, in relation to communication about activities, for example. They said that when such issues occurred, staff explained what had gone wrong and apologised to them.

Commitment to quality improvement and innovation

- Managers were committed to the continued development of the NAU. Environmental improvements were due to be made to the NAU when it is refurbished in February 2016. The National Autistic Society have been asked to give advice to the trust on the re-design of the NAU and to provide accreditation once improvements have been made.
- Staff working in the service were acknowledged experts in the treatment of the mental health needs of people with ASD. The MDT had a track record of success in reducing the incidence of challenging behaviour and the severity of mental illness symptoms in patients who had very complex needs.
- The approach of the MDT was creative and involved a broad range of possible interventions. There was a focus ensuring that patients discharged from the NAU were either prescribed no medicines at all or prescribed the least amount of medicines for their mental health needs.