

Cygnet Elms

Quality Report

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Date of inspection visit: 2 May 2018
Date of publication: 28/06/2018

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated the Cygnet Elms as outstanding because:

- Positive risk taking and least restrictive practice was embedded within the culture of the unit. Patients were actively involved in managing their own risks using risk assessments, positive behavioural support plans and worked collaboratively with staff. There were systems in place to ensure safe medicines management. Patients told us they felt safe.
- Elms had enough staff with right qualifications, skills and training and experience to keep people safe and to provide high quality care and treatment. Patients told us they felt safe at Elms. The manager proactively recruited to ensure there were no gaps in service provision and staff could undertake handover of work to ensure consistency for patients.
- Elms had a good track record on safety. Staff learning from incidents was based on a thorough analysis and investigation. Staff knew what and how to report. All incidents were shared daily, analysed by staff and patients. Learning was shared within the hospital, regionally and nationally.
- The managers at Elms had introduced a model of care that promoted patients' recovery, comfort and dignity. Staff worked with patients to create excellent care plans that were, holistic, recovery focussed and person centred. They wrote these care plans in the voice of the patient. Staff reproduced care plans and other documentation in easy read formats for each patient. The multidisciplinary team provided a clear care pathway through the service from admission to discharge.
- Staff provided high quality care and treatment. All patients had access to psychological therapies, occupational therapy and speech and language therapy. Different professionals worked well together to assess and plan for the needs of the patients. Patients were fully supported to be involved in care planning and setting their own recovery goals. Staff used outcome measures to assess the effectiveness of treatment interventions. Staff routinely supported patients to address their physical health care needs.
- Staff understood and focussed on least restrictive practice. Elms had a least restrictive practice group, completed restrictive practice audits and sought to use the least restrictive approaches when managing challenging behaviour. Patients were involved in shaping least restrictive practice through governance and community groups. We found no evidence of blanket restrictions. The providers had a transparent policy on the use of restrictive interventions, with an overarching restrictive intervention reduction programme with board-level lead.
- Doctors sought to reduce the use of medications. Staff supported the STOMP pledge to reduce the long-term use of anti-psychotic medicines without the appropriate clinical justification. All patients who were on anti-psychotic medicines had a care plan in place with the rationale for prescribing, reduction plan and side effect monitoring.
- We saw evidence of best practice in the application of the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA). All staff we spoke with had a comprehensive understanding of the MHA, the MCA, Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.
- All staff were kind, caring, passionate and optimistic about their work. They fully involved patients in decisions about their care. We saw positive, professional and respectful interactions between staff and patients during our inspection. Staff showed patience and warmth. Staff and patients shared humour and were relaxed with each other whilst maintaining professional boundaries. Patients knew the staff well and were complimentary about all the staff at the Elms.
- Governance structures were clear, well documented, followed and reported accurately. There were controls for managers to assure themselves that the service was effective and being provided to a good standard. Managers and their teams were fully committed to making positive changes. We saw changes had been

Summary of findings

made to maintain improvements in quality using audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence the service learnt from when things had gone wrong.

- The staff team were committed to providing active support to patients. Helping patients to be actively, consistently and meaningfully engaged in their own lives regardless of their support needs. One example of this was staff supporting patients exercise their civil rights to vote and become active member of society. They supported patients to get involved with projects at the hospital and wider community. For example, helping staff with clinical audits and undertaking voluntary work in the local community.
- Staff ensured that all information was accessible to patients. This involved the use of a variety of tools to enable patients to understand, regular staff training, taking a personalised approach to every patient. We saw excellent examples of easy read boards with additional talking buttons and personalised communication plans to enable staff to support patients with capacity assessments.
- The staff team were committed to improving and taking part in innovative practice. Some staff had agreed to be a 'patient' for the day. This project was evaluated and adapted and outcomes used to improve the experience for patients. We saw excellent evidence of learning and developing projects throughout the provider region and sharing of ideas and good practice across sister units.
- Elms invested in and was responsive to the needs of staff, which resulted in excellent staff morale. Staff routinely received supervision, annual appraisals and reflective practice. Staff compliance with mandatory training was 100%, they were supported to develop their skills and career by the provision of additional specialist training. For example, support staff were fully supported to complete care certificate training or join a nurse apprenticeship scheme.
- Elms routinely sought feedback from patients, carers and staff. They made changes to reflect feedback. An example of this was the development of the sensory room. During the inspection patients told us the only thing missing from the Elms was WIFI and broad band television. Managers had listened to this and were reviewing available options.
- Elms was well led. The manager monitored systems in place to ensure effective service delivery, whilst being accessible and supportive to all staff. All staff we spoke to commented positively about senior management and told us they were visible and accessible. Staff felt valued.

Summary of findings

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Outstanding



Cygnets Elms

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cygnet Elms

Elms has been registered with the CQC since 2 May 2012. At the time of inspection, the hospital had a registered manager. The following regulated activities are provided at Elms:

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

Elms provides a service for up to 10 female patients with a learning disability and additional mental health needs. They may present with co-morbid presentations: challenging behaviour, personality disorder, schizophrenia, depression, bi-polar disorder, dual

diagnosis, complex needs and/ or multiple diagnoses. Patients may be detained under the Mental Health Act, informal or subject to a Deprivation of Liberty Safeguards Authorisation. Elms vision and values is everyone has a personal best. At the time of our inspection, the hospital had 10 patients.

Elms was last inspected by the CQC in May 2016 and was rated as good across all five domains, safe, effective, caring, responsive and well led. This was part a scheduled announced inspection.

There had been a scheduled Mental Health Act monitoring visit in April 2018.

Our inspection team

The team that inspected the service comprised two CQC inspectors, and a one specialist learning disability nurse.

Why we carried out this inspection

This was a scheduled announced inspection.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- carers had been invited to contact the inspection team prior, during or after the inspection, however, no carers attended or gave feedback. We reviewed the carers survey completed by Elms to gather feedback.
- listened to a presentation given by five patients
- spoke with the registered manager
- spoke with nine other staff members; including doctors, nurses, occupational therapist, psychologist and support workers
- attended and observed one daily multi-disciplinary meeting

Summary of this inspection

- looked at six care and treatment records of patients
- carried out a specific check of the medication management the ward
- reviewed four staff files
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- All patients commented positively about the hospital. They described a supportive environment where they felt listened to and understood.
- Patients told us they felt safe and supported, that staff were fun and helpful.
- Patients told us they had access to lots of activities within the hospital. Those that had leave told us they were supported to use local recreational facilities.
- All patients told us the hospital food was the best they had tasted.
- Families and carers who had completed the carers survey thought the hospital provided a comfortable, clean and safe environment. The recent family/ carer survey indicated they were happy with the support their relatives were receiving. They were made to feel welcome.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as outstanding because:

- The environment was safe, clean and well maintained, equipment was kept in good working order.
- The hospital had enough staff to meet the need of the patients. The registered manager proactively recruited into posts and to ensure no gaps in staffing provision.
- All staff took a proactive approach to anticipating and managing patient risks. Risk management was everyone's responsibility and patients and carers where appropriate were actively involved in managing their own risks.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood and took a person centred, least restrictive approach in line with the Mental Health Code of Practice and the Department of Health guidance entitled Positive and Safe (2013).
- Learning from incidents was based on a thorough analysis and investigation. Staff knew what and how to report. All incidents were shared daily, analysed by staff and patients. Learning was shared within the hospital, regionally and nationally.
- Elms had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Outstanding



Are services effective?

We rated effective as outstanding because:

- All care plans were excellent. They were comprehensive, personalised, holistic and recovery orientated. The service used the 'MyPath' approach. Patients we spoke with told us they were encouraged and empowered by staff to be to be fully involved in the planning of their care needs. All patients had a discharge plan in place which reflected individual circumstances and preferences.
- The continuing development of staff skills, competence and knowledge was fully supported and recognised as a significant factor in ensuring high quality care. Staff were proactively supported to share best practice, skills and acquire additional specialist training.

Outstanding



Summary of this inspection

- Doctors sought to prescribe the least amount of medication necessary in line with STOMP. STOMP is a national NHS campaign which is aimed at stopping over medication of people with learning disabilities, autism or both.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. This included all staff completing audits and reviewing outcome measures. Elms was committed to using the audits and outcomes to help improve professional practice and patient outcomes.
- Staff of different roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care through sharing good practice, training and effective daily meetings and handovers of care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. All patients had a file which documented what reasonable adjustments to communication should be considered when assessing the patient's capacity. This ensured staff undertaking the assessment clearly understood the patient's communication needs and was aware of any communication tools needed to support the patient.
- Staff provided care and treatment based on national guidance and evidence of its effectiveness.
- New staff were supported to work at the unit with a thorough induction, opportunities to shadow other staff and completed a probationary working period. New staff were invited into to attend team days and training prior to their official start dates.

Are services caring?

We have rated caring as outstanding because:

- There was a strong culture of enablement and person-centred care. Patients were fully involved in planning and evaluating their care. Patients were active partners in their recovery and risk management. Patients were involved in developing and leading groups and activities. All care planning documents where appropriate were signed and agreed by the patients. Staff understood individual patient's needs, physical and emotional, knew about likes and dislikes, beliefs and values.

Outstanding



Summary of this inspection

- Staff treated patients with kindness, dignity and respect. They understood their individual needs and provided appropriate practical and emotional support.
- Relatives and cares were involved where appropriate. The hospital had arranged open days and completed carers surveys.
- Patients told us they felt safe, supported and cared for. They told us they knew all the staff and regular bank staff. They were extremely complimentary about the hospital and the support they received. Several patients told us it was the best hospital they had been to because they were learning skills and working towards independent or supported discharge. They told us all the staff including bank staff were great.
- Staff introduced new patients to the hospital prior to admission. This involved visits, introductory/ buddy groups and information packs. Admissions were tailored to individual need.
- Patients knew who the independent mental health advocate was. The advocate met with patients individually, as well as attending the weekly community meeting. Staff supported patients to access the advocate service.
- The staff team were committed to ensuring the patients actively participated in society beyond daily functional living. They were supported to exercise their civil rights to vote and become an active member of society.
- Patients were involved in developing the service. This included patient representatives at the governance group, community groups within the hospital and at provider level. Staff had supported patients to give the inspection team a presentation. The presentation was in the patients own words, sharing their experiences of the service.

Are services responsive?

We have rated responsive as outstanding because:

- The service was discharge oriented and committed to discharging patients to independent or support living. Proactive discharge planning took place from the point of admission. The service worked in conjunction with the patient and partner agencies to facilitate discharge as soon as was safely possible.

Outstanding



Summary of this inspection

- There was excellent accessible information in a variety of formats for both patients and carers. Staff worked creatively to support patient's communication needs, taking a personalised approach to every patient and auditing the accessibility of the environment.
- The kitchen had recently achieved a five-star rating for hygiene and cleanliness by the Food Standards Agency. Patients had an excellent range of food choices at meal times. The chef ensured all patients were involved in menu planning and often catered for a variety of choices. Even if that meant cooking individual meals to meet needs. Patients had access to a wide variety of healthy snacks and refreshments throughout the day. Patient we spoke to told us the food was the best they had and they could request any meal.
- Patients were encouraged to personalise their bedrooms. They could have their rooms decorated and additional furniture if needed. Patients had keys to their room and access to secure storage space.
- Therapeutic jobs were available to the patients. Jobs were advertised and patients were interviewed for them. Patients supported staff with audits and tasks around the hospital. For example, first aid kit checks and life support audits.
- Staff and patients had access to a wide range of facilities to support treatment and care. For example, a computer café, sensory room and access to outside space. Patients opinions were sought when rooms were designed and re decorated.
- Patients had access to a wide range of social activities, including weekends. These were organised as both individual or group activities. They included local activities at recreational centres, theatre or trips further away. Patients were actively involved in the planning and coordination of these activities.
- The environment was suitable for patients with disabilities. Staff sought to adjust the environment to meet patients' physical and sensory needs. For example, accessing mobility equipment or adaptations. The hospital was in the process of reviewing a soundless alarm system in order to reduce the impact of the noise on those patients who find it distressing. We were told that it had been successfully implemented at another site and they were sharing good practice.
- Patients knew how to make a formal complaint. They told us they usually raised concerns at the community meeting or individually with staff. They told us they felt listened too and were confident that staff handled them appropriately.

Summary of this inspection

Are services well-led?

We rated well-led as outstanding because:

- All staff knew and understood the visions and values of Elms. It was evident throughout the inspection that staff agreed with them and incorporated them into their daily work.
- Staff morale was excellent, they were proud to work at Elms. Staff spoke highly of the culture of the hospital, the work they did, they told us they felt engaged and valued. Staff told us they worked collaboratively to provide high quality patient care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The registered manager was described as visible, fair, supportive and encouraging.
- Elms had robust governance structures in place which fed into the providers regional and national systems. This ensured quality of patient care and safety were reviewed, performance measures monitored, lessons learnt and good practice shared.
- Mandatory training rates were excellent. All staff received regular supervision and annual appraisal. Shifts were covered with the right number of staff and grades which enabled staff to maximise shift time on direct care activities. Staff vacancy rates and sickness levels were low.
- Elms was committed to improving services by learning from when things went well and when they go wrong. Daily meetings ensured all incidents were reviewed by the whole team, lessons learnt discussed and shared. It was evident that Elms shared good practice and lessons learnt with other local provider units.
- Staff and patients were supported to undertake innovative approaches to practice and patient involvement in care. For example, some staff became a patient for the day. This was to gain insight into what it was like to be a patient at the Elms. This experience was reflected upon by the team and learning used to improve the experience of admission at the Elms. Staff have supported patients to be involved in national patient council groups and to be involved in national book writing projects. Elms created a sensory room in response to patient feedback.

Outstanding



Detailed findings from this inspection






Mental Health Act responsibilities

- Staff were trained in and had a good understanding of the Mental Health Act with 100 % of staff up to date with Mental Health Act training.
- Mental Health Act paperwork in relation to consent to treatment and capacity to consent was in good order.
- Staff completed Section 17 leave forms were thoroughly stating purpose and conditions of leave.
- Records showed that detained patient were informed of their rights a regular basis.
- Staff completed regular Mental Health Act audits.
- Patients had access to an Independent Mental Health Act advocate.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were trained in and had a good understanding of the Mental Capacity Act with 100% of staff up to date with Mental Capacity Act training.
- Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff ensured patients were fully supported to make decisions, ensuring all reasonable adjustments to communication were made when capacity was assessed.

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Outstanding 

Safe and clean environment

- Staff monitored the safety of the environment using observations, individual patient risk assessment and management plans. We observed staff allocating and carrying out the role of observations throughout the inspection. Staff understood the importance of being able to observe patients who might be at risk.
- Staff completed an annual environmental risk assessment which included an audit of ligature points. A ligature point is anything that can be used by a patient to self-harm. We reviewed an up-to-date assessment and found staff had identified risks throughout the environment at Elms. Staff had documented how these risks should be managed. Management of these risks included, care planning, staff awareness, individual risk assessment, observation and relational security. All staff we spoke with were aware of blind spots and ligature risks both throughout the ward and garden area.
- Staff knew where the ligature cutters and emergency lifesaving equipment was kept.
- Staff assessed patients' physical health and administered medication in clinic rooms. Both clinic rooms were visibly clean and organised. The clinics had accessible resuscitation equipment and emergency drugs, first aid kits and bio hazard spillage kits. We saw all equipment was kept in good order. Staff recorded when equipment was checked and or maintained. We reviewed these records and saw staff had recorded they had carried out daily / weekly checks where necessary.
- Staff checked medication fridge temperatures daily. We saw records to show staff completed this daily and acted when temperatures were above or below recommended 2-8 C. This ensured medications were stored safely.
- Staff tested equipment and furnishings in the hospital on a regular basis. Equipment had stickers to indicate when tests had been completed and when they were next due.
- Staff stored and prepared food safely, kitchens were visibly clean and staff monitored fridge and freezer temperatures. The hospital had been inspected by the Food Standards Agency and had achieved a five-star food hygiene rating (the highest rating).
- Elms did not have a seclusion room. Staff told us they did not use seclusion.
- All areas we inspected were clean and well maintained. There was an up-to-date cleaning schedule. The housekeeper cleaned areas throughout the week and staff completed tasks at the weekends.
- Staff ensured any substances hazardous to health i.e. cleaning products were stored securely. Staff had labelled any cleaning products on the housekeepers' trolley with easy read communication labels so patients could identify products.
- Staff were given a personal alarm at the beginning of each shift. The receptionist ensured they were in working order before allocation. Each alarm was linked to a system which enabled others to identify their location within the building. This ensured staff could call and respond to an alert for support.
- Patients had access to a nurse call system in all bedrooms, bathrooms and communal areas.
- One member of trained staff undertook the role of fire warden for each shift.



Wards for people with learning disabilities or autism

- We saw from staff training records that the service provided training to staff in infection prevention and control. There were guidelines available to staff about working with infectious or communicable diseases. Hand sanitiser was available for patients, staff and visitors to use.

Safe staffing

- Minimum staffing levels had been previously agreed by the provider when the service was set up. The manager had authority to increase staffing levels if necessary to meet patient need. We saw staffing had been increased over the last three months before to inspection to meet the needs of new patients. The manager had proactively recruited staff into pending vacancies to ensure there were no gaps in the service provision. We were told they had recruited into posts that would become vacant in September 2018, when several of the support staff were leaving to attend university.
- The total number of substantive staff leavers in the 12 months prior to inspection was seven. Staff had left for promotion or further education.
- The staff sickness rate 12 months prior to inspection was 2.5%. This was below the national average sickness rate.
- The hospital had two shifts a day, which covered 24 hours, seven days a week. The minimum nurse staffing establishment was one registered nurse with five support workers during the day shift, and one registered nurse with four support workers during a night shift. The registered nursing staff included both Registered Mental Health nurses and Registered Learning Disability Nurses. The registered manager (also a Registered mental health nurse worked 9am – 5pm Monday to Friday). Staff from the multidisciplinary team which included doctor, psychologists, occupational Therapists and speech and language therapists were supernumerary. We reviewed rotas and could see minimum numbers were exceeded on most days. The Registered Manager told us this was currently due to higher levels of activity at the hospital and to ensure there were enough staff to cover for meetings and ward rounds. This meant there was sufficient staff to meet the needs of the patients. All staff we spoke with felt there was enough staff and confirmed staffing levels were increased to meet the needs of the patients.
- Elms had not used agency staff in the 12 months prior to inspection. Instead, they used permanent members of staff from the providers bank pool of support workers

and nurses. This ensured all staff had received up to date mandatory training and were familiar with Elms policies and procedures. It also reduced the risk of care being compromised as the patient group were familiar with and recognised bank staff. Between November 2017 and February 2018, 46 shifts had been filled by bank staff to cover absence. In the same time six shifts had not been filled. The registered manager or other member of the multi-disciplinary team supported nursing staff at these times.

- At the time of the inspection there were no registered nursing staff vacancies. There were two whole time equivalent support worker vacancies.
- Patients told us there was always time to have a one to one with nursing staff and the care records we reviewed reflected this. Staff reported activities and escorted leave were rarely cancelled.
- Throughout the inspection, we saw staff to be present on all the communal areas of the hospital. Patients and staff told us this was usual practice.
- All staff were trained in managing violence and aggression, including administration and housekeeping staff. This meant there was always enough staff to safely carry out physical interventions if needed.
- There was adequate medical cover day and night. During the day two doctors covered Monday to Friday. This included 0.5 whole time equivalent consultant psychiatrist and 0.5 whole time equivalent speciality doctor. Out of hours medical cover was provided by a regional provider rota. Doctors always responded to requests in a timely manner and in line with the provider policy. Out of hours, medical cover was provided by an on-call rota
- Staff were 100% compliant with all mandatory training. The manager monitored compliance and ensured staff kept up to date. Mandatory training was comprehensive and a mixture of face to face and e learning. It included topics such as Managing Actual and Potential Aggression to advanced level, Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, basic life support, fire marshal, report writing and record keeping, dealing with concerns, infection control, health and safety, equality and diversity, and food safety.

Assessing and managing risk to patients and staff

- Seclusion and long-term segregation were not used at Elms.



Wards for people with learning disabilities or autism

- In the last 12 months prior to inspection, there were 25 reported incidents of restraint. None of these were in the prone position (face down). Staff said most of these restraints were low level holds, for example sitting holds or guiding a patient to a different area. All patient care records included an individualised physical intervention care plan. We reviewed six of these and saw each contained information on the patients early warning signs if they were becoming distressed, graded interventions and de-escalation methods staff and patients could use. We were told the care plans were completed jointly with staff and patients. Staff and patients signed each care plan when they were created and reviewed.
- Staff told us when restraint was used, the whole team reflected on them to think about what could be done to prevent similar incidents for both the individual patient and patient group as a whole.
- All staff had up to date training in the use of certified restraint techniques to an approved level for their role. The provider used accredited Management of Actual and Potential Aggression (MAPA) training for staff. This focused on least restrictive approach and restraint being used as a last resort. Elms had an onsite MAPA instructor who led on least restrictive interventions. The training was accredited by British Institute of Learning Disabilities (BILD).
- During our inspection we reviewed six records relating to the care and treatment of patients. We found in all records staff had completed a risk assessment for each patient, using the nationally recognised short-term assessment of risk and treatability (START). All risk assessments were in date. Staff and patients had signed the risk assessments to confirm they had been reviewed and updated to reflect changes in patient's risk levels where applicable. The psychologist updated the risk assessments every eight weeks or as and when needed. This was done in conjunction with the multidisciplinary team and patient.
- The team at Elms understood and implemented positive risk taking where appropriate. Positive risk taking is where by staff and patients balance the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether. One example of this was open access to the kitchen, where by patients had access to items which may put themselves or others at risk. However, this risk assessed and managed by staff to ensure patients safety whilst promoting independent living skills.
- All staff we spoke with were knowledgeable about least restrictive practices and had access to a comprehensive reducing restrictive practice policy which was in line with the Department of Health guidance; Positive and Proactive care; reducing the need for restrictive interventions 2014, National Institute for Health and Care Excellence Clinical Guideline 10; Violence and aggression: short-term management in mental health, health and community settings in 2015 and Mental Health Act Code of Practice in April 2015. The staff assessed risks on an individual basis, this meant there were no blanket restrictions other than those clearly stated within the hospital contraband and prohibited items list you would normally expect on a mental health ward.
- Staff completed a yearly reducing restrictive practice audit. We reviewed the most recent audit (December 2017). The purpose of the audit was to identify areas of least restrictive practice and staff compliance. The unit had achieved 100 % compliance, which meant staff understood and adhered to least restrictive practice principles.
- Easy-read notices were displayed on the exits of the ward advising informal patients of their right to leave. Individual patients were risk assessed and some had a fob to exit the ward themselves, if safe to do so.
- Staff were aware of and followed the hospital search policy when needed. Staff searched detained patients only when risk assessment had deemed necessary.
- Staff followed the rapid tranquilisation policy. We saw evidence of this documented within patient care records. Staff undertook the correct observations and physical health recordings and reviews.
- Staff had received safeguarding vulnerable adults training. The training records showed all staff had completed the training and were up to date. Elms had raised four safeguarding alerts within the 12 months prior to inspection. These had been investigated and closed with no ongoing concerns. Staff were aware of the actions needed to be taken to safeguard patients. Staff had also displayed easy read safeguarding posters around the unit. Patients who were unable to read this had access to a talking button, which when pressed told the patient about safeguarding.



Wards for people with learning disabilities or autism

- A local pharmacy supplied the hospital with prescribed medicines. The visiting pharmacist completed weekly medicines reconciliation, including as required prescriptions. We saw staff completed weekly and monthly medicine audits.
- We reviewed four patient medicines charts. They were all fully completed, signed and dated. All medicines cards had an attached photograph of the patient to ensure correct identification an administration.
- Good medicines management was evident. The medicine cabinets were clean and organised. Staff logged clinic room and medicines fridge temperatures according to guidelines. We saw these had all been in the correct range. This ensured medicines were kept in a safe way. Staff recorded when medicines were disposed of and why. They documented any drug errors. We noted there had been no drug errors in the six months prior to inspection.
- Visits and patients had access to a visiting room off the ward. An up to date visiting policy was in place which included visits from children.

Track record on safety

- There had been no serious incidents reported in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew what incidents to report and how. In the six months prior to inspection staff had reported 50 incidents. These were predominantly incidents of deliberate self-harm and had been reported most frequently in the last three months prior to inspection due to a change in the patient population.
- Staff had completed incident reporting forms following incidents where patients had injured themselves intentionally or become verbally or physically aggressive. Within all incident reporting forms, a debrief had been held with the patient to identify the cause of them becoming distressed, how staff could continue to support them in future and identify any changes that could prevent reoccurrence or improve how staff could manage the situation. Staff kept a copy of these forms in the patient care records. As well as completing an incident form, staff completed an 'ABC' form. This is an

observational tool staff used to record information about challenging behaviours, which can then be used by the staff and patients to better understand what the behaviour is communicating.

- Staff discussed learning from incidents in a variety of settings. These included supervision, staff reflection groups, morning handover and clinical governance meetings.
- The provider cascaded lessons learnt from a national level through regional governance groups, emails and newsletters.

Are wards for people with learning disabilities or autism effective? (for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

- During inspection, we reviewed six patient care records. We saw assessment began at the point of referral to the hospital and continued upon admission and throughout the patients stay. All assessments were completed in a timely manner.
- Doctors and nurses completed physical health checks on all consenting patients on admission. They recorded basic physical health observations such as weight and blood pressure monthly or as and when required. We saw this was documented in patient care records. Staff recorded when patients did not consent to physical health care monitoring and continued to offer those patients physical healthcare checks on a regular basis. We saw evidence of ongoing physical health care checks in care records, all keyworkers completed a health improvement profile with patients monthly. Staff had completed a range of additional physical health care plans where needed, for example epilepsy. There were detailed plans for how to support the patient during and after an epileptic seizure, medication that may be used and how best to provide emotional and practical support.
- All care records were excellent. Care plans and documentation relating to patient care was available in an easy read format and used pictorial scales for patients to review each area and indicate whether they were happy with the content. All care plans were



Wards for people with learning disabilities or autism

recovery orientated, holistic and had been developed to meet a variety of patients' needs including money management, physical health, relationship skills, thoughts and feelings and keeping them safe. All care plans had been completed by the patient, in their voice and had been signed by them to evidence agreement with the aims and goals.

- All care records contained a positive behaviour support plan. Positive behaviour support (PBS) is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. A range of patient need had been identified including communication needs, support needs, sensory needs and individualised strategies staff could use to provide practical and emotional support if the patient became distressed.
- Allied health professionals including the speech and language therapist, occupational therapist and psychology staff completed detailed assessments. A range of risk assessments had also been completed including a choking risk assessment and subsequent dietary plan and individualised activity risk assessments for patients taking leave independently from the hospital, for example, road safety and public transport skills assessment.
- The psychologist assessed all patients on admission over a 12-week period to establish a baseline assessment and intervention plan with the patient. The psychologist used a range of standardised assessments and led on positive behavioural support assessment and interventions.
- A treatment pathway had been developed by the occupational therapist for the service, and used nationally recognised rating scales to identify patient need and the effectiveness of the interventions being used to promote independence including the Model of Human Occupation Screening Tool, the Occupational Self-Assessment and the Daily Living Skills Observational Scale.
- The speech and language therapist completed assessments on all patients and ensured all patients had a communication 'grab sheet'. This explained how best to communicate with the patient considering their abilities.
- Staff stored the patient care records in a locked office. The care records were always available to staff and were easy to follow and in a chronological order.

Best practice in treatment and care

- Doctors prescribed medicines within the dose range recommended by the British National Formulary. Doctors told us they kept medication prescribing to the minimum, followed STOMP best practice guidance and National Institute for Health and Care Excellence (NICE) Guidelines on the management of people with behaviour that challenges (NICE Guidelines 2015). STOMP is a national NHS campaign that is aimed at stopping over medication of people with learning disabilities, autism or both. Doctors at Elms had completed a STOMP audit with 10 patients at Elms. They identified all patients on psychotropic medication had a STOMP care plan in place which had identified a rationale for prescribing, a medication reduction plan and actions on side effect monitoring. We were assured that patients were prescribed medications in line with STOMP and National Institute for Health and Care Excellence (NICE) Guidelines on the management of people with behaviour that challenges (NICE Guidelines 2015).
- The recovery approach taken by Elms was underpinned by the Department of Health 'My Shared Pathway'. This meant patients and staff worked together to reduce the length of time the patient needed in hospital, by working together, planning and following agreed goals, using outcome measures.
- Staff completed a variety of outcome measures. Psychologists completed pre- and post-outcome measures for every intervention offered. Speech and Language therapists completed the east Kent outcome system. This is a standardised tool to aid therapists in planning and evaluating therapeutic interventions and helps staff judge how effective interventions are.
- Some patients assisted staff in completing audits such as the first aid kit and resuscitation audit.
- All staff had access to National Institute of Clinical Excellence guidelines to support best practice. All allied health professionals demonstrated they referred to professional guidance for example British Psychology Institute guidelines.
- Patients had access to dialectical behaviour therapy, cognitive behavioural therapy, mindfulness and substance misuse relapse prevention programmes.
- The unit promoted and worked to the Royal college of speech and language therapists' guidance 'Five good communication standards'. This reinforced and



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promoted reasonable adjustments to communication that individuals with learning disability and / or autism should expect in specialist hospital and residential settings.

- The speech and language therapist completed a bi-yearly audit on the how the environment effects communication. From this, they had identified a need to develop better communication resources for diabetes.

Skilled staff to deliver care

- Patients had access to a range of mental health professionals and workers to support their rehabilitation and discharge. These included speech and language therapists, occupational therapy staff, psychologists, learning disability and mental health nurses, support staff, consultant psychiatrist and speciality doctor.
- There was a mix of registered mental health and learning disability nurses.
- The hospital supported staff development. Eighteen health care support workers had completed a level 2 Care Certificate and three staff were working towards level 3. The Care Certificate is a set of minimum training standards that health and social care support workers are expected to achieve to ensure staff are adequately trained and skilled to carry out their roles.
- At the time of the inspection, the provider was supporting one staff member on the nurse apprenticeship course. This is a nursing degree apprenticeship to enable people to train to become a graduate registered nurse through an apprentice route.
- We spoke with staff who had worked at Elms for more than two years and some of whom had joined in the last few months. All staff reported they had received an induction and worked a probationary period. The newer staff told us they were given the opportunity to attend meetings and training prior to their official start day. Staff had the opportunity to shadow more experienced staff during shifts. Staff reported this was beneficial as it helped them develop an understanding of the setting and culture of the service.
- All staff we spoke with told us they had regular managerial and clinical supervision. Staff documented when they had supervision. We reviewed records confirming staff participation in supervision.
- All eligible non-medical staff had received an appraisal with the 12 months prior to inspection.
- All doctors at Elms had been revalidated in the 12 months prior to inspection.

- All staff had access to and attended reflective practice groups.
- Qualified staff at the service routinely provided training for colleagues with the aim of developing their awareness of specialist treatment interventions and strengthening a team work approach across disciplines to provide patient care. The occupational therapist for the service had recently provided training on the benefits of meaningful occupation, falls prevention and sensory integration techniques to improve patient wellbeing.
- Allied health professions we spoke with could access profession specific supervision and peer support groups and reported this worked well, enabled them to share learning and implement interventions in line with national best practice.
- The registered manager told us all bank staff had access to training that was offered at Elms. Bank staff we spoke with confirmed this.
- Staff told us training is often updated to address specific patient needs. For example, we were told the unit had three patients who had dysphagia. Staff had been given up to date training following their admission and each patient had individual guidelines for the staff to follow.
- The registered manager monitored staff performance and had taken appropriate steps to improve performance where required, including using the providers sickness and attendance management policies. At the time of inspection, there were no outstanding issues.

Multidisciplinary and inter-agency team work

- Daily handovers between nursing staff happened prior to each shift every day of the week. Staff used handover notes to ensure information was shared effectively.
- A daily multidisciplinary meeting was held each weekday morning. This was attended by the hospital manager, the consultant psychiatrist, specialty doctor, representatives from each professional discipline, including the chef for the service and the maintenance team. This meeting included a review of the service for the previous 24 hours, CQC notifications, incident reports, changes in patient observation levels and complaints and compliments received. All patients that were risk rated as red were reviewed by the team and a formulation of their needs completed and updated. We observed this meeting during inspection. We found it was run efficiently, relevant information was shared



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between staff and tasks were allocated. This meant the whole team knew the plans for the day, were aware of any risks and management plans and were aware of their responsibilities. We observed the discussion was patient centred. It covered mental state, risks, behaviours, achievements and patients leave was also reviewed.

- It was evident from our discussions with all staff, patients and our review of care records, that all disciplines worked closely together to support interventions and share practice.
- Staff reported they had good working relationships with other organisations. For example, community teams. Staff spoke about the importance of maintaining a relationship with the patients' home team to ensure a smooth discharge. They kept teams updated about patients progress and invited teams to all relevant meetings. They gave examples where by they had provided training to a community team for them to support a patients' specific needs.
- Patients and staff told us about links the hospital had established with the local community. Two patients volunteered at the local community centre. Other patients attended the local community centre to participate in social activities and adult learning. The registered manager told us local businesses were very supportive towards the hospital.
- We saw all patients were registered with a local GP. Staff supported patients accessing local dentists or opticians as and when needed.
- Staff said they found the regular contact with the contracted pharmacist helpful as they advised staff on best practice with medicines and support with medicines audits.

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

- The hospital had an effective process in place for the scrutiny of Mental Health Act documents to ensure they were accurate and complete when a patient was admitted. We saw detention papers were in order. Files were well organised and easy to follow.
- A Mental Health Act administrator worked across the hospital and its sister unit Cygnet Cedars. They had links with other Mental Health Act administrators within the provider organisation. This meant they could seek support and share knowledge. All staff at Elms knew who the administrator was and what the role entailed.

- The service kept clear records of patients' section 17 leave (this is permission for detained patients to leave the hospital for an agreed period). Staff and patients discussed the provision and outcome of leave in one to ones, ward rounds, morning meetings and patient meetings. We saw staff documented the conditions and reasons for leave on correct paperwork and in an easy read format to enable the patient to understand. During our visit, several patients made use of their leave. We saw no evidence of section 17 leave being cancelled.
- The training records showed 100% of eligible staff had completed up to date Mental Health Act training. All staff we spoke with had a good working knowledge of the Mental Health Act and the Code of Practice.
- Records we reviewed confirmed medication was given under lawful authority. Medication was appropriately authorised on forms T2 (when patients had capacity and were consenting), and on form T3 (when patients were not consenting and/or lacked capacity) and a second approved opinion doctor (SOAD) had agreed the plan.
- Staff and patients were aware of the independent mental health advocacy service. Care records documented how patients had been informed of the independent mental health advocacy service. Patients and staff told us the service visited the hospital weekly and attended community meetings. The ward had an easy read display board to explain the role of the advocacy service and how a patient could meet with an advocate.
- Staff told patients of their rights under the Mental Health Act and a note of their understanding was made of this in each patient file. Information included the right to an independent mental health advocate. (IMHA).
- All patients' records included a photograph to help police identify patients if they absconded from the ward. In the records we looked at, patients had signed a permission slip to agree to this use of their photograph.
- We saw documentation regarding tribunals and court of protection in care records.
- Staff undertook monthly and quarterly Mental Health Act audits. The audits monitored staff compliance with the Mental Health Act alongside the Code of Practice.

Good practice in applying the Mental Capacity Act

- One hundred per cent of staff had completed up to date training in the Mental Capacity Act.



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- There was one application of Deprivation of Liberty Safeguards made in the six months prior to inspection. This was approved by the Local Authority.
- Staff we spoke with could describe the key principles of the Mental Capacity Act, including the Mental Capacity Act definition of restraint. Staff could describe how they would use least restrictive practice when working with patients and how to use the legal powers available as part of the Mental Health Act and Mental Capacity Act to ensure patients were detained lawfully. We saw within patient documentation staff supported patients in making decisions, and staff recognised the importance of patient wishes, feelings, culture, and history.
- Staff knew where to access the Mental Capacity Act policy which included information in Deprivation of Liberty Safeguards.
- We saw documented evidence of capacity assessments that were decision specific. The speech and language therapist supported staff and patients undertaking Mental Capacity assessments. All patients had a file that documented what reasonable adjustments to communication should be considered when assessing the patient's capacity. This ensured staff undertaking the assessment clearly understood the patient's communication needs and was aware of any communication tools needed to support the patient.
- Staff knew how to get advice regarding Mental Capacity Act and said they valued the support they received from senior staff in ensuring adherence to the Mental Capacity Act.
- The Mental Health Act administrator and registered manager undertook monthly and quarterly Mental Capacity Act audits. The audits monitored staff compliance with the Mental Capacity Act alongside the Code of Practice.
- The patients knew who all the staff were on duty and called them by their first names. We observed warmth, humour, kindness and dignity throughout all interactions between staff and patients.
- Staff interactions with each other and with patients demonstrated they understood individual patient needs. They had detailed understanding of individuals communication needs, interests, likes and dislikes. We heard staff use language that was optimistic and respectful.
- During the inspection, five patients presented their patient journey and experience of Elms to the inspection team. They all said their admission to Elms had been very supportive and it was the best hospital they had been in. They said staff looked after them, they felt safe and thought the staff were really caring. The content of the presentation was directly from the patients and in their own words. Their presentation demonstrated the recovery focused, positive and warm relationship staff and patients shared. One part of the presentation was a rap a patient had written about each staff member. It demonstrated that the patients knew the staff well, were comfortable in their presence and felt fully supported.
- Patients were treated with dignity and respect. Staff asked patient's permission to access their personal space and rooms and we saw them respond to patient requests in a timely manner.
- Staff from all disciplines were patient focussed, including kitchen and domestic staff who were invited to attend morning meetings and training where appropriate. Staff understood the different recovery needs of each patient.
- We were impressed by the staffs' efforts to support and empower patients. Staff had supported patients in exercising their civil rights. Staff had set up workshops for patients to learn about their rights to vote in elections and held a mock ballot at the unit. They supported those patients who wanted to vote in the election to register and acquired easy read manifestos and leaflets. The outcome from this was that 75% of the patients voted in the real election, some for the first time in their life.
- Staff supported patients to be involved in community and nationwide projects. For example, one patient was supported to document their life time experiences of services, which is set to be published in a book in July 2018.

Are wards for people with learning disabilities or autism caring?

Outstanding



Kindness, dignity, respect and support



Wards for people with learning disabilities or autism

The involvement of people in the care they receive

- Staff gave patients a welcome pack prior to admission. It described the service, the local area, there were pictures of the staff and rooms. It gave an overview of what the daily routines were and activities on offer. This helped inform patients of where they would be staying and how the hospital could support them with their recovery.
- Patients told us staff always involved them in care planning. All care plans we reviewed had been completed with the patient, in their voice and had been signed by them to evidence agreement with the aims and goals.
- Patients and staff jointly facilitated a daily morning meeting. This was used by patients to plan leave and activities for the day. They also used it to see how everyone was and to take part in mindfulness exercises. We observed this meeting and saw patients freely interact, lead elements of the meeting and raise issues freely. Staff were supportive of less able patients and ensured every one present was included as much as they wanted to be. All patients were encouraged to attend this meeting but it was left optional. These meetings ensured patients and staff had an opportunity to plan the day, be involved in care planning activities and promote community cohesiveness.
- Psychology staff told us they would recommend various interventions for patients but would be led by what the patient wanted in terms of engaging with therapy.
- Speech and language therapy staff worked individually with all patients and created individualised talking mats for patients that needed them. We saw examples of talking mats which had been made highly personalised for patient's needs.
- All patients admitted to the hospital received welcome packs and a local induction. There were transition visits before admission and the psychology team worked with new patients in planning their care during their stay.
- Patients participated in their care planning and were offered copies of their care plan. When they refused copies of their care plans, this was documented in their notes. Patients had the choice whether to have their notes in their room.
- Staff involved carers as and when appropriate and agreed by the patients. The unit produced a yearly family/ carer survey. We reviewed the last report completed. Three carers completed the survey. There were no negative comments about the service.

- The staff were working with patients to support their involvement in a new provider patient involvement council called the People Council. The Peoples council is a monthly provider forum for patients from across the providers hospitals.
- Patients could give feedback and get involved in the development of the service in a variety of different ways. These included, patient review meetings, daily meetings, the patient's forum and community meetings. The clinical governance group also had a patient representative slot on the agenda. Patients had previously requested a sensory room which had been developed. Patients were also involved in events committees to help arrange trips. Some patients assisted staff with audits such as first aid kits monitoring and resuscitation response times.
- The patients had been supported by staff to be involved in the inspection process. This was evident throughout the whole of the day, from the patient presentation to communicating the purpose of the inspection to patients and assisting with feedback.

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Outstanding



Access and discharge

- The average bed occupancy over the last 6 months prior to inspection was 95%.
- Patients always had access to the same bedroom on return from leave.
- The average length of stay for patients was 18 months.
- Elms worked with commissioners to ensure patients admitted met the hospital referral criteria. All referrals to Elms were reviewed by the multi-disciplinary team to review the suitability of admission to Elms. The doctor and registered manager would complete an initial assessment following referral; attend any meetings or handover arranged for the patient. The patients had the opportunity to visit Elms prior to admission.
- All transfers of care were managed to ensure they happened at the appropriate time for the patient and



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any moves to other units were based on clinical need and in the interest of patients. Elms aimed to discharge patients to independent or supported living arrangements.

- We saw all patients had a discharge plan in place. Care plans clearly identified steps patients needed to achieve goals to discharge. Patients told us about their 'moving on' plans and they were supported by staff to achieve the goals.
- There had been one delayed discharge in the last six months prior to inspection. This had been a delay of two weeks. These were due to external delays outside of the hospital remit.

The facilities promote recovery, comfort, dignity and confidentiality

- Elms had a range of rooms and outside space to support treatment and care. These included lounges, beauty salon, quiet areas, multi faith room, sensory room and a computer area. Patients told us they had plenty of areas to access and were happy with the resources available. However, they mentioned they would like access to Wi-Fi and multi-channel television. The registered manager told us these requests were being reviewed.
- Patients had access to a visitor's room off the ward where they could meet in private with visitors.
- Patients could have their own mobile phones following risk assessment. Patients also had access to a phone room to make a call in private; this was kept unlocked and always accessible. Staff had displayed posters in this room informing patients of numbers for advocacy and the CQC.
- Patients had access to a computer room and internet. Staff supported patients to use the internet and social media safely.
- We met with the cook during inspection. They told us they asked the patients each day what they would like to eat and was usually able to cook their requests. On the day of the inspection there were five different meal options on offer to patients. Patients confirmed this happened daily. Patients were very positive about the food available and said it was the best hospital food they had ever had. We noted patients had access to fresh fruit and other snacks throughout the day. Staff and patients often ate their meals together. This promoted a sense of community and therapeutic engagement between staff and patients.

- Patients had access to a kitchen where they could make their own drinks and meals. This was kept unlocked. Staff supported patients if needed to prepare refreshments and monitored access to ensure safety.
- All patients had their own on suite bedroom. They could decorate the rooms and chose the colour of paint for the walls.
- Patients could have keys to their bedrooms and were able to keep them secure.
- Elms offered patients a wide range of social and leisure activities throughout the day and evenings, including weekends. During our inspection, we attended the daily morning group and observed many recovery based activities in action. We saw patients going out and returning from leave, accessing the kitchen and participating in therapeutic activities. There were displays around the unit showing photographs of patients on various trips and information about planned events. Some patients told us about the volunteer work they carried out at a local community centre and others told us about the jobs they do with in the unit. They said it supported them with their recovery.
- The staff sought to make the environment as comfortable as possible for all patients. Staff had identified one patient who was extremely sensitive to the alarm system and were reviewing the use of a soundless system to reduce the impact upon the patient. The registered manager told us this had been implemented successfully in another unit and it was being reviewed for use within Elms.

Meeting the needs of all people who use the service

- Elms was accessible to people with reduced mobility. This included an access ramp, lift and handrails. Staff aid they could order any mobility equipment if needed to support patient's individual needs.
- Staff had access to interpreters/ signers if needed. Each patient had an individual communication care plan to address their communication needs.
- Elms had excellent provision of accessible information throughout the unit. This took the form of communication boards, easy read leaflets, signage and talking buttons. The communication boards acted as a visual aid to support patients' understandings. We saw communication boards for the following: Activities, physical health, menus, patient review meetings, safeguarding, community services, advocacy,



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employment, multidisciplinary team and complaints. There was also a board in the staff area to reinforce and promote staff to engage in good communication throughout the unit. This shared the '5 good communication standards' and other told staff could use to support a patient with communication. Talking buttons were next to some of the communication boards to support communication for those patients who could not read or understand visual clues. There was also a staff leaflet available explaining all communication boards and tools used at Elms.

- The speech and language therapist shared examples where by they had worked alongside advocacy staff to support communication needs of the patients and the advocates understanding.
- The cook could cater for all cultural and dietary needs. They said they could seek support with dietary requirements for patients from other staff and was able to order food to cater for any dietary or cultural needs.
- Patients had access to a multi-faith room. Since our last inspection in 2016 the provider had installed hand washing facilities.

Listening to and learning from concerns and complaints

- Elms had a complaints policy in place. Staff could tell us the process of making a complaint and how they would support patients and carers to make a complaint.
- Easy read complaints leaflets and posters were available at the unit. Patients we spoke with told us they knew how to make a complaint.
- In the 12 months prior to inspection there had been no formal complaints. The registered managers said patients often raised issues within the weekly community meetings and these would be addressed at the time.

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

Outstanding



Vision and values

- Elms values and vision are to enable each and every patient in their care to achieve their personal best as defined by them. Their aim is to support an individual to achieve and sustain skills and knowledge that will enable them to lead a safe, meaningful and fulfilled life in the future with the overall goal of minimising future relapse and admissions into services through the specialist intensive holistic care and treatment provided at Elms.
- Staff at Elms worked towards these visions and values by using an individualised care pathway using the 'MyPath' care approach. They used a multidisciplinary approach to achieve this using the individual skills that each member of the team had. This was evident throughout the inspection, staff knew the visions and values, they described them in detail and with passion. They understood the principles of recovery and how to support individual patients.
- Staff told us senior managers within the organisation visited the unit, were open and accessible and responsive to the service needs.

Good governance

- Governance systems throughout Elms were robust and ensured staff provided high quality care. This included quality assurance, quality improvement and risk and incident management.
- Elms senior management team had monthly clinical governance meetings which fed into regional quarterly governance meetings. The hospital manager attended monthly operational governance meetings and quarterly managerial meetings. These meetings fed into the providers corporate governance committee, which was overseen by the corporate management board.
- In addition to this staff had the opportunity to discuss incidents and learning in a range of settings to share and ensure and appropriate actions are taken to prevent reoccurrence. The various methods of sharing included; debriefs, daily staff morning meetings, reflective practice groups and supervision.
- The hospital manager and administrator worked together with the providers training department to ensure mandatory and additional training was completed by all eligible staff. This had assured staff mandatory training levels were 100% compliant in all areas. They monitored staff compliance with training, sent reminders to staff when needed and devised a 12-month training schedule for all staff.



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- Staff followed the providers audit schedule, the manager reviewed the audits locally and they were then reviewed again by the providers operational directors.
- The provider had set key performance indicators to measure the effectiveness of the service to ensure quality and patient safety. During inspection, we reviewed the monthly data for the key performance indicators. Data showed the monitoring of staffing levels, incidents, restraints, training, occupancy rates and various other quality measures including safeguarding and hours of meaningful activity achieved by the patients. Key performance indicators were being met.
- The registered manager said they had good administrative support to enable them to carry out their role and felt they had authority to manage the hospital in a proactive and innovative manner.
- Elms had a risk register in place that fed into a regional provider risk register. At the time of our inspection there were no risks identified for Elms.
- Morale amongst the staff was to be high. All staff we spoke with were positive about working at Elms, they said there was a strong emphasis on working as a team and everyone valued each other on an equal basis. We observed positive interactions between all staff. Several staff told us they enjoyed working at Elms because everybody worked equally.
- All staff reported the leadership was open, transparent and supportive. Staff complimented the registered managers skills, commenting the manager was fair, approachable, open to new ideas/ ways of working and very supportive.
- Staff understood the importance of being open and transparent towards patients. They completed duty of candour training and were aware of the duty of candour policy. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. The provider was aware of the regulation but had not needed to apply it.

Leadership, morale and staff engagement

- The provider conducted a staff survey every year. We reviewed the 2018 staff survey and found staff responses were overwhelmingly positive. It was evident from the results that staff were motivated, satisfied and felt supported in their work. A common theme running throughout the feedback was the commitment amongst staff to do their best for patients, positive team work and feeling proud when patients reached their recovery goals.
- Sickness and absence rates were monitored and for the 12 months prior to inspection 2.5%. The registered manager ensured absences were covered by bank staff and reported they were often able to increase numbers of staff on shift to meet the patient's needs.
- At the time of inspection there were no grievance procedures in process or allegations of bullying and harassment.
- Staff told us they knew and understood the whistle blowing process and would feel able to raise concerns.

Commitment to quality improvement and innovation

- Since our last inspection in 2016 the staff and patients had created a sensory room. This had been developed following patient feedback. The sensory room contained a box of equipment for each patient, which had been developed in line with their assessed sensory profile.
- A member of staff participated in a project 'patient for the day'. They spent a day as a 'patient' instead of a member of staff to determine as much as possible what restrictions and services may feel like. Following this, the staff member wrote a reflective narrative describing their experience which was shared with patients and staff. Suggestions to improve the patient experience were given and actions to improve the project for future learning.

Outstanding practice and areas for improvement

Outstanding practice

- Elms staff worked as a team to meet the needs of patients. All clinical and nonclinical staff were active members. This meant staff communicated well, morale was high and all worked towards meeting the needs of patients.
- Staff and patients were supported to undertake innovative and creative projects. We saw creative use of accessible information for example big mac communication buttons by all easy read posters. The development of a sensory room to meet the request and needs of patients.
- Staff sought to understand what it was like to be a patient at the Elms and to make patients experience better. They undertook this through patient forums and partaking in a project called 'patient for the day'.