Good

North Staffordshire Combined Healthcare NHS Trust

Wards for people with learning disabilities or autism

Quality Report

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Date of inspection visit: 7th -9th September 2015
Date of publication: 22/03/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RLY88	Harpland's hospital	Assessment and treatment	ST4 6TH
RLY88	Harpland's hospital	Telford Unit	ST4 6TH

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for patients with learning disabilities or autism as good because:

- Both wards were clean and tidy with a cleaning rota that ensured the ward was cleaned systematically.
- All patients had a physical examination on admission. Ongoing physical health care needs were assessed with all patients and was seen in the care plans for 9 of the 10 patients. For all the records we checked, we found evidence of physical healthcare checks having been undertaken within the last year.
- In the care plan of a patient that had the most incidents of restraints recorded, the positive behaviour plan had been used with good effect in managing the challenging behaviour to reduce the amount of restraint used by using alternative de-escalation techniques.
- The ward used the health of the nation outcome scales for learning disabilities (HONOS-LD). This was an 18 scale risk assessment too and is completed on admission of a patient and regularly reviewed throughout their ward stay. It is also completed at the point of discharge of the patient.
- We observed staff treating patients with kindness, dignity and respect. The patients said they felt they were well treated even when they were unwell.
- Staff showed a good understanding of patients' needs.
- Patients were admitted to the assessment and treatment ward by the intensive support team who would assess their needs and if the admission was appropriate. The intensive support team would also help facilitate discharge.

However:

- There was a lack of easy read signage on both wards. On arriving at both wards, there were populated notice boards but both were situated in a small cramped area that was between two locked doors. The locked doors had to be operated by staff. This did not allow visitors time to read any notices that were displayed. There was a lack of easy read notices and not all necessary information was there.
- There were many ligature points on both wards. These had all been identified by a trust risk assessment. The risk assessment highlighted what action needed to be taken with each ligature risk.
- Both patients and staff reported that there were not always enough staff on duty. This had it greatest impact on leave from the unit and organised activities away from the ward.
- The assessment and treatment ward had mixed sex patients. The layout of the ward does not allow one female to use the bathroom and toilet facilities without crossing over a communal area.
- On both wards 10 sets of treatment records were examined. The care plans were well written and covered different aspects of care - showing individualised care planning. All of the care plans were not written in the first person and nor did they all show evidence (in the form of comments or signatures, or documented refusal to sign) of patient involvement. In these cases it was difficult to find further evidence of patient involvement.
- A care plan relating to one patient subject to a deprivation of liberty safeguarding still made reference to being an informal patient.
- For patients who might have impaired capacity, capacity to consent is assessed on admission through the multi-disciplinary team. In the care plans reviewed all records had a capacity assessment present but these were not always detailed or specific.

Summary of findings

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

Are services safe?

Requires improvement

we rated safe as requires improvement because:'

- On entry to the ward, hand washing signs were either not present or not clearly displayed. There was a bottle of handwashing solution on a shelf but it was not made clear as to its purpose.
- Staff were observed to not be using any hand washing agents and there were no visible bottles displayed on the ward environment for use by patients, visitors or staff. The trust advises that there is an increased risk of ingestion of some hand washing agents by the patient group and as such these are not available in patient accessible areas.
- The assessment and treatment ward had mixed sex patients. The layout of the ward does not allow one female to use the bathroom and toilet facilities without crossing over a communal area.
- There was a dedicated female lounge on the assessment and treatment ward. On the day of our visit the room was blocked with a wheelchair and other furniture. The room was also used as a Snoezelen (soothing and stimulating environment) by both sexes

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However:

- Both wards were clean and tidy with a cleaning rota that ensured the ward was cleaned systematically.
- The clinic rooms were appropriately equipped with emergency equipment and they were checked regularly to ensure they could be used in an emergency.
- All staff carried personal alarms and these were available to visitors to the ward with an explanation of their use.
- Staff were recruited in line with the trusts policy and procedure and criminal and professional checks were carried out before anyone started with the trust. On the assessment and treatment ward, patients were involved in the recruitment of staff.
- There were many ligature points on both wards. These had all been risk assessed by a trust risk assessment. The risk assessment highlighted what action needed to be taken with each ligature risk.

Summary of findings

Are services effective?

Good

We rated effective as good because:

- All patients had a physical examination on admission. Ongoing physical health care needs were assessed with all patients and was seen in the care plans for 9 of the 10 patients. For all the records we checked, we found evidence of physical healthcare checks having been undertaken within the last year.
- In the care plan of a patient that had the most incidents of restraints recorded, the positive behaviour plan had been used with good effect in managing the challenging behaviour to reduce the amount of restraint used by using alternative de-escalation techniques.
- The ward used the health of the nation outcome scales for learning disabilities (HONOS-LD). This was an 18 scale risk assessment too and is completed on admission of a patient and regularly reviewed throughout their ward stay. It is also completed at the point of discharge of the patient.
- Staff are trained in de-escalation techniques to avoid or minimise restrictive interventions.

However:

- On both wards 10 sets of treatment records were examined. The care plans were well written and covered different aspects of care - showing individualised care planning but not all of the care plans were written in the first person and nor did they all show evidence (in the form of comments or signatures, or documented refusal to sign) of patient involvement. In these cases it was difficult to find further evidence of patient involvement.
- In one set of notes in the positive behaviour strategy, the plan was not dated or signed by either staff or patient. The information given was vague and there was no evidence of any review.
- A care plan relating to one patient subject to a deprivation of liberty safeguarding still made reference to being an informal patient.

Are services caring?

Good

We rated caring as good because:

- We observed staff treating patients with kindness, dignity and respect. The patients said they felt they were well treated even when they were unwell.
- Staff showed a good understanding of patients' needs.

Summary of findings

- Patients and their family members told us they were supported to access the advocacy services. Staff also said there was good advocacy support for the patients.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The ward had an activities co-ordinator. Activities were plentiful and available daily. At weekends activities were provided by the ward staff. During our visit we observed a gardening activity in one of the outside spaces available to the ward.
- Patients were admitted to the assessment and treatment ward by the intensive support team who would assess their needs and if the admission was appropriate. The intensive support team would also help facilitate discharge.
- A carer's pack was provided to those people close to the patient. This had a range of information and contact telephone numbers to assist the family whilst their family member was staying on the ward.

However:

- There was a lack of easy read signage on both wards. On arriving at both wards there were populated notice boards but both were situated in a small cramped area that was between two locked doors. The locked doors had to be operated by staff. This did not allow visitors time to read any notices that were displayed. There was a lack of easy read notices and not all information necessary was there.

Are services well-led?

Good

We rated well-led as good because:

- All staff had strong views over giving good quality of care. Staff were aware of the trust values and believed they work with the trusts vision.
- Ward managers had access to and could monitor key performance information regarding their wards. This included staffing levels and sickness and monthly checks to ensure compliance with mandatory training, supervisions and appraisals.
- The service had clear arrangements in place to manage quality and safety.

Summary of findings

- We found the ward to be well-led. There was evidence of good leadership at a local level. The ward manager was visible on the ward during the day to day provision of care and treatment. The ward manager was accessible to staff and proactive in providing support to them.

However:

- The environments on both sites were of an average standard and dated. No investment had been made at the time of the inspection. There was also on-going problems with identifying who was responsible for certain upgrades on both areas. This was because the building as a whole was owned by a housing association and leased by the trust. The trust informs us that they are in the process of purchasing the building and plan to upgrade the environment.

Summary of findings

Information about the service

The assessment and treatment ward provides specialist interventions for community based clients who require short term support as a result of acute health care needs and whose behaviour may be too challenging for other residential and community services. It offers short term assessment and treatment for a maximum of up to six months. It provides mixed sex accommodation for 5 people.

The Telford Unit is a six place medium-term rehabilitation unit for individuals with mild / moderate learning disability over the age of 18 years within North Staffordshire. The service provides an interim response to local demand for a facility to carry out a process of rehabilitation to individuals who are currently detained under the Mental Health Act 1983 who may also present with severe challenging behaviour and / or a forensic history. It provides a male only accommodation for 6 patients.

The two core services are currently under review by the Trust.

North Staffordshire Combined NHS Trust have been inspected before in March 2013, September 2013 and March 2014. These core services were not part of those inspections.

Our inspection team

Chair: Paul Lelliot, Deputy Chief Inspector (Mental Health), CQC.

Head of Inspection: James Mullins, Head of hospitals (Central West Mental Health), CQC.

Team Leader: Kenrick Jackson, Inspection Manager, CQC.

The team was comprised of:

One CQC Inspector, a Mental Health Act Reviewer,

One expert by experience (with support worker), three specialist advisors comprising of a nurse, psychologist and a consultant psychiatrist. Two CQC pharmacy inspectors completed a review of the medication management on the ward

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited two wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 8 patients who were using the service

Summary of findings

- spoke with the unit manager and the senior nurses for each of the wards
- spoke with 13 other staff members; including doctors, nurses, an occupational therapist, an activity co-ordinator and a psychologist.
- interviewed the clinical director with responsibility for these services
- attended and observed one hand-over meeting and one multi-disciplinary meeting.

We also:

- Looked at 10 treatment records of patients.
- carried out a specific check of the medication management on both wards.
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke with 4 carers of patients on both wards.

What people who use the provider's services say

Of the 4 carers spoken to about the services at these core services, 2 were unhappy with the care given to their relative. There was dissatisfaction over delays in discharge, medication prescribed and attitude of staff. The other 2 carers were complimentary of service and said they were very happy with the way their relatives were cared for. They said the staff were helpful and courteous.

We spoke with 8 patients who were using the service. Patients' views and experiences of the care and treatment they experienced were mainly positive. Patients praised staff for being approachable and caring

6 of the patients we spoke to said they were involved in their care as much as they wanted to be.

No comment cards were received for this service.

Good practice

None applicable

Areas for improvement

Action the provider MUST take to improve

- The Trust must ensure that staffing levels are appropriate to meet the needs of the patient group
- The Trust must ensure that ligature risks on the assessment & treatment ward are appropriately managed
- The Trust must ensure that the facilities promote privacy, dignity and safety within a mixed gender environment
- The Trust must ensure that the appropriate warning notices are displayed where the oxygen cylinders are stored

North Staffordshire Combined Healthcare NHS Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Assessment and Treatment	Harpland's Hospital
Telford Unit	Harpland's Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff from both units had received training and showed a good understanding of the Mental Health Act and the Code of Practice. The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA and the Code of Practice. Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients. We found that the necessary checks/ scrutiny of the treatment documentation to ensure safe and legal prescribing were being undertaken.

Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

When this inspection took place, all of the patients were detained under the Mental Health Act except for one person who was subject to a Deprivation of Liberty Safeguard (DoLS). The staff we spoke to understood the core principles of the Mental Capacity Act and the qualified staff that we asked could provide a brief overview of the DoLS.

Detailed findings

However there was confusion with the patient subject to the DoLs and his nursing records referred to the patient as being informal (being free to leave when they wanted to)

Requires improvement

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

Summary of findings

Our findings

Safe and clean environment

- The assessment and treatment ward had a mix of male and female patients. The layout of the ward does not allow one female to use the bathroom and toilet facilities without crossing over a communal area due to the location of her bedroom. There was a dedicated female lounge on the assessment and treatment ward but on the day of our visit the room was blocked with a wheelchair and other furniture. The room was also used as a Snoezelen (soothing and stimulating environment) by both sexes.
- On entry to the ward, hand washing signs were either not present or not clearly displayed. There was a bottle of handwashing solution on a shelf but it was not made clear as to its purpose. Staff were not observed to be using any handwashing agents and there were no visible bottles displayed on the ward environment for use by patients, visitors or staff.
- There was a lack of easy read signage on both wards. On arriving at both wards there were populated notice boards but both were situated in a small cramped area that was between two locked doors. The locked doors had to be operated by staff. This did not allow visitors time to read any notices that were displayed. There was a lack of easy read notices and not all information necessary was there. On the A&T ward we could not find information on how to make a complaint.
- We found no written information regarding the role of the Care Quality Commission (CQC) available in the patient area.
- There were blind spots on the ward and in the garden and there were no mirrors to help improve line of sight. There were many ligature points on both wards. These had all been identified by a trust risk assessment. The risk assessment highlighted what action needed to be taken with each ligature risk.
- Environmental risk assessments were carried out in areas such as health and safety and infection control and prevention.
- The staff offices had no window. This meant the door had to be open to give very limited site of the ward. There was no clear line of sight from the office.
- Both ward areas were clean and tidy. There was a rota that gave the cleaning roles for the housekeeping team. This ensured the ward was cleaned in all areas regularly. The rota was signed to show the areas had been cleaned.
- Both wards had clinic rooms equipped with all emergency equipment such as defibrillators and oxygen. Equipment was checked regularly to ensure it was in good working order so that it could be used well in an emergency. Medical devices and emergency medication were also checked regularly. However, we found oxygen cylinders stored in a treatment room and no warning signs were displayed. The nurse in charge agreed to ensure suitable warning signs were available.
- On both wards, staff carried personal alarms to alert their colleagues if they needed assistance. Staff said they rarely used them because incidents rarely occurred. Visitors to the ward were also issued with alarms and staff explained how to use them.

Safe staffing

- We witnessed a member of staff kissing a patient on the cheek on the ward environment. Staff working in this environment must follow professional boundaries even if not professionally qualified. This was brought to the attention of the unit manager. The unit manager assured us that further action would be taken with the member of staff concerned.
- Both patients and staff reported that there were not always enough staff on duty. This had it greatest impact on leave from the unit and organised activities away from the ward.
- Staff turnover between May 2014 to April 2015 for these two wards was 26.84%.

Requires improvement

Are services safe?

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

- Assessment and treatment (A&T) ward had 7.53 whole time equivalent qualified nurses and 15.38 nursing assistants. There were two vacancies for a band 5 qualified nurse and no vacancies for nursing assistants. Telford had one vacancy for a band 3 unqualified nurse. Telford had 4.8 whole time equivalent qualified nurses and 11.37 unqualified nurses. These figures do not include the unit manager or their deputy. There was also an activity co-ordinator on both wards and they worked Monday to Friday 9-5. This meant that ward staff organised activities at the weekend.
- Figures from the trust website show that in the 6 months preceding the inspection there were a number of shifts not covered. The figures include registered nurses and healthcare support workers. Staff were allocated on a weekly rota and the rota showed there were not always enough staff to cover leave and activities off the ward. Carers we spoke too said leave was rarely cancelled and often the staff could rearrange leave.
- We looked at the past 3 months duty sheets from both wards. It was difficult to see where staff shortages had occurred. On A&T numbers were supposed to be 5/6/5 but the duty sheets don't reflect that. Adding up the staff numbers only 4 would be assigned to a shift but the total would say 5. On other occasions night shifts would appear to be below the required numbers of 5 with the rota showing 3 or 4 staff on shift.

Information taken from trust monthly board papers published on trust website.

A&T

These are hours and shifts not filled to meet planned staffing levels

Telford

These are hours and shifts not filled to meet planned staffing levels

Hours

shifts

Sickness %

Hours

shifts

Sickness %

March 2015

325.5

43.4

4.30

589.75

78.63

18.13

April 2015

320

42.6

6.99

445.75

59.3

10.94

May 2015

225.65

30.09

7.75

370.5

49.5

5.59

June 2015

205.75

27.4

7.62

379

50.33

5.59

July 2015

236.9

31.58

n/a

Requires improvement

Are services safe?

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

540.85

72.11

n/a

August 2015

145.65

19.42

n/a

496.85

66.25

n/a

- In June A&T used 51 bank staff and Telford used 57.

In July A&T used 36 bank staff and Telford used 37.

In August A&T used 40 bank staff and Telford used 37.

- In the 3 months preceding the inspection we found 8 shifts covered by agency staff. The duty sheet indicated that extra staff were brought in to cover shortfalls but it was not always clear on the duty sheets whether these staff were agency or bank.
- The ward manager was able to obtain additional staff when the needs of the patients changed and more staff were required to ensure patient safety. The staffing levels on the assessment and treatment ward were on a 5, 6, 5 for A&T and 4, 4, 3 for Telford. These figures included at least one qualified nurse on each shift. This would be increased to meet the needs of the patients' acuity, observation levels and needs.
- Staff were recruited in line with the trusts policy and procedure and criminal and professional checks were carried out before anyone started with the trust. On the assessment and treatment ward patients were involved in the recruitment of staff. One patient told us she had helped appoint some of the staff and that the other interviewees had listened to her comments about the suitability of the person.
- The manager told us that bank staff used were familiar with the wards and patients and were able to engage with patients well. The manager told us that they were able to adjust staffing resources for additional staff to meet the patients' needs for example when planning home leave. However, there were difficulties in getting male bank staff for some of the escorted leave. The ward manager was able to adjust staffing levels daily to take account of case mix and is able to use the trust staffing co-ordinator to help cover shifts. Despite this, there were a number of shifts not covered and some of the shifts had been covered by internal staff working extra hours or overtime. This meant patients had continuity of care as the usage of bank and agency staff was minimal, therefore they knew their staff team and could build confidence within them. We saw this by looking at the duty sheets for both wards.
- We were told that an experienced nurse was present in communal areas of the ward at all times**.** We did not see this during our visit. There were times on both wards when we observed there were no staff in the main communal area.
- There were enough staff so that patients can have regular 1:1 time with their named nurse and patients said they received one to one time with their nurse although this was sometimes delayed. One patient said her 1:1 time was often cancelled.
- There was adequate medical cover day and night and a doctor can attend the ward quickly in an emergency. There is a separate consultant for each ward and there are 4 consultants who cover the ward on a rota for emergencies. However, there were no consistent junior medical staff and this has an impact on the role of the consultant on the provision of physical healthcare
- Staff on both wards are up to date with appropriate mandatory training. The average mandatory training rate for staff on Telford is 95% and on assessment and treatment 94%. This is above the national training average of 85%

Assessing and managing risk to patients and staff

- When every patient was admitted, a comprehensive assessment of needs was carried out within 72 hours that took account of previous history, risk, social and health factors. It included the agreed risk assessments and a plan of care to manage any identified risks and these were regularly reviewed
- There were no restricted items on either ward and patient searches were not routinely undertaken.
- We reviewed 10 medicine records across both wards and the recording of administration was complete and correctly recorded as prescribed. The medicines were

Requires improvement

Are services safe?

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

appropriately stored and the temperatures were regularly monitored. For patients who were detained their consent forms were held with their medication records. Patients were not always provided with information about their medicines.

- At the time of our visit 9 patients were detained and one was subject to a deprivation of liberty safeguarding
- The ward used the health of the nation outcome scales for learning disabilities (HONOS-LD) this was an 18 scale risk assessment tool which is completed on admission of a patient and regularly reviewed throughout their ward stay. It is also completed at the point of discharge of the patient.
- Staff are trained in safeguarding and know how to make a safeguarding alert and do so when appropriate. On the Assessment and Treatment ward 93% staff were up to date with safeguarding training and on Telford unit the figure was 94%.
- Restraint is only used after de-escalation has failed and using correct techniques.
- On the assessment and treatment ward the trust reported 67 incidents of restraint and 15 restraints on Telford ward over the last 6 months. No prone restraint had been used. Both wards had correctly reported the incidents and the patient notes corresponded correctly with the dates.
- A&T could not remember when they had last used rapid tranquillisation. The staff were aware of the policies and procedures on rapid tranquillisation. On Telford there had been one recent incident of rapid tranquillisation recorded. A 'rapid tranquillisation' policy was available to provide guidance to staff to treat people for extreme episodes of agitation. These medicines were to be given only when other calming techniques had failed to work. The pharmacy team checked the use of 'rapid tranquillisation' medicines every month and reported to the Clinical Effectiveness Group to review the use and ensure safe practice was being followed.
- There were no seclusion rooms on either ward and staff used quiet rooms to de-escalate problematic behaviour.

Track record on safety

- Learning from incidents within the trust was discussed at the weekly meetings. This information was provided to staff in an email, and discussed at a team meeting and was contained in minutes from these meetings.
- There were no Serious Incidents reported in last 12 months.

Reporting incidents and learning from when things go wrong

- All staff interviewed know what to report and how to report.
- We saw evidence that all incidents that should be reported are done so using the electronic incident reporting system.
- Staff are open and transparent and explain to patients if and when things go wrong.
- Staff receive feedback from the outcomes of investigations of incidents that have occurred both internally and externally to the service. Staff meet to discuss this feedback. There is evidence of change having been made as a result of feedback. Staff debrief and are offered support after serious incidents

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- On both wards, we looked at 10 sets of patient records. The care plans were well written and covered different aspects of care - showing individualised care planning. However, none of the care plans were written in the first person nor did they all show evidence (in the form of comments or signatures, or documented refusal to sign) of patient involvement.
- In one set of notes in the positive behaviour strategy, the plan was not dated or signed by either staff or patient. The information given was vague and there was no evidence of any review. Staff were in the process of being trained in Positive behaviour support (a behaviour management system used to understand what maintains an individual's challenging behaviour). Staff we interviewed spoke about how they used positive behaviour support in their work with patients but in the care plans the outcomes were poorly recorded. In 2 other case notes, a behaviour strategy plan was not dated.
- A care plan relating to one patient subject to a deprivation of liberty safeguarding still made reference to them being an informal patient.
- Multi-disciplinary teams manage the referral process, assessments, ongoing treatment and care by discussing best treatment and pathway options for individual patients.
- The care notes used on both areas were disorganised and cumbersome. Whilst we were looking through the notes, paperwork fell out and was difficult to know where they came from as there was no patient identifier on them.
- A staff handover meeting occurred every day. Staff told us that this was a useful and supportive meeting. A daily meeting between staff finishing a shift and those starting the next shift means that information is shared to ensure continuity of care

Best practice in treatment and care

- All patients had a physical examination on admission. Ongoing physical care needs were assessed with all patients and was seen in the care plans for 9 of the 10 patients. We found evidence of physical healthcare checks having been undertaken within the last year in all the records we checked. Records showed that referrals were made to other specialists for further help such as dentists and opticians.
- We found clinical pharmacists were involved in patients' individual medicine requirements. Prescription charts were clear and well documented with pharmacist interventions documented on the front of the chart. National Institute for Health and Care Excellence (NICE) guidance was followed for prescribing of medication; we saw evidence of this in patients' care records. The guidance covers a range of interventions in the prescribing of medication that have been researched and documented and considered best practice.
- Clinical staff were involved with audits undertaken on the ward such as risk assessment audit.
- Patients had access to psychological therapies as part of their treatment and psychologists were part of the ward team. However, there was a lack of available staff in psychology whilst the post holder was off sick. Staff said they had missed sessions with the psychologist relating to Positive Behaviour Support.
- Care plans with some of the patients had no psychological formulation with no explanation as to why.
- The ward staff assessed patients using the health of the nation outcome scales for learning disabilities. This covered 18 health and social domains and enabled the staff to build up a picture over time of their patients' responses to interventions
- In the care plan of a patient that had the most incidents of restraints recorded, the positive behaviour plan had been used with good effect in managing the challenging behaviour to reduce the amount of restraint used by using alternative de-escalation techniques.

Skilled staff to deliver care

- The multidisciplinary team dedicated to each unit consisted of registered mental health and learning disability nurses, clinical support workers and a consultant psychiatrist. There were dedicated housekeepers for each of the units.

Are services effective?

Good

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

- A consultant psychologist and a range of occupational therapy staff worked across both units. Pharmacy staff attended the units on a regular basis and available to provide one to one discussion to patients who wished to discuss their medication options in greater detail.
- The wards had a good selection of staff who attended the multi-disciplinary meetings. A full range of mental health disciplines provide input to the ward (consider OTs, psychologists, social workers, speech and language therapists and pharmacists).
- Staff are trained in de-escalation techniques to avoid or minimise restrictive interventions.
- Staff receive appropriate induction by attending a corporate induction training program followed up by further training on the ward (see table below).
- Staff are supervised, appraised and have access to regular team meetings.
- The percentage of non-medical staff that have had an appraisal in the last 12 months is 100%
-
- Poor staff performance is addressed promptly and effectively by the unit manager.

Mandatory training attendance

Assessment and Treatment

Telford

Management of Actual or Potential Aggression % Compliant

96%

100%

Conflict Resolution% Compliant

100%

100%

Cardiopulmonary resuscitation % Compliant

100%

100%

In hospital resuscitation % Compliant

88%

100%

Health and safety % Compliant

100%

100%

Fire % Compliant

79%

71%

Infection control % Compliant

100%

100%

Manual Handling - Patient % Compliant

96%

100%

Safeguarding Children L1 % Compliant

93%

94%

Safeguarding Adults L1% Compliant

93%

94%

Equality and Diversity % Compliant

100%

100%

Information Governance % Compliant

79%

94%

total

94%

95%

Multi-disciplinary and inter-agency team work

- The multidisciplinary team (MDT) dedicated to each unit consisted of registered mental health and learning disability nurses, clinical support workers, activity support workers, occupational therapist, a psychologist and a consultant psychiatrist. MDT meetings were minuted and showed a good corroboration between

Are services effective?

Good

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

professionals. We saw on both wards support workers/ activity coordinators worked as part of each team and we saw that they worked closely with patients. The patients we talked with spoke positively about this. The patient, their family members' or carers' are invited to the MDT meetings. Other health professionals such as the patients' community nurse, allied health professionals or advocacy may also attend.

- Additional professionals provided in-reach support dependent on patient needs including speech and language team, dieticians and physiotherapists.
- Prior to a patient being discharged from Telford ward, we saw evidence that staff from the proposed care home that the patient was due to go to had spent time on the ward to better understand the care needs of the patient.
- Both wards had started to develop relationships with the Intensive Support Team in order to improve discharge pathways. The aim of this work was to reduce inpatients stays. A recent audit of the length of stay showed that there had been a reduction of 75% (400 days down to less than 100 days) for all admissions since the Intensive Support Team became operational from January 2015

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

- Staff are trained in and have a good understanding of the MHA, the Code of Practice and the guiding principles. All staff interviewed were able to tell us where they could go to for advice. All had undertaken training in the MHA within the last 18 months. One qualified member of staff did not have knowledge of the code of practise.
- Consent to treatment are adhered to and copies of consent to Treatment forms are attached to medication charts where applicable.
- People have their rights under the MHA explained to them on admission and routinely thereafter. We saw evidence of this in the care plans. Detention paperwork is filled in correctly, up to date and stored appropriately.
- Administrative support and legal advice on implementation of the MHA and its code of practice is available from a central team.
- There are regular audits to ensure that the MHA is being applied correctly and there is evidence of learning from these audits.
- People have access to the IMHA services. Staff are clear on how to access and support engagement with the IMHA in order to capture the wider issues of referrals, capacity issues, access to wards/records, re-referral if necessary.

Good practice in applying the Mental Capacity Act

- Staff are trained in and have a good understanding of MCA 2005, in particular the five statutory principles.
- Deprivation of Liberty Safeguards applications are made when required. There was 1 DOLS applications made in the last 6 months. There was confusion in the records of the patient who was subject to the DoLs (a legal authorisation that allows a managing authority to deprive someone who lacks mental capacity of their liberty) The care plan referred to the patient as being informal (your rights and responsibilities as an informal patient). This had been reviewed and signed by the patient on a monthly basis. A person subject to a DoLs does not have the same rights as someone who is informal. Also, the date of the standard authorisation for the DoLs had expired by almost a week. Staff attended to this urgently. An application had been made but not received by the appropriate department. Staff attended to this immediately it was brought to their attention
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- There is a policy on MCA including DoLS which staff are aware of and can refer to.
- For patients who might have impaired capacity, capacity to consent is assessed on admission by the multi-disciplinary team. In the care plans reviewed, all records had a capacity assessment present but these were not always detailed or specific. The consultant regularly checked capacity and consent with each patient at the ward rounds.
- People are supported to make decisions where appropriate and when they lack capacity, decisions are made in their best interests. This takes into account the importance of the person's wishes, feelings, culture and history.
- Staff know where to get advice regarding MCA, including DoLS, within the Trust.

Are services effective?

Good

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

- There are arrangements in place to monitor adherence to the MCA within the Trust.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff treating patients with kindness, dignity and respect. The patients said they felt they were well treated, even when they were unwell.
- Staff showed a good understanding of patients' needs

The involvement of people in the care they receive

- Patients and carers said they were involved in planning their care. However this was not documented very well in the care plans.
- All care notes had a health action plan that was individualised to the patient
- There was a welcome pack for patients in an easy read format to help explain about the ward and the facilities it provided. It also contained information about advocacy and how to make a complaint. However, on the assessment and treatment ward one patient said they had not received a welcome pack and another said they had only been given it the day before our visit.
- Patients and their family members told us they were supported to access the advocacy services. Staff also said there was good advocacy support for the patients.
- Community meetings were held monthly, we saw the minutes of these.
- Easy read menus were not accessible.
- There was a 'you said, we did' board' in the communal area. There was no space for patient feedback. There was also a 'come dine with us' board. This was not in an easy read format.

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

- Patients were admitted to the assessment and treatment ward via the intensive community support team who would assess their needs and decide whether the admission was appropriate. The intensive community team would also help facilitate discharge. Staff told us that they had experienced delayed discharges due to a lack of suitable placements to adequately meet patients' needs in the community or delays in funding. We could not get any figures that gave us information about how many patients had been delayed or for how long they had waited to move on.
- The trust reports that A&T had only one delayed discharge in the 6 months prior to our inspection; Telford ward had none. One patient on Telford had been an in-patient since 2002. His carers said he was ready to move into the community but there had been on-going discussions for a long time about where this patient would be placed.
- Patients on Telford ward usually needed a medium term placement due to their increased challenging behaviour and/or their forensic history. Referrals cam from a variety of places including failed placements in community homes, Assessment and Treatment ward and occasionally as a step down from more secure services.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards had an activities co-ordinator. Activities were available daily. At weekends activities were provided by the ward staff. During our visit we observed a gardening activity in one of the outside spaces available to the ward. This demonstrated patient focus, good interactions in a caring and respectful manner. We also observed the activity rooms on both wards being used and both co-ordinators and ward staff interacting well with the patients.
- Patient rooms on both wards could be personalised with items such as pictures and memorabilia. All patient rooms showed evidence that this had taken place.
- The wards had access to secure garden area. The garden included a smoking area which patients had access to throughout the day.

Meeting the needs of all people who use the service

- There were no designated multi-faith rooms on either ward. We were told patients had access to appropriate spiritual support by visiting a multi faith area in another part of the hospital. We were also told that nobody visited the wards to provide this support.
- Interpreting services were available and could be requested when needed.
- The food, which was ordered and delivered to the ward by a supermarket, was prepared fresh on site. Patients told us that the food was good and they had a choice of meals. If the food wasn't suitable there was always an alternative. Different diets were provided for.
- Mobility issues were not properly addressed on the A&T ward. A patient in a wheelchair was seen to have difficulty getting through doorways as although they were wide enough the patient still struggled with the gap. The bathroom facilities were inadequate on both wards for disabled people. Aids had to be used to help patients with mobility problems
- There was a lack of easy read signage on both wards. On arriving at both wards there were populated notice boards but both were situated in a small cramped area that was between two locked doors. The locked doors had to be operated by staff. This did not allow visitors time to read any notices that were displayed. There was a lack of easy read notices and not all information necessary was there.
- There was also a carer's pack provided to those people close to the patient. This had a range of information and contact telephone numbers to assist the family whilst their family member was staying on the ward.

Listening to and learning from concerns and complaints

- There have been 2 complaints over the last twelve months on the assessment and treatment ward. One of the complaints had been referred to the appropriate body, in this case the clinical commissioning group. The other complaint was still open and awaiting completion of investigation. We reviewed the pathway of this complaint and saw that whilst it followed the trust policy, there had been a delay in answering the patient's complaint.

Are services responsive to people's needs?

Good

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

- On the days of our inspection, another complaint was made. The staff present took details of the complaint and reported it as per trust policy.
- Patients and carers knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to them.
- Staff were aware of the 'Duty of Candour' and were aware of the trusts commitment to openness and honesty. From 'Learning the Lessons' staff were aware of what had happened within the trust and recognised the changes that had then taken place but there had been no untoward incidents in their working environment.. All 'Learning the Lesson' incidents were feedback through ward meetings and bi-monthly electronic bulletins.

Are services well-led?

Good

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

Our findings

Vision and values

- All staff believed they had strong views over giving good quality of care. Staff were aware of the trust values and believed that they work with those values; Valuing people as individuals, Providing high quality innovative care, Working together for better lives, Openness and honesty and Exceeding expectations.

Good governance

- The trust had clear arrangements in place to manage quality and safety. The unit manager used these methods to report information to senior management in the trust and to monitor and manage the units. The manager or her deputy attended the trust's quality and safety meetings. The information discussed was then shared with staff.
- The manager felt they were given the freedom to manage the teams and had administration staff to support the team. They also said that, where they had concerns, they could raise them.
- A change in the management structure at the beginning of the year meant that the learning disability service now had a clinical director. This has led to better information fed back to the team level staff from the executive team.
- Senior executives visit the ward. Mixed feeling from staff as some feel they still don't visit enough
- Information from quality and governance meeting fed back through monthly team meetings.

Leadership, morale and staff engagement

- We found both wards to be well-led. There was evidence of good leadership at a local level. The unit manager and the deputy unit manager(responsible for both wards) were visible on the wards during the day to day provision of care and treatment. The senior nurses on each ward were accessible to staff and proactive in providing support to them.
- The trust have a policy of providing cover for the hospital site using these senior staff. This takes them away from their clinical area and thus not being available to their own clinical site. In the A&T ward reports to the trust board it was noted the large amount of hours not filled and the mention of 18 hours that the deputy manager covered as the duty senior nurse. At our inspection ward duty sheets showed that the deputy managed had spent 87 hours as the duty senior nurse in August.
- There was evidence of leadership at a local level. The manager was visible on the ward during the day to day provision of care and treatment and was accessible to staff and proactive in providing support. Staff we spoke to said they were well led supported and worked together well.
- Our observations and discussion with staff confirmed that the teams were cohesive with good staff morale. They all spoke positively about their role and demonstrated their dedication to providing high quality patient care. They told us that staff supported each other within the teams.
- Staff told us that the morale had been affected within the past 12 months due to the restructure changes and unrest about the future model of the service. All staff except for one felt this was improving because of the staff support within the team. The staff did not feel that senior staff from outside the unit had kept them up to date with the changes.
- There was supervision and appraisal in place. Of the six records looked at 6 had personal development reviews up to date and 4 had regular supervision (taking place between 4-6 weeks) The unit manager recognised the other 2 staff were not getting supervision and was in the process of addressing that by seeing the staff individually.
- Bank staff do not get regular supervision.

Commitment to quality improvement and innovation

- The environments on both sites were of an average standard and dated. No investment had been made at the time of the inspection. The trust informed us that they were in the process of purchasing the building and planned to upgrade the environment.
- The unit manager and the team had developed the intensive community service having recognised an area that needed improving. The Intensive Support Team (IST) is a specialist multi-professional health and social care team dedicated to providing assessment, support and treatment to adults who have a learning disability

Are services well-led?

Good

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

and complex needs, including severe challenging behavior, autism and mental health needs. It supports people who are reaching crisis and may otherwise require an admission to learning disability bed based services. The team supports people during the transition from the Trust's Assessment and Treatment inpatient service located at Harplands Hospital to the community home/setting. It also acts as a gatekeeper for admissions to the A&T ward.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. · Staffing levels were not always adequate to cover times when wards had increased capacity or when staff went off sick at short notice. This was in breach of regulation 18(1)(2a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Regulation10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. · Female only lounge difficult to access. · Female patient crossing communal area to reach toilet/bathroom "All sleeping and bathroom areas should be segregated, and patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms. Separate male and female toilets and bathrooms should be provided, as should women-only day rooms. Women-

This section is primarily information for the provider

Requirement notices

only environments are important because of the increased risk of sexual and physical abuse and risk of trauma for women who have had prior experience of such abuse.

Mental Health Act Code of Practice (paragraphs 8.25-6)3

This was in breach of regulation 10 (paragraph 10(2)(a)).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** · The trust had failed to reduce the amount of ligature points on a ward The trust had not taken proper steps to ensure that each person using the service was protected against the risks of receiving care or treatment that was inappropriate or unsafe This was in breach of regulation 12:(1) (2) (a) (b) (d) and (e)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **Regulation 15 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

This section is primarily information for the provider

Requirement notices

· The Trust must ensure that the appropriate warning notices are displayed where the oxygen cylinders are stored

This was in breach of regulation 15(1)(e)