

Mildmay Oaks

Quality Report

Odiham Road,
Winchfield,
Hook,
Hampshire,
RG27 8BS

Tel: 01252845826

Website: www.priorygroup.com/nhs/locations/priory-mildmay-oaks

Date of inspection visit: 10, 11 and 25 September 2019

Date of publication: 26/11/2019

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

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 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.

Summary of findings

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

Overall summary

We rated Mildmay Oaks as good because:

- The service managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability and/or autism and in line with national guidance about best practice.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

However:

- Procedures for checking emergency equipment and fire safety plans were not fully understood by the staff teams. The hospital ligature assessments had not considered the risk associated with patient belongings. Staff had not reported all the damage on the wards, so it could be repaired. There was not a procedure for checking alarms issued to visitors.
- Ward staff were not aware of patients' discharge plans and how their work related to this.
- Not all staff knew where easy read care plans were stored.
- Patients had long lengths of stay due to issues finding future placements.
- Governance systems had not found the issues with emergency bag and defibrillator checking and fire safety plans.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
---------	--------	------------------------------

Wards for people with learning disabilities or autism	Good	
---	------	--



Summary of findings

Contents

Summary of this inspection

	Page
Background to Mildmay Oaks	6
Our inspection team	6
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	25
Areas for improvement	25
Action we have told the provider to take	26

Good 

Mildmay Oaks

Services we looked at;

Wards for people with learning disabilities or autism.

Summary of this inspection

Background to Mildmay Oaks

Mildmay Oaks independent hospital is a low secure and locked rehabilitation service for men and women with learning disability and autism spectrum conditions and mental illness.

The wards at Mildmay Oaks are:

Winchfield Ward -18 bed male low secure

Mattingley Ward - eight bed male low secure

Heckfield Ward - eight bed male locked rehabilitation

Newnham Ward – 14 bedded female locked rehabilitation

Bramshill Ward - five bed male locked rehabilitation

Eversley Ward -eight bed male locked rehabilitation

Mildmay Oaks is registered to provide the following 'regulated activities':

- Assessment or medical treatment for person's detained under the Mental Health Act
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

At the time of this inspection there was not a registered manager in post at this location. However, we were told that a registered manager had been recruited and they were waiting for pre-employment checks to be completed before they would be in post.

This location was last inspected in May 2018 and had the following requirement notices:

Regulation 18 HSCA (RA) Regulations 2014 Staffing.

- Agency staff were not trained to the standard set out in the staff training policy. This area has been addressed.
- Staff did not receive training that met patients' needs. This area has been addressed.

Regulation 17 HSCA (RA) Regulations 2014 Good governance.

- The provider did not have a sufficient overview of the training compliance across any of the wards. This area has been addressed.
- The provider did not have a clear overview of the frequency of prone restraints. This area has been addressed.

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

- Patients were not protected from the risk of adverse side effects from medication that were administered by not following post rapid tranquilisation protocol. This area has been addressed.
- Patients were not protected from the risks associated with blind spots which were not mitigated. This area has been addressed.
- Ligature risk assessment management plans were not thorough. This area has been addressed.
- The clinic room on Winchfield Ward was not well maintained and not all emergency equipment and medication were available. This area has been addressed.
- Infection control procedures on Bramshill Ward were not being followed. This area has been addressed.

Our inspection team

The team comprised: four CQC inspectors, one specialist advisor and one expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them, for example; as a carer.

Summary of this inspection

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all five wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;

- spoke with 15 patients who were using the service;
- spoke with the clinical services lead who was also acting as the registered manager for each of the wards;
- spoke with 20 other staff members; including doctors, nurses, an occupational therapist, a clinical psychologist and a social worker;
- received feedback about the service from three commissioners;
- attended and observed the morning board meeting, a hand-over meeting and an incident review meeting;
- looked at 13 care and treatment records of patients;
- carried out a specific check of the medication management on two wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Although patients gave us overwhelmingly positive feedback, some patients expressed concerns. Patients told us that they were happy at the hospital and felt that staff would protect them if needed. However, it could sometimes be noisy and the behaviour of other patients made them feel scared.

Patients told us they were able to access the community for shopping and other leisure activities. Staff supported

them to attend health appointments and for visits to see their families. Some patients felt that there needed to be more hospital vehicles as priority for use was always given to health appointments.

They were able to do voluntary work to help develop skills for jobs when they left hospital and learnt practical skills like cooking.

Patients told us the food was not always tasty and could be dry but there was always plenty of it.

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 **requires improvement** because:

- Staff were not always aware of the current procedures for checking emergency equipment.
- The fire safety bag on Eversley ward did not include an evacuation plan and the hospital fire policy needed to be updated.
- Staff had not reported all the damage that needed repairing on the wards.
- There was no procedure for checking alarms issued to visitors.

However:

- Most wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.
- Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national

Good



Summary of this inspection

guidance on best practice. This included access to psychological therapies, support for self-care, the development of everyday living skills, and meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

- Staff used recognised rating scales to assess and record severity and outcomes.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Ward staff were not always clear about how their input helped the patients work towards discharge.

Are services caring?

We rated caring as **good** because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

However:

- Not all staff were aware of how to find easy-read care plans for patients.

Good



Summary of this inspection

Are services responsive?

Good



We rated responsive as **good** because:

- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time, with assistance when needed.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- Patients' length of stay was long because commissioners were not always able to find alternative placements for patients approaching discharge.

Are services well-led?

Good



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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

Summary of this inspection

- Not all governance systems were fully embedded, and they had not identified that changes to the checking of emergency bags were not understood by staff and that the documented fire safety procedures were not fit for purpose.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff received training in the Mental Health Act. At the time of the inspection 82% of staff were up to date with the training. Staff had access to up to date policies and procedures about the Mental Health Act and there was a Mental Health Act administrator, who gave staff advice on the Mental health Act and its code of practice.

Staff explained to patients their rights under the Mental Health Act, in ways that they could understand and would request Second Opinion Appointed Doctors (SOAD) when needed. Staff made sure patients could access section 17 leave (permission to leave the hospital) when it had been agreed.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act and could demonstrate a good understanding of the five principles. At the time of the inspection 82% of staff had completed up to date training in the Mental Capacity Act.

Staff supported patients to make decisions for themselves, when a patient lacked capacity they assessed and clearly recorded the process and decisions.






Staff were able to get advice on the Mental Capacity Act when needed.

Overview of ratings

Our ratings for this location are:

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

Wards for people with learning disabilities or autism

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are wards for people with learning disabilities or autism safe?

Requires improvement 

Safe and clean environment

Most of the wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Ward areas were clean and fit for purpose. Not all the wards were well maintained and well furnished. For example, on Heckfield and Bramshill wards there was unrepaired damage around door and window frames. However, the patient groups being cared for on these wards were known to damage property. Staff completed a weekly environment assessment of the ward and reported any needed repairs daily, via email. However, there was a loose cable in Heckfield's garden that presented a trip hazard and could be pulled by patients and broken downpipes from the roof guttering. Staff told us that this had been reported but when we checked the maintenance logs we identified it had not; staff reported this immediately. Most of the furniture was comfortable and looked to be in a good state of repair. However, some chairs on Heckfield needed replacing and there were not enough chairs in the dining room for all patients to eat together.

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

The ward layout did not allow staff to easily observe all parts of the ward. At our inspection in May 2018 there were

a number of blind spots that were not mitigated by the use of mirrors. During this inspection we found that blind spots had been mitigated by fitting extra mirrors and through patient observation.

The wards complied with guidance on mixed sex accommodation.

Staff completed regular ligature anchor point audits and identified any issues that needed addressing. A ligature anchor point is anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. There were ligature cutters available on the wards and staff knew where they were. There was CCTV throughout the wards which was reviewed after incidents and there were appropriate policies and procedures in place to manage this. We reviewed the ligature assessments for the wards and did not find any ligature points that were not recorded.

The hospital had an alarm system fitted throughout for staff to use if they needed to call for assistance. Alarms were issued to staff and visitors when they reported to reception. Once on the wards staff would perform an alarm check and replace any faulty alarms. However, there was no checking procedure in place for visitor alarms and one alarm issued to the inspection team did not work during the staff check. We told the senior managers this and they put a visitor alarm checking protocol in place. We were also told that the alarm system was due to be changed the following month as the current system was no longer considered to meet the needs of the service.

Staff made sure cleaning records were up to date and the premises were clean. The wards were cleaned daily by housekeeping staff who kept records of the tasks they had completed.

Wards for people with learning disabilities or autism

Staff followed infection control policy, including handwashing. There were no hand cleaning gels at the entrances to the ward for safety reasons but there were hand cleaning facilities in the ward offices and treatment rooms. There were posters displayed telling staff how to clean their hands correctly. In our previous inspection in May 2018 staff were not routinely recording the temperature of food before it was served to patients at this inspection we saw that staff were recording the temperature of food.

The seclusion rooms, on Winchfield and Mattingly wards, allowed clear observation and two-way communication. They had a toilet and a clock.

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs. However, we reviewed the checks that staff completed on emergency equipment and found that staff were not always sure what checks needed to be carried out and how they should be completed. For example, on Eversley Ward senior staff told us that the emergency bag was sealed after being checked to make sure nothing could be removed, however this practice had stopped, and only emergency drugs were now kept in a sealed bag. There was a photo guide on the wall that showed staff what equipment was in the bag and where it was located. However, this was no longer up to date and used by staff.

Staff were unsure how to check the defibrillator on Winchfield Ward and showed us guidance related to a different type of defibrillator no longer used at the hospital. The defibrillator on Heckfield Ward did not have an up to date calibration sticker, which was hospital policy, to show it had been routinely maintained. We checked the defibrillator and it said the battery was low. After checking with the external company that provided and calibrated the defibrillator, we were given assurance the defibrillator was safe. The calibration sticker had not been applied due to an error by the company. However, staff on the ward were not aware of what checks they needed to complete or how they would know if a defibrillator needed replacing. There was advice on the defibrillators saying there should be spare batteries available. However, there were no spare batteries for the defibrillators.

On Eversley Ward there was a fire safety bag in the office which should have included all the information staff needed if there was a fire. We checked this bag and found that it did not include a fire evacuation plan for the ward.

Ward staff were unable to advise us where this information was kept and told us they knew what action to take. This meant new staff would not be given a procedure to follow in an emergency. We raised this with senior managers who reviewed the hospital policy and agreed it was not fit for purpose. They sent us a new policy which tells staff what actions must be taken if a fire is detected and they were training staff in the new policy.

The hospital had a contract with an outside company that checked and maintained all the equipment in the hospital.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

The service had enough nursing staff of relevant grades to keep patients safe. The hospital followed the Priory Group staffing ladders. These indicated how many registered nurses and health care support workers each ward needed to provide safe care. The ward manager could also adjust the staffing levels according to the needs of the patients. For example, when patients required constant nursing observation additional staff were brought in for this.

We reviewed one month of rotas for all the wards at the hospital. Wards had enough staff with the right skills on duty. All the shifts had the agreed number of registered nurses on duty.

The service had reduced its staff vacancy rates. At the time of our visit the staff vacancy rate was 46%, when we inspected in July 2018 the staff vacancy rate was 89%. There were an additional 11 staff waiting for pre-employment checks to be completed, which would reduce the vacancy rates further.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service employed agency staff on longer term contracts and they were then included in the hospital rota. When required due to last minute sickness and absences the hospital would employ ad-hoc agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We saw that all staff received an induction to the ward that familiarised them with the service.

Wards for people with learning disabilities or autism

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff told us that when they needed to cancel leave they would rearrange it and offer the patient an alternative.

The service had enough staff on each shift to carry out any physical interventions safely. Ward staff, including those working for agencies, received the provider's training on preventing and managing violence and aggression.

Staff shared key information to keep patients safe when handing over their care to others. There were handovers between each shift where all relevant information was shared between staff. There was a board meeting Monday to Friday between senior staff, the ward managers and the nurses in charge of the wards to discuss the last 24 hours across the hospital. We attended one of these meetings and saw that it was comprehensive.

Staff had completed and kept up to date with their mandatory training. This included training in learning disability, autism and positive behaviour support. At the time of our inspection 98% of staff had completed the autism module and 79% had completed the learning disability module. Overall compliance for mandatory training was 89% which exceeded the Priory Group target of 95%. This had improved since our inspection in July 2019. Managers could see when staff needed to complete training and would remind them to do this, staff would receive an email daily until they had completed their training. The hospital paid staff to complete training, outside of shifts.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. We reviewed 13 sets of care notes across the hospital and saw that all patients had an up to date risk assessment in place.

Staff used a recognised risk assessment tool. For example, staff always completed the risk assessment that was embedded in the electronic record system. Where appropriate staff would complete specialised risk assessments such as the Historical Clinical Risk Management-20 for the assessment and management of violence.

Staff knew about any risks to each patient and acted to prevent or reduce risks. All patients had a positive behaviour support plan that supported staff to reduce and manage patient risk.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff updated risk assessments and positive behaviour support plans after any change to a patients' risk.

Staff followed procedures to minimise risks where they could not easily observe patients.

The hospital had policies and procedures for staff to follow when they needed to search patients or their bedrooms to keep them safe from harm.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff were trained to level three in safeguarding adults and children. Staff kept up to date with their safeguarding training. At the time of our inspection 94% of staff had completed up to date safeguarding adults and children training at level three.

Staff could give clear examples of how to protect patients from harassment and discrimination.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service referred all safeguarding concerns to the local authority safeguarding team and advised other relevant agencies, such as police and commissioners, when needed.

Wards for people with learning disabilities or autism

Staff followed clear procedures to keep children visiting the ward safe. There were visitor rooms available. However, the provider encouraged family visits to take place outside of the hospital, when possible.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

We reviewed 13 sets of patient notes and saw that they were comprehensive, and all staff could access them easily. All staff, including agency and bank staff, were issued with a login when they started work.

Although the service used a combination of electronic and paper records, staff made sure they were up to date and complete.

When patients transferred to a new ward there were no delays in staff accessing their records.

Records were stored securely. The service used a secure electronic computer system. Bank and agency staff were issued with temporary logins. Staff kept paper records in locked offices.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health. They knew about the aims of STOMP (Stop Over-Medicating People with a learning disability).

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines and did this in a format that the patient could understand. For example, using pictures and symbols. Staff monitored for medicines side effects and took appropriate action when needed.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Mental Health Act paper work needed to legally administer medicines was kept with patients' prescription cards and we saw staff check them before giving medication to patients.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The provider had an agreement with a national pharmacy to provide services to the hospital, this included weekly audits of the medicines and training.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. All patients had a positive behaviour support plan, and these were used to reduce the use of 'as required' medication.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance.

Track record on safety

The service had a good track record on safety.

Between September 2018 and April 2019 there were eight serious incidents reported by this service. Of the total number of incidents reported, the most common type of incident was non-approved restraint, with two. The provider ensured all agency staff were trained in the same physical intervention system as the permanent staff and provided training to agency staff if needed.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The provider used an electronic incident system which allowed them to identify patterns and trends.

Staff reported all incidents that they should report.

Staff reported serious incidents clearly and in line with the provider policy. All incidents were reviewed at the Monday to Friday morning board meetings and more information was requested when needed.

Wards for people with learning disabilities or autism

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. There were debriefs after incidents and a weekly reflective practice meeting staff could attend.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was shared at handover, team meetings, staff supervision and via emails. Senior staff attended The Priory governance meetings and any learning from these meetings was circulated to staff. The hospital also published a lessons learnt poster.

Staff met to discuss the feedback and looked at improvements to patient care.

There was evidence that changes had been made as a result of feedback.

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

Good 

Assessment of needs and planning of care

We reviewed 13 sets of care records across the five wards and saw that staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the

ward and had an up to date hospital passport. A local GP visited the hospital weekly and the hospital had employed a registered nurse as the physical health lead for the hospital.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans and positive behaviour support plans when patient's needs changed. At the time of our visit not all positive behaviour support plans and care plans had been reviewed within the providers' agreed timeframe. However, the service had a plan in place to address this and had identified which plans needed updating most urgently.

Care plans were personalised, holistic and recovery-orientated. However, not all staff we spoke to were able to explain how they were working towards rehabilitating patients ready for discharge.

Positive behaviour support plans were present and supported by a comprehensive assessment.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the patients in the service. The service had occupational therapists who ran groups on the wards and in the community to equip patients with the skills needed on discharge. For example, cooking, shopping and budgeting. There was also communication groups run by the speech and language therapist.

Staff understood patients positive behavioural support plans and provided the identified care and support. Staff we spoke to understood patients' needs and how to support them by following their positive behaviour support plans.

Wards for people with learning disabilities or autism

Staff identified patients' physical health needs and recorded them in their care plans. All records we reviewed had a full physical health assessment and there were care plans in place to manage any identified needs.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The hospital had a kitchen that could supply food to meet patients' health and cultural dietary needs.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The hospital site was no smoking and patients who smoked were given support to stop and the provider had made e-cigarettes available to patients that wanted them. There was a dietician who worked with patients around healthy eating.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the health of the nation outcome scale for learning disabilities to identify the progress patients were making.

Staff took part in clinical audits. Managers used results from audits to make improvements. The hospital took part in the Priory Group national audits structure.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. This included learning disability, autism and positive behaviour support training.

Managers gave each new member of staff a full induction to the service before they started work. We saw that all agency and bank staff also received an induction to the hospital that included areas that were specific to different roles. For

example, registered nurses had a medication competency assessment as well as the standard hospital induction. During our focused inspection in July 2019 we saw that the hospital had not received assurances that ad-hoc agency staff had the basic skills needed to work in the hospital. At this inspection we saw that the hospital had addressed this and now check all staff before they began work in the hospital.

Managers supported staff through regular, constructive appraisals of their work.

Managers made sure that the number of permanent non-medical staff who had appraisals met or exceeded the provider's target by the end of the year.

At the end of last year April 2018 and April 2019, the overall appraisal rate for non-medical staff within this service was 100%. This year, so far, the overall appraisal rate was 46% in May 2019.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with staff from services that provided aftercare following the patient's discharge. Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared information about patients and any changes in their care, during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

Adherence to the MHA and the MHA Code of Practice

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act code of practice and could describe the code of practice guiding principles.

At the time of our inspection 82% of clinical staff were compliant with Mental Health Act training

Staff had access to support and advice on implementing the Mental Health Act and its code of practice.

Wards for people with learning disabilities or autism

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act code of practice.

Patients had easy access to information about independent mental health advocacy and staff automatically referred patients who lacked capacity to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated it regularly and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the responsible clinician and/or with the Ministry of Justice.

Staff requested an opinion from a second opinion appointed doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the MCA

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of our inspection 82% of clinical staff were compliant with Mental Capacity Act training.

We saw examples in the patients' records where they had considered capacity.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

There had been no applications for deprivation of liberty safeguards made in the past six months.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients we spoke to told us that staff treated them with respect.

Staff gave patients help, emotional support and advice when they needed it. Patients told us that they could speak to staff for advice and that staff were available when needed.

Staff used appropriate communication methods to support patients to understand and manage their own care treatment or condition. Care plans were available to patients in a format they could understand. However, not all staff were able to find the accessible care plans when we asked to see them. This meant that they would not have been able to provide them for patients quickly.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. During the inspection we saw that patients were happy to approach staff. For example, we saw patients ask staff to take them on leave.

Staff understood and respected the individual needs of each patient. Staff were able to explain patients' needs. For example, they could explain how they were encouraging patients to eat a healthier diet and when a patient might need more support to avoid difficult behaviour.

Wards for people with learning disabilities or autism

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential. Patient information was kept on a secure computer system and paper records were locked in cupboards. Information, such as patient observation records, that needed to be brought on to the ward was never left unattended.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Staff introduced patients to the ward and the service as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. We reviewed 13 care records across the hospital and saw that patients' views about their care and treatment were recorded in the care plans. Patients we spoke to told us that staff involved them in planning their care.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff provided information in an easy to read format based on the patient's needs.

Staff involved patients in decisions about the service, when appropriate. There was a patients' forum for patients to put forward their ideas about the development of the service. All the wards had a representative on the patient forum and patients told us that they could speak to staff at any time if they had a suggestion. Patients were involved in the reducing restrictive practice meeting.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff informed and involved families and carers appropriately. Families were encouraged to attend ward rounds, care and treatment reviews and to attend care programme approach meetings.

Staff helped families to give feedback on the service.

Staff gave carers information on how to obtain a carer's assessment.

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

Good 

Access and discharge

All patients were given a discharge date between 18 months and two years, when they were admitted to the hospital. Patients' aims for admission and plans for discharge were recorded in the patients' care programme approach and care and treatment review meetings. Senior managers and commissioners we spoke with felt that each patient had a clear plan for discharge. However, when we spoke to ward staff including ward managers they were not able to tell us about the discharge plans for patients and what each patient needed to achieve to be discharged. This meant that staff were not clear on how the treatments they provided to patients would enable them to be discharged back to the community.

Managers made sure bed occupancy did not go above 85%. At the time of our inspection bed occupancy was at 82%.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. All patients had regular care programme approach meetings and care and treatment reviews to plan for discharge and review the patients progress. The average length of stay for patients discharged in the 12 months before the inspection was three years which was above the target the hospital set. However, we discussed this with the senior managers and commissioners who felt that this was because of the complex needs of some of the patients admitted to the hospital who would often need bespoke placement to be discharged into.

When patients went on leave there was always a bed available when they returned. The hospital did not admit patients into the bed of patients on leave.

Wards for people with learning disabilities or autism

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. For example, if there was a safeguarding issue between two patients or when a patient was moving to a lower level of security.

Staff did not move or discharge patients at night or very early in the morning. All discharges were planned, and they were arranged with the patient to make sure they happened at a time that was convenient to them.

The service had low numbers of delayed discharges in the past year. There were two patients identified as delayed discharge in the 12 months between 1 May 2018 and 1 May 2019. This was reported to be because the commissioners had not identified an appropriate placement for the patients and the hospital was working with the commissioners to address this.

Staff supported patients when they were referred or transferred between services. Staff would support patients to their new service and would work with the new staff team to make them aware of the patient's needs.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. We saw that patients could have their own belongings including televisions, games consoles and disco lights in their bedrooms.

Patients had a secure place to store personal possessions. All patients were given a key to their bedroom, unless an identified risk prevented them from having one.

Staff used a full range of rooms and equipment to support treatment and care. The wards varied in size, but patients could access facilities throughout the hospital. There was a sensory room, visitors' rooms, football pitch, therapy cabin and vegetable garden on site.

The service had quiet areas and a room where patients could meet with visitors in private and had considered and responded to the sensory needs of patients with autism in the ward environment.

Patients could make phone calls in private.

The wards had an outside space that patients could access easily. The gardens attached to the low secure services were locked but staff supported patients that wanted to access them. Gardens attached to the other wards were unlocked and patients could access them freely.

Patients had access to hot drinks and snacks 24 hours a day. Staff supported patients to access kitchens on the secure wards but they were free to access the kitchens on the other wards independently unless they needed support.

The service offered a variety of food. However, we were given mixed reviews from patients about the quality of the food. Some felt it was dry and bland while others told us it was excellent. All patients told us there was enough food. We observed a meal time on two of the wards. We saw that the staff ate the same food as the patients. We saw that patients were not made to all sit and eat dinner at the same time.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. All patients had a weekly timetable of activities. We saw patients accessing the community for local shopping trips, education and work activities. During our visit the hospital had a local farm visit with animals for the patients to spend time with. We observed patients from all the wards take part in this and appeared to be enjoying the activity, this included patients who had told us they did not want to go to the farm but had changed their minds. Staff told us that some patients had work experience at the farm and staff had realised that they could bring some animals to the hospital and had arranged this. The hospital offered real work opportunities. For example, working in the shop and delivering post. Patients who wanted to do this needed to apply for and be interviewed for the jobs.

Wards for people with learning disabilities or autism

Staff helped patients to stay in contact with families and carers. Throughout the inspection patients were telling us of their plans to visit home, this included day, overnight and weekend visits.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local services, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients knew how to complain or raise concerns. Patients told us that staff had acted quickly to resolve complaints when any were raised. Patients were given the chance to sit down with staff to discuss their concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Managers reviewed complaints and any identified learning was shared with staff via team meetings, shift handovers and emails. Complaints we reviewed were addressed following the providers policies.

This service received 10 complaints in the 12 months between June 2018 and May 2019. Three of these were upheld and none were referred to the Independent Sector Complaints Adjudication Service (ISCAS). The top three themes identified were communication, food and leave.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. In the 12 months between May 2018 and April 2019 there had been 15 compliments.

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

Good 

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.

We interviewed four ward managers and saw that they had the skills and experience needed for their role. All the ward managers had supernumerary time to complete administrative tasks and they all told us that they felt supported. However, they were not always aware of changes to systems and processes in place at the hospital. For example, changes to the emergency bag checking system and the fire safety protocols.

At the time of the inspection there was no registered manager appointed into the role of hospital director. This meant that the clinical service lead was having to fulfil both roles, they told us that they felt supported and that someone was going through pre-employment checks to take on the role of registered manager.

Vision and strategy

Wards for people with learning disabilities or autism

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

Staff knew and understood the provider's vision and values. The ward staff understood how their work contributed towards meeting the provider's vision and values as the senior leadership team had communicated this to the frontline staff.

Staff had the opportunity to contribute to discussions about the strategy for their service through a monthly "Your Say" staff forum. Staff were encouraged to feedback any issues or ideas for improvement.

There was a patient council meeting for patients to feedback on the service and make suggestions. Each ward had a member on the patient council.

Culture

Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear.

Staff told us about career development opportunities that were available to them through the provider, this included help to complete registered nurse training. The service recognised staff achievements through an employee of the month award.

All staff we spoke to told us that senior managers were approachable. We saw that patients and staff knew who senior managers were and were not surprised to see them on ward areas.

Staff told us they knew how to raise concerns and felt that they would be listened to and action would be taken if they did.

Governance

Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

A senior manager from the hospital attended a monthly regional quality assurance meeting with the Priory Group.

Information from this meeting was communicated via local hospital meetings which was fed back to the wider staff team in handovers, team meetings and emails. Senior managers completed a monthly quality walk round.

Wards reported on key performance indicators (KPIs) which included supervision and training compliance, sickness monitoring, incidents and medicines management. There was an electronic performance dashboard available to staff that showed how the service was performing against KPIs.

Staff undertook or participated in local clinical audits and acted on the results.

However, governance systems had not identified that staff did not understand changes to emergency bag checks including how to check that defibrillators were working effectively, nor had they identified that fire safety procedures were not fit for purpose.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

The ward managers knew how to escalate issues so that the senior managers were aware of their concerns. Issues were discussed at the weekday board meeting and were reviewed in clinical governance meetings. The hospital risk register was discussed in the monthly senior leadership meeting.

The leadership team acted to address issues when they were identified. For example, changing the shift pattern to ensure there was enough time for effective handovers.

Information management

The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.

The hospital used both electronic and paper records. Staff understood the systems and knew which was the main record. Staff kept patient records securely.

Wards for people with learning disabilities or autism

The ward managers had access to information through an electronic dash board on ward KPIs, which would allow them to measure quality. However, this was a new system and the ward managers were not fully utilising this resource during our visit.

Engagement

The service engaged well with patients and staff, to plan and manage services.

The provider made sure that staff and patients had access to up to date information about their services. Patients, carers and staff were given opportunities to give feedback on the service, the hospital managers had access to this feedback and could use it when planning service development.

The senior leadership team made themselves available to patients, staff and carers to hear feedback.

Learning, continuous improvement and innovation

All staff were committed to continually improving services. The site was currently following the Safewards model to improve safety on the ward.

The ward was not participating in any accreditation schemes at the time of the inspection and there were no plans to do so.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that emergency equipment checking procedures followed by staff are the agreed current procedures.
- The provider must ensure that fire safety plans remain up to date and fit for purpose.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff report all damage on the wards in line with the hospital policies.
- The provider should ensure there is a system in place to check visitors' alarms work.
- The provider should ensure that ward staff are aware of patients' discharge plans.
- The provider should ensure that ward staff are aware of the model of rehabilitation the hospital follows and that this is embedded into the ward teams' daily practice.
- The provider should ensure all staff can access easy-read care plans.
- The provider should ensure governance systems monitor if staff are following the most up to date emergency equipment checking process and fire safety plans are up to date and fit for purpose.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>Staff did not understand the procedures for checking emergency equipment including defibrillators.</p> <p>The fire safety bag on Eversley ward did not include an evacuation plan and the hospital fire policy needed to be updated.</p> <p>This was a breach of regulation 12 (2)(b)(e)</p>