Good

East London NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

East London NHS Foundation Trust
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWKY5	The Glades	The Coppice	MK43 8HJ

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

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

Where applicable, we have reported on each core service provided by East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Requires improvement
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

Contents

Summary of findings

Overall summary

We rated the East London NHS Foundation Trust wards for people with learning disabilities or autism as **good** because:

- The intensive support team that staffed the ward, provided a unique service model to support patients in the community before and after admission to the Coppice, and worked on preventing crises and hospital admissions.
- Staff worked constructively with patients and their representatives to involve them in planning their care and treatment.
- Staff interacted with patients in ways which enhanced their dignity, independence and confidence.
- Staff described a positive working environment and constructive working relationships with multi-disciplinary team (MDT) colleagues.

The environment had been risk assessed to ensure patients' safety and there were plans in place for redecoration.

- Staff worked effectively with commissioners in relation to the admission and discharge of patients.

However:

- Patients using the service did not have care plans that incorporated positive behaviour support approach. Training was planned for staff on this approach but had not been fully implemented.
- Plans were in place to provide more multi-disciplinary input to the service, especially psychology, but at the time of the inspection this was not fully implemented.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The trust had identified risks to patients in relation to ligature points and there were arrangements to manage these risks.
- Risk management plans were put into place for newly admitted patients, and these were reviewed regularly to ensure they were accurate.
- Staff received mandatory training on recognising and reporting concerns about abuse and neglect and made safeguarding referrals to the local authority when appropriate.
- Staff reported incidents and discussed the learning from incidents within the team.
- The environment and equipment in the clinical room was clean and safe and medicines were dispensed safely.

However:

- Risk assessment records were not always sufficiently detailed to indicate support in all the areas identified.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Detailed care plans reflecting a positive behaviour support approach were not in place for patients with challenging behaviour, and training in this area was planned but not fully implemented.
- Staff had a variable understanding and confidence in using the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and did not document best interests meetings well. Mandatory MCA training was being developed by the trust.
- Whilst plans were in place to improve access to psychological therapies and other therapy input, this had not yet been fully implemented.

However:

- The intensive support team were able to support patients in the community before and after admission to the Coppice, providing a seamless transition, and an opportunity for preventing hospital admissions.
- Staff ensured that physical health issues were assessed and treated.
- Patients detained under the Mental Health Act or deprived of their liberty under the Mental Capacity Act had the appropriate paperwork in place and access to advocates.

Summary of findings

Are services caring?

Good

We rated caring as good because:

- Patients' privacy and dignity were promoted by the way staff interacted with them and involved them in the process of reviewing and planning their care and treatment.
- Patients were involved in their treatment plans and were provided with a copy of their care plan.
- Staff had detailed knowledge of patients' individual learning disability and mental health needs.
- The unit worked with relatives promoting good communication between staff, patients and relatives.
- Patients told us staff were kind to them and understood their needs

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Staff at the Coppice worked effectively with commissioners in relation to the admission and discharge of patients.
- Care was personalised to meet patients' individual needs including their learning disability needs and mental health needs.
- Patients found the ward comfortable and management were responsive to their requests for further equipment, repairs and redecoration.
- Patients and relatives knew how to make a complaint.

However:

- There was a limited choice of activities available to patients at the Coppice and some patients complained of being bored.

Are services well-led?

Good

We rated well-led as good because:

- Staff understood the trust's values and explained how the service put them into practice.
- Managers of the service were described by staff as supportive and committed to improving the service.
- Senior managers visited the Coppice to speak with staff.
- Plans were in place to enhance the environment.
- The trust gathered data on the performance of the service and staff were planning a quality improvement project specific to the service.
- Staff generally described a positive working environment and constructive working relationships with multi-disciplinary team colleagues.

Summary of findings

Information about the service

The Coppice is part of the registered location called The Glades at East London NHS Foundation Trust. The Coppice provides inpatient assessment and treatment for people with learning disabilities who also have mental health issues and challenging behaviour.

The Coppice is staffed by the intensive support team which offers community based and inpatient crisis services in Bedfordshire and Luton. It aims to reduce hospital admissions and provide agreed interventions in the community. The team can also facilitate early discharge and support back into the community. There is one ward for people with learning disabilities at the Coppice with a total of seven beds available. On the day of our inspection all the beds were occupied.

The Coppice is registered for the following regulated activities:

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

This service has not been inspected before under the current trust.

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Our inspection team

The inspection team that inspected wards for people with learning disabilities or autism consisted of two inspectors, a pharmacy inspector and a specialist advisor with a professional background in services for people with learning disabilities.

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 this service, and asked a range of other organisations for information??.

During the inspection visit, the inspection team:

- Visited the ward
- Looked at the quality of the environment and observed how staff were caring for patients
- Spoke with four patients who were using the service and two relatives visiting the unit.

Summary of findings

- Reviewed the contents of three CQC comment cards collected on the ward
- Spoke with the manager and deputy manager of the ward
- Spoke with the consultant psychiatrist for the ward
- Spoke with eight other staff members; including the psychologist, the occupational therapist, the speech and language therapist, two nurses, two nursing assistants and the pharmacist
- Attended and observed a hand-over meeting
- Reviewed six care records
- Carried out a check of the medicines management on the unit
- Reviewed the team records of staff appraisal, supervision and training
- Looked at a range of policies, procedures and reports relating to the operation and management of the unit

What people who use the provider's services say

- Patients who used the Coppice told us they felt safe. They said they were offered treatment and care which made them feel more confident.
- Two patients told us that the staff at the service had supported them through a crisis with compassion and sensitivity.
- Patients had the opportunity to discuss any concerns about the Coppice at a weekly community meeting. They told us staff listened to what they had to say and took action to make improvements when possible.
- Patients reported that staff involved them in the planning of their care and treatment. They said they had regular meetings with doctors, nurses and other members of the multi-disciplinary team about their progress.
- Patients told us that there were activities available to them, but there were not very varied, and they were sometimes bored.They said their individual interests and preferences were taken into account by staff when planning their care.
- Patients and relatives told us staff were polite and respectful to them. They told us they were involved in meetings to plan for care and future discharge from the Coppice.
- Patients and relatives particularly valued the continuity of staff support from before they were admitted to the Coppice and on discharge into the community, which they found reassuring, in supporting them through crises and significant changes.

Good practice

The service model for the intensive support team provided support for patients in the community before and after admission to the Coppice and included crisis prevention work and a reduction in acute hospital admissions.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that as most patients using the service had challenging behaviours that they have care plans reflecting a positive behaviour support approach.

Action the provider SHOULD take to improve

- The trust should ensure that recorded
- The trust should continue to implement the changes to enable improved access to psychology and therapy staff.
- The trust should ensure that the planned training on positive behaviour support is fully delivered to the staff team to inform their approach with patients.
- The trust should ensure that improvement in the documentation of best interest decisions for people who are unable to consent to care and treatment.
- The trust should ensure that a choice of more activities is provided to patients at the Coppice, and these should be monitored and reviewed. These should include support with activities of daily living to ensure that people maintain or develop their independence

East London NHS Foundation 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
The Coppice	The Glades

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.

- Three of the seven patients at the Coppice were detained under the Mental Health Act 1983 (MHA). However, non nursing or medical staff did not have up to date trust training on the MHA. This training was not mandatory within the trust.
- When we checked seven patient medicines administration charts we confirmed that staff had attached consent to treatment forms when appropriate.
- The care records of a detained patient included evidence that they had been informed of their rights on admission and regularly hereafter. Detained patients were given an information pack with a leaflet about their rights and how to get advice and support. Staff went through the information with the patient to make sure they understood it.
- Detention paperwork was up to date and had been completed correctly. Staff had access to legal and administrative advice from the trust's Mental Health Act office.
- An independent Mental Health Act advocate (IMHA) attended the ward to meet with detained patients and supported them at ward rounds and care programme approach meetings when needed.
- There were posters on the patient notice boards informing patients of the IMHA contact details. Patients were able to access this service without staff intervention if they wanted to.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- The six patient care records included an appropriate assessment of the patient's mental capacity to make specific decisions. For example, staff had documented whether the patient had the mental capacity to make decisions about their medicines. However, decision specific best interests decisions were not always clearly recorded, for example, what dental treatment should be provided to one person.
- Only 11% of staff on the ward had completed training on the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some staff were able to explain the principles of the MCA and how to put the DoLS procedures into practice if appropriate. However three staff spoken with were not clear about this. At the time of the inspection two patients on the ward were subject to DoLS.

Good

Are services safe?

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

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

Our findings

We rated safe as **good**

Safe and clean environment

- The Coppice was separated into areas for male and female patients, including individual bedrooms, bathrooms and lounges in compliance with guidance on same sex accommodation. There were also shared areas for both genders including one bedroom with en suite facilities, a quiet room, dining room, and 'pavillion' for activities.
- The Coppice was in a reasonable state of repair, although in need of some redecoration, which was planned over the summer. It was visibly clean throughout. There was a securely fenced garden for patients' use, including a patients' smoking area. Patients and relatives told us they found the Coppice sufficiently comfortable and suitable.
- The Coppice was awarded five stars (the maximum) at an environmental health inspection of the kitchen by the local authority on 11 May 2016. There was an infection control lead nurse in place for the unit and periodic infection control audits and hand hygiene audits were completed.
- Risk assessments had been undertaken for the unit environment, with local procedures put in place to address risks. For example there was a local protocol for the use of baths for people with epilepsy in the Coppice (dated May 2016). A health, safety and security inspection was undertaken on 18 February 2016.
- Each patient had their own bedroom. Doors to the bedrooms had observation holes for staff to undertake close observation of patients, when this was part of their care plan. However these did not cover all areas of patient's rooms and this was addressed through individual risk assessments.
- There were ligature points around the unit, including some taps in the bathrooms. The trust had documented these ligature risks during the most recent audit on 15 February 2016. The unit was due for redecoration and some refurbishment over the summer 2016 with plans to address more of the existing ligature risks identified. A ligature free bedroom with en suite facilities was available if needed and other ligature risks were addressed through individual risk assessments and staff observation.
- At the time of the inspection, risks, including the risk of deliberate self-harm, or behaviour challenging other patients on the unit, were managed by staff providing an appropriate level of observation.
- The clinic room was clean and tidy. Staff knew how to access emergency medicines and other emergency equipment including a grab bag, defibrilator and oxygen. Staff made checks to ensure the equipment was safe and calibrated. However we found that drug fridge temperatures were not being monitored accurately and emergency drugs were not included on checklists of medicines to ensure that they were in date. The ward manager undertook to address these issues without delay.
- Some staff carried safety alarms and there were additional alarm call points on the walls of the unit including bathrooms. Staff said the alarm system functioned well.

Safe staffing

- Minimum staffing levels for the Coppice at the time of the inspection were one qualified nurse and two or three health care assistants for the day shifts, and one qualified nurse and one health care assistant at night also covering the phone for the community intensive support team on call. At weekends, there were usually at least two qualified nurses and two health care assistants in the day. The ward had current vacancies and was recruiting for three qualified nurses (band 5) and two health care assistant posts.
- The Coppice was staffed by the intensive support team, who also provide a community service. Across both services (with approximately 50% working at the Coppice) there were 14 health care assistant posts, two assistant practitioner posts, 13 band 5 nurse posts, three band 6 posts, a band 7 post and a band 8 post.

Good

Are services safe?

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

- A senior nurse, clinical nurse and health care assistant were always available on call. There was also a consultant psychiatrist and a junior doctor on call and available within 30 minutes.
- The ward used staff from within the intensive support team community service to cover for unfilled shifts. These staff were therefore familiar with the Coppice, and the service did not need to use any agency staff on the ward. Staff sickness was approximately 2.86% across both services.
- Escorted leave took place as planned, without any last minute cancellations due to staff shortages. There was a two hour staff handover period during which the early and late shifts were on duty, when patients could take part in escorted activities outside of the ward.
- The ward manager was able to adjust staffing levels in accordance with the case-mix on the Coppice. For example, she was able to arrange for extra health care assistants from the intensive support team to provide additional observation of patients, or undertake activities with patients when needed.
- Staff had received and were up to date with appropriate mandatory training, with an overall compliance rate of 91% complete. However this did not include Mental Health Act and Mental Capacity Act training, or positive behaviour support training. The unit manager advised that these were priority areas for future staff training and acknowledged that there was a need for improved recording of non mandatory training undertaken by staff.

Assessing and managing risk to patients and staff

- The six patient care records showed staff had undertaken an initial risk assessment of every patient on referral to the Coppice. This covered the risks they posed to themselves, staff and others and were recorded in paper files and electronically. Arrangements were made to mitigate these risks.
- The risk assessment was further developed at the multidisciplinary team (MDT) ward rounds where the patient was discussed. At the MDT meeting clinicians discussed information from monitoring and assessments in relation to each patient's mental state and functioning over the previous week. However, although we did not find any cases where patients received unsafe care, risk assessment records did not always include detailed information about how to manage particular risks. For example how to support a person who had already received a spinal injury from jumping from a height, or a person who could be unsafe in traffic. We also did not find evidence of planned positive risk taking to enable people to develop skills that might prevent future readmission.
- An observation policy was in place for patients depending on their risk assessment.
- Although some patients had been involved in incidents on the unit, they told us they felt safe. Patients said staff took effective action to protect them from possible risks from other patients. Risk management plans were generally reviewed and amended as necessary when incidents occurred. When significant incidents occurred they were reported to managers and there was further discussion at handover meetings.
- There was a local protocol for the use of physical intervention in the Coppice. There had been 21 incidents of restraint at the Coppice from January to June 2016. They related to six patients who had challenging behaviour. Incidents of restraint were documented and reported. There were two incidents during which a patient had been subject to rapid tranquilisation and prone restraint had been used. A de-escalation couch was available in the male lounge which could be used for restraint if needed. Staff explained that they would always use the least restrictive intervention possible. Staff were clear about the need to avoid prone restraint and if required for rapid tranquilisation, they told us that they turned patients into a safer position as soon as they were able.
- There were no incidents of seclusion in the last twelve months at the Coppice. If seclusion was required, male patients could be sent to the local psychiatric intensive care unit (PICU). This had been used recently, with the patients able to return to the Coppice afterwards. Staff advised that this had never been necessary for a female patient, but there was no female PICU available locally.
- Staff had received mandatory training in safeguarding. Safeguarding issues were discussed at the multi-disciplinary team meeting. Staff dealt with issues

Good

Are services safe?

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

sensitively and followed trust policy and inter-agency procedures in relation to making safeguarding referrals to the local authority. Staff were also aware of the local lead for reporting concerns around forced marriages.

- Medicines were managed safely. The medication administration records were completed correctly. Patients had been supported to receive their medicines as prescribed. Medicines were properly stored and kept securely. Controlled drugs were monitored in accordance with legal requirements. Staff were positive about the availability of proactive pharmacy support.

Track record on safety

- Many of the patients at the Coppice had a history of challenging behaviour in previous settings and this continued when they were first admitted to the unit.
- Staff reported incidents in line with trust policy. Additionally, staff closely analysed the factors involved in relation to incidents of aggression by individual patients. This assisted them with formulating behaviour management plans and to evaluate the success of different types of intervention.
- We read reports and data in relation to individual patients which showed this approach was successful in reducing challenging behaviour.
- There had been no serious incidents reported on the unit within the last twelve months. Following any incident of restraint, a report would be sent to the consultant, and this would be recorded on two electronic systems according to the trust's policy.

Reporting incidents and learning from when things go wrong

- Staff were aware of incident reporting procedures. Incidents were reported as they occurred. Managers supported staff by carrying out de-briefs after any incidents, although these were not recorded to encourage staff to be open about their thoughts and feelings.
- Patients felt that staff were generally open and honest with them. They said patients could raise any concerns about incidents involving them or other patients at the community meeting which was held each week or directly to staff or management.
- There was discussion at MDT meetings in relation to incidents of challenging behaviour and aggression from patients. Changes were made to patient's care plans in relation to managing incidents. For example, observation of patients was increased when this was necessary to prevent harm to staff or other patients.
- The trust held learning lessons forums for staff. Staff discussed learning from serious incidents that had occurred elsewhere at the trust during staff meetings.
- A quality improvement plan had been agreed to reduce the number of physical interventions at the Coppice.

Duty of candour

- Staff were aware of and understood their responsibilities under the duty of candour. The duty of candour means that providers must operate with openness, transparency and candour, and if a patient is harmed they are informed of the fact and offered an appropriate remedy.

Are services effective?

Requires improvement

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

We rated effective as **requires improvement**

Assessment of needs and planning of care

- Assessment of new referrals was carried out by a clinical professional such as a psychiatrist, or nurse and a community support worker. Following the initial assessment, which was carried out in the community, patients were admitted to the Coppice and the assessment continued.
- Staff advised that they avoided accepting admissions of patients primarily as a result of challenging behaviour, as in these cases it was more realistic to support people in their own homes. This also reduced the risk of people losing their home placements whilst in hospital.
- Patients' assessments covered their personal and mental health history and communication needs.
- Goals, for example to prepare patients for recovery and returning to the community, were not clearly recorded, planned or monitored. Although relapse management plans were in place, they did not always include monitoring of relevant incidents and review of care plans as a result.
- Although staff told us that they supported patients to maintain their independence skills, this was not confirmed by two of the patients we spoke with.
- Staff worked with patients and their family members to clarify their needs. Assessments were reviewed weekly, using a mix of paper and electronic records.
- Patients received a physical examination on admission to the ward. There was evidence in care records of clinicians undertaking checks on physical health of patients on admission. Patients were registered with a local GP, when they were due to stay at the service for a prolonged period.
- Some patients were receiving medicines which could have an adverse effect on their physical health. When this was the case, staff undertook appropriate checks of their vital signs and had arranged for the required follow up tests. Care plans included information on patients' health and how the service was addressing their needs. For example, monitoring of patients with epilepsy.
- Patients were able to discuss any physical health issues with a doctor at the Coppice. Patients said they were receiving regular health checks and could ask to see a doctor if they needed to. One patient told us that they had been sent for an xray at the hospital promptly after complaining of pain.
- Two patients spoke positively about how staff had supported them to recover after a period of crisis.

Best practice in treatment and care

- Although staff described proactive strategies to support patients with challenging behaviours, there were no positive behaviour support plans with detailed formulations understanding patients' behaviours, in place. This was contrary to the Department of Health's guidance on Positive and Proactive Care: reducing the need for restrictive interventions.
- At the time of the inspection patients had very limited access to psychology input. The trust was re-configuring psychology services to improve access. We clarified the trusts progress in August 2016 and heard that two additional psychologists (one part-time and one full-time) had started in the community team which meant that patients using the inpatient service had improving access to psychology input and waiting lists for community psychology input had reduced. The team provided some dedicated input for the ward. Access to other therapy services was also being improved.
- Patients' medicines were prescribed in accordance with NICE guidance. A trust pharmacist visited the unit each week to monitor the quality of medicines management.
- A senior staff member attended a NICE guidelines focus group periodically for specialist learning disability services. Staff told us about how they worked in line with NICE guidance regarding the treatment of epilepsy, depression and challenging behaviour.
- Clinical staff had carried out various audits to assure themselves of the effectiveness of the treatment provided. For example, there had been a recent audit on the use of the medication, Lorazepam, with actions in place for reducing this further. The unit manager acknowledged that the service could improve on the use of outcome measures and had plans to introduce the Glasgow scale for depression, improved side effects monitoring and relapse prevention plans.

Are services effective?

Requires improvement

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.

Skilled staff to deliver care

- Patients received input from a range of mental health workers. In addition to experienced nursing staff, and health care assistants, there was a consultant psychiatrist, and junior doctor, an occupational therapist, and speech and language therapist and art and music therapists.
- Staff received monthly supervision and an annual appraisal in line with trust targets. They found supervision supportive and we observed that sessions were used to address practice, for example lessons learned from medicines errors.
- Staff told us that they received support to complete qualifications such as degrees, and other professional development including leadership training. The deputy manager was trained as a nurse prescriber, and a second nurse was undertaking this training. Staff had undertaken training in promoting health education and two band 4 nurses were being trained in art therapy.
- Staff had not yet received training in positive behaviour support, although there were plans in place and when we checked after the inspection this training was being delivered and would be complete by the end of September 2016.

Multi-disciplinary and inter-agency team work

- The unit was primarily medically led. Speech and language therapy support was available to help with alternative communication methods and formulating a communication passport for patients during 2.5 days weekly at the Coppice. The manager noted that a business case had been submitted to increase this to five days weekly.
- Occupational therapy support was available for 11 hours weekly and psychology support was available for three to four hours weekly. Business cases had been submitted to increase support in both these areas. At the time of the inspection a support worker had been attached to the speech and language therapist and occupational therapist to assist in covering their caseload. The occupational therapist provided sensory processing training to the team in addition to patients and their carers.
- The psychologist advised that with the limited time available, they attempted to support staff in using information available in patients' assessments. However, they were rarely able to attend admissions meetings. Plans were in place to develop a positive behaviour support model. However, this would require more dedicated time from the psychologist.
- The psychiatrist worked full time over the inpatient and outpatient service, with a junior doctor supporting them. They advised that the service required more consultant hours and another junior doctor. This was recorded on the service's risk register to be addressed.
- Overall staff described the multi-disciplinary team within the trust's learning disability services as fragmented, with lower morale amongst psychologists, occupational therapists and speech and language therapists.
- Social workers did not form part of the staff team, however we were told that people's care coordinators from patients' local authorities attended ward rounds regularly. Other health care professionals could be accessed as needed, for example, a dietician had provided support for one patient recently.
- Handovers between each shift were informal but informative and enabled staff to quickly understand significant events that had taken place and plan for the shift ahead.
- There were weekly ward rounds to which patients and their relatives/advocates were invited. There were also weekly intensive support team meetings held at the Coppice, covering a range of relevant topics including looking at recent incidents within the team and across the trust. Care and treatment review meetings had been held for patients as appropriate.

Adherence to the MHA and the MHA Code of Practice

- Three of the seven patients at the Coppice were detained under the Mental Health Act 1983 (MHA).
- As Mental Health Act training was not mandatory for the trust, only doctors and nursing staff had received recent training in this area. Other staff had variable familiarity with the Act and their responsibilities when working with patients who were detained.
- When we checked all seven patient medicines adminstration record (MAR) charts we confirmed that staff had attached consent to treatment forms when appropriate.

Are services effective?

Requires improvement

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.

- The care records of detained patients included evidence that they had been informed of their rights on admission and regulary thereafter. Detained patients were given an information pack with a leaflet about their rights in an easy read format, and how to get advice and support. Staff went through the information with the patient to make sure they understood it.
- Detention paperwork was up to date and had been completed correctly. Patients had access to an independent Mental Health Act advocate (IMHA) who attended the ward regularly to meet with detained patients and supported them at ward rounds and care programme approach meetings when needed.
- There were posters on the patient notice boards informing patients of the IMHA contact details. Patients were able to access this service without staff intervention if they wanted to.

Good practice in applying the MCA

- The care records we looked at included assessments of the patients' mental capacity to make decisions, and their consent was sought where possible. For example, in deciding who they wished their information to be shared with. However, decision specific, best interest decisions were not always clearly recorded when a patient did not have capacity. For example, staff had documented that a patient was unable to make decisions about their dental care, but it was not clear which options had been considered.
- Training on the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) was not mandatory, but bespoke training was provided. The trust had plans to introduce MCA mandatory training. At the time of the inspection two patients were subject to DoLS with no conditions attached. Three staff we spoke with were unclear about the principles of the MCA and DoLS.
- Members of the multidisciplinary team contributed to capacity assessments, and best interest decisions. For example the speech and language therapist produced communication passports for some patients, and contributed to assessments in clarifying the patient's level of understanding.
- Patients were able to access independent advocates when needed, and two relatives advised that they were invited to ward rounds, and consulted about important decisions to be made.

Good

Are services caring?

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

Our findings

We rated caring as **good**

Kindness, dignity, respect and support

- Throughout our visit to the Coppice we observed interactions between staff and patients. Without exception these interactions demonstrated that staff respected patients. Staff were attentive to patients including those who expressed themselves quietly. We observed one patient being supported promptly when they became upset, as specified in their care plan, in order to prevent the situation escalating.
- Patients we spoke with told us staff treated them with respect and were polite to them. They said they felt staff understood them and knew about their needs. Patients told us that staff took them out, and chatted with them, helped them to paint their nails and supported them with activities. A relative described the unit as a 'peace haven.'
- Staff demonstrated a knowledge of patients' individual needs. The unit manager was familiar with the needs of all patients on the ward, and individual staff members knew about patients' personal and family background; their progress since being at the Coppice and their current care plan and day to day risks.
- A relative told us that they were always offered tea when they visited, and found that staff were flexible with visiting times.

The involvement of people in the care they receive

- Patients were given an easy read patient information guide to the service. They were told about the way the Coppice operated and were involved in planning their care. All had a copy of their care plan in their bedroom, and information 'about me and my health.' One patient told us that they were given a helpful leaflet about the medicines they were taking.
- We observed that patients were given sensitive support from staff to contribute to discussion about their care. They were encouraged to give their opinion about their treatment and feedback about the support they received.
- Patients told us there was an advocacy service which they could use if they wished and who would support them at ward rounds. They were also able to invite family members, social workers or other representatives to support them.
- The MDT involved families in patients' care and treatment appropriately. Families were involved in reviews of patient care with permission. Carers received support and training from the MDT, for example sensory processing training provided by the occupational therapist, to support them in their caring role.
- Community meetings were held weekly at the Coppice. Staff supported patients to actively participate in this, giving their views on the care and support provided. The meeting was also used to check that each patient was meeting with their named nurse at least weekly, or as agreed.
- The manager told us that the intensive support team had patients who were involved in the recruitment of staff. This included sitting on interview panels, helping to develop questions and doing presentations.
- Patients were also involved in making decisions about the future décor of the unit, menus, and activities to be provided. Most recently patients had requested a new DVD player and X box, and the manager advised that these were on order.

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

We rated responsive as **good**

Access and discharge

- New referrals to the Coppice were primarily made by local commissioners. At the time of the inspection it was fully occupied, with an occupancy rate of 80% between August 2015 and January 2016. Some patients told us they regularly left the ward for short periods of home leave and they experienced no problems with this.
- The average length of stay for patients at the Coppice was 76 days from August 2015 to January 2016. Patients told us they felt they received treatment which made them feel better and had improved their quality of life.
- If a patient required intensive care this was provided elsewhere in the trust.
- A 24 hour crisis service was provided, including support to people with learning disabilities admitted through accident and emergency units.
- The MDT worked in partnership with commissioners to plan the patient's discharge from the Coppice. Two people had lengthy stays on the unit due to the complexity of their needs requiring a bespoke care package in the community.
- Patients benefitted from the team providing community and inpatient services, so that they were followed up in the community by the same team. On discharge patients received daily visits for seven days, followed by a reassessment.
- Staff advised that when the Coppice was full, the team could provide support to people with learning disabilities in mainstream mental health services.

The facilities promote recovery, comfort, dignity and confidentiality

- The unit was approximately 20 years old, with one en suite room, and other bedrooms sharing two bathrooms, on the male corridor and two bathrooms on the female corridor. Patients could meet with their relatives in their bedroom if they wished or could use one of the quiet areas of the unit. A remote control pop up TV suite had been purchased for one of the lounges, so that the screen could be stored away safely during incidents of challenging behaviour.
- Patients said they had access to a phone which they could use for private telephone calls. They did not have a lockable storage area but could leave money for safekeeping in a locked safe in the office.
- There was a securely fenced garden with picnic tables which patients told us they had access to when they wished with staff supervision.
- Most of the four patients we spoke with told us they thought the meals were of good quality and they had sufficient choice of food.
- Staff told us that patients were able to make themselves a hot drink and help themselves to a snack from the kitchen.
- Patients said there were some activities available to them but they were sometimes bored. Activities included drives with staff, walks, table top games, art and music therapy. The unit had a five seater minibus, a new selection of instruments for music therapy and some gym equipment within the pavilion. No patients had yet been able to use the gym equipment because they were awaiting risk assessments to be signed off by the consultant.

Meeting the needs of all people who use the service

- The four patients we spoke with told us the design of the Coppice was appropriate for their needs. The unit was level access, but some rooms were not suitable for patients with physical disabilities due to their small size.
- Patients and their relatives told us they understood the information leaflets, which were on display. If it became necessary staff advised that they could easily access an interpreter or signer.
- There was a range of different foods available at each mealtime and it was possible for them to meet patients' diverse dietary requirements. Staff cooked main meals, but patients were encouraged to make their own breakfasts.
- Staff had asked patients whether they wanted any particular spiritual support. One person was supported to attend a place of worship weekly. A chaplain visited

Are services responsive to people's needs?

Good

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

the unit once a week, and the unit had a Koran and prayer mat available for any Muslim patients requiring them. Two staff members were team leads on equality and diversity.

Listening to and learning from concerns and complaints

- Patients told us they knew how to make a complaint if they wished to. They told us that generally they raised issues they were concerned about at the community meeting or spoke with the nurse in charge.
- Relatives told us they knew how to make a complaint and had discussed any issues they had with the ward manager or the patient's consultant. We observed leaflets about how to make a complaint available within the unit, with contact details for the local patient advice and liaison service.
- No complaints had been received about the Coppice in the twelve months preceding the inspection.

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

We rated well-led as **good**

Vision and values

- Staff were familiar with the trust's values and felt their managers ensured these values were put into practice at the Coppice. They felt the team constructively worked with patients to promote their mental health and move forward with their lives, but would benefit from more MDT staff.
- Staff told us that senior managers were in touch with them and regularly visited the unit.

Good Governance

- Governance structures supported the delivery of safe care and supported the flow of communication from the intensive support team to senior management and the trust board and vice versa.
- Staff were able to spend the majority of their time providing direct care to patients. They were very positive about the team work, and the improvement in the profile of learning disabilities under this trust.
- The ward manager had sufficient authority to make improvements to the way the Coppice operated. She was highly valued by the staff team and MDT, and was attempting to ensure that the unit was adequately resourced.
- The manager advised that they were planning to increase the administrative support for the Coppice from one day to 2.5 days weekly.
- Audits were undertaken to maintain oversight of the ward, and enable improvements in quality and safety.
- All staff said that they discussed any learning from incidents, complaints and other patient feedback at team meetings, including learning from other parts of the trust.
- The local risk register for the service, identified the blind spots within the building, with actions taken to address them. There were management strategies in place to address a high level of incidents. These included reviewing the admission criteria, medical cover, administration and clinical policies.
- Three recent feedback cards received by the service described staff as good and caring. The service had a notice indicating 'You said' and 'We did' regarding requests for improvement from patients and relatives. Improvements included the purchase of a DVD player and games console and planned redecoration over the summer 2016.

Leadership, morale and staff engagement

- The sickness rate and absence rate at the Coppice were in line with the average rates across the trust. There were no current bullying and harassment cases.
- Staff knew how to use the trust's whistleblowing procedures and were aware of their rights to be protected from victimisation if they raised a concern.
- The trust held wellbeing events for staff, to demonstrate their commitment to staff. Staff consistently told us the Coppice was an enjoyable place to work. However, they noted that they had lost some training resources including links to a local university under this trust.
- Staff who worked at the Coppice told us that their current senior managers listened to them and involved them much more in the development of the service than had been the case previously.
- Staff received appropriate support from their colleagues and managers, which helped to ensure they were able to work effectively. They described a good mix of community and inpatient work, which could be challenging but was facilitated by the enthusiasm and support of their colleagues.

Commitment to quality improvement and innovation

- Managers were committed to the continued development of the Coppice. Environmental improvements were due to be made to the unit in July/ August 2016.
- A quality improvement plan was in place to reduce the number of physical interventions at the Coppice. This was to be taken forward once the manager and deputy manager completed quality improvement training.
- The service was accredited with the Royal College of Psychiatrists.

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.

- Management objectives included a commitment to work with Transforming Care Partnerships for people with learning disabilities following Winterbourne View and service development to bring people back into their home area.
- The Trust was in the process of reviewing the learning disabilities pathway, and appointing a Trust-wide strategic lead.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People who use the service must receive person centred care and treatment that is appropriate and meets their needs. Patients with challenging behaviours did not have care plans in place that reflected a positive behaviour support approach. Regulation 9(1)