

Outstanding**Kent and Medway NHS and Social Care Partnership
Trust**

Wards for people with learning disabilities or autism

Quality Report

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Date of inspection visit: 16-20 January 2017
Date of publication: 12/04/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXYAN	Tarentfort Centre	Marle ward	DA2 6PB
RXYAN	Tarentfort Centre	Riverhill ward	DA2 6PB
RXY3P	Littlebrook Hospital	Brookfield Centre	DA2 6PB

This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership 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 Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership Trust.

Summary of findings

Ratings

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

Overall rating for the service

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for people with learning disabilities or autism as **outstanding** overall because:

- At this inspection, we found the trust had made improvements to the quality and safety of the service and care and treatment given to patients. We have rated each domain as outstanding.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Care plans were comprehensive, personalised and recovery oriented with clear goals set to support patients through their care and treatment pathway.
- A proactive approach to anticipating and managing risks to patients was embedded, recognised, and owned by all staff. Patients and their carers were actively involved in managing their own risks through the use of risk assessment tools and worked collaboratively with staff.
- All patients had a detailed positive behaviour support plan in place. Staff applied effective proactive strategies to de-escalate or prevent patients challenging behaviour and applied reactive strategies when needed as per patients positive behavioural support plans.
- Staff were focused on the use of preventative approaches and de-escalation with minimal use of all restrictive interventions. Staff used de-escalation or positive behaviour support proactively. Between 1 April 2016 and 30 September 2016, there had been no episodes of restraint or rapid tranquilisation across the service.
- All patients had a comprehensive physical health assessment. The service had fully implemented the use of 'The Lester Adaptation Tool'. Physical healthcare needs were incorporated into patients' care plans and were comprehensive and detailed.
- There was a continued drive by the clinical team tried to reduce the use of medications. Patients from wards for people with learning disabilities or autism were not on any high dose antipsychotic medication or multiple medications for psychosis.
- Occupational therapists worked with patients to formulate intervention and treatment plans. All patients had access to an extensive activities programme that was individual and therapeutic. Each patient's treatment programme was tailored to their individual needs.
- Patients had access to a wide range of evidenced based psychological therapies as recommended by the National Institute for Care and Excellence as part of their care and treatment delivered on a one to one or group basis.
- The service was discharge oriented and committed to achieving a sustained reduction in the number of patients admitted to the wards. Staff undertook thorough pre-admission assessments, to ensure only patients who could not be managed in the community were admitted to the wards. Pro-active discharge planning took place from the point of admission. The service worked in conjunction with the patient and partner agencies to facilitate discharge as soon as was safely possible.
- Staff were encouraged to review practice and actively engaged in activities to monitor and improve patient outcomes.
- Patients spoke very highly of the staff and the quality of care they received. They told us that staff were caring and supportive and they felt empowered as partners in their care. The service ran a number of projects to engage and support relatives, friends and carers.
- Staff were open and transparent, and fully committed to reporting all incidents and near misses. All staff were engaged in reviewing and improving safeguarding systems across the service to ensure improvements in safety and a continuous reduction in harm and abuse. Learning was based on thorough analysis and investigation.
- Staff were passionate about their work and were clearly very proud about the wards they worked on. Staff felt valued by the trust and there was high staff morale across the service.

Summary of findings

- Staff from the multidisciplinary team worked in equal partnership and clearly respected and values

each other's decisions. Staff continuously demonstrated they were motivated and dedicated to deliver the best care and treatment they could for patients.

Summary of findings

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

Are services safe?

We rated safe as '**outstanding**' for wards for people with learning disabilities or autism because:

- A proactive approach to anticipating and managing risks to patients was embedded, recognised, and owned by all staff. Staff used a variety of structured professional judgement risk assessment tools to support risk management. Patients were actively involved in managing their own risks and worked collaboratively with staff.
- The aim of the service and staff was to focus on the use of preventative approaches and de-escalation with minimal use of all restrictive interventions. We reviewed records and found that staff used de-escalation or positive behaviour support proactively. There were zero episodes of restraint, mechanical restraint or rapid tranquilisation.
- Care records and risk documentation were detailed, up to date and regularly reviewed. Staff used dynamic risk assessments to review risks. Treatment goals were monitored and updated in relation to these.
- We found all staff to be open and transparent, and fully committed to reporting all incidents and near misses. Staff and patients told us of a zero-harm culture on the wards. There was very low levels of harm or near misses reported and the quality of incident reporting was robust and concise. Staff were encouraged to participate in learning to ensure progress towards improved safety. Learning was based on thorough analysis and investigation.
- Staff had a detailed knowledge of safeguarding procedures and had completed safeguarding training.
- We told the trust following our inspection in March 2015 that they must ensure seclusion facilities on Riverhill were safe and met current guidelines. The trust was refurbishing the seclusion room at the time of the inspection; the work was due for completion in February 2017. While the work was on going the service had, clear plans in place to access another seclusion suite within the hospital grounds.
- We found a commitment to the ongoing monitoring of ligature risks. The service had ligature risk assessments in place and used an assessment tool to rate risks. Where ligature points were identified that could not be removed there was detailed action to mitigate the risks.

Outstanding



Summary of findings

- All of the wards we visited were exceptionally clean. Wards were well maintained, as were the furniture, fixtures and fittings.
- Following the January 2017 inspection, we found the service had made improvements and were now meeting the regulations.

Are services effective?

We rated effective as '**outstanding**' for wards for people with learning disabilities or autism because:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Staff undertook a range of assessments with patients on admission to the ward. All patients had robust, detailed positive behaviour support plans in place.
- Staff applied effective proactive strategies to de-escalate or prevent patients challenging behaviour and applied reactive strategies when needed as per patients positive behavioural support plans.
- There were excellent systems in place to assess, monitor and review the physical healthcare needs of patients. All patients had a comprehensive physical health assessment. The service had fully implemented the use of 'The Lester Adaptation Tool'. Physical healthcare needs were incorporated into patients care plans and were comprehensive and detailed.
- Care plans were comprehensive, personalised, holistic and recovery orientated. The service used the 'my shared pathway'. Patients we spoke with told us they were encouraged and empowered by staff to be fully involved in the planning of their care needs. This was evident in the care plans we reviewed which were all person-centred..
- There was a continued drive by the clinical team to reduce the use of medications. Patients from wards for people with learning disabilities or autism were not on any high dose antipsychotic medication or multiple medications for psychosis.
- Patients had access to a wide range of evidenced based psychological therapies as recommended by the National Institute for Care and Excellence (NICE) as either part of their care and treatment on a one to one or group basis. The patient's individualised treatment programme was highly innovative and tailored to their individual and clinical needs.

Outstanding



Summary of findings

- The standard of care was excellent. Staff delivered a wide range of evidenced based, innovative, therapeutic treatment interventions. Staff used a wide range of nationally validated tools to assess, evaluate and monitor patient outcomes, which had been proven to have positive outcomes for patients. This had significantly improved since our inspection in March 2015.
- All patients had access to an extensive activities programme that was individual and therapeutic. Each patient's treatment programme was tailored to their individual needs.
- Staff had completed a comprehensive range of specialist training, specifically designed to ensure they could meet the needs of all patients.
- Staff had developed excellent links with external stakeholders. Staff from external organisations were actively involved in all aspects of the patients care and treatment pathway.

However:

- Staff had received Mental Health Act training but were only required to complete it once. There was no refresher training available.

Are services caring?

We rated caring as '**outstanding**' for wards for people with learning disabilities or autism because:

- We saw evidence of a number of projects run by the service to engage and support carers, friends and relatives. The service had a dedicated family and engagement lead. The psychology team offered behavioural family therapy for patients and carers. There was a carers champion on all wards. There were regular carer's events and a monthly carer's forum. Staff used the triangle of care self-assessment on all wards.
- Staff adopted a very flexible approach to the delivery of treatment interventions and therapies based on the individual needs of the patients. For example, during our inspection we were made aware of two patients who were working with the psychology team around gender reassignment and were supported by staff and external advocacy.
- All interactions we observed between staff and patients were excellent. Staff interacted with patients in a positive, caring and compassionate manner.
- Patients spoke very positively about staff and the care they received. Patients said staff were caring and supportive and they felt respected, involved and empowered to make

Outstanding



Summary of findings

decisions about aspects of their treatment. We were given examples of where staff had gone above and beyond to support patients and their relatives or carers in challenging circumstances.

- Relatives and carers told us they felt involved in contributing to care and were invited to meetings. Carers felt well informed and communicated with by the service.
- Staff demonstrated an outstanding understanding of patients' needs.
- The service ran a number of projects to engage and support relatives and carers. There were carers champions on all wards. There were regular events for carers and a monthly forum. The trust provided a 'carer support worker' service, which offered advice, support and general non-specific information to any person who provides unpaid care.
- The wards displayed lots of information for patients.

Are services responsive to people's needs?

We rated responsive as '**outstanding**' for wards for people with learning disabilities or autism because:

- The service was discharge oriented and committed to achieving a sustained reduction in the number of patients admitted to the wards. Proactive discharge planning took place from the point of admission. The service worked in conjunction with the patient and partner agencies to facilitate discharge as soon as was safely possible.
- Patients on all the wards had extensive access to activities. Occupational therapists worked closely with patients to ensure their activities were individualised. Activities were varied, recovery focused and aimed to motivate patients. There was excellent links with external organisations to facilitate activities, education and voluntary work for patients in the community.
- Staff adopted a very flexible approach to the delivery of treatment interventions and therapies based on the individual needs of the patients. Staff were proactive in understanding the needs of different groups of people and promoted equality.
- All of the wards we visited had a full range of rooms and equipment available. All wards were furnished to a good standard and were clean and well maintained.
- Patients had been involved in creating artwork that was displayed both on and off the ward environment to personalise these areas.
- The services were exploring innovative ways of ensuring the food available was of a high standard.

Outstanding



Summary of findings

- Champions were identified within the staff and patient group. There were carers champions embedded within staff teams across all wards.
- There was excellent information in a variety of formats for both patients and carers. Patients and carers knew how to make a complaint and information was readily available.

Are services well-led?

We rated well-led as **'outstanding'** for wards for people with learning disabilities or autism because:

- Staff were aware of the trust's visions and values. Patients and staff from across the service had come together for an annual respect day and formed a 'Respect Charter' which set out the wards visions, values and goals.
- There were excellent, robust performance management systems in place at the service. This was displayed in a dashboard. This helped service development and also flagging any issues within the service so that improvements could be made.
- There was very strong leadership on all of the wards. The clinical team were clearly motivated to inspire and support staff to succeed. The ward managers spoke highly of the staff and felt they provided a high quality service, with good outcomes for patients and families.
- There was an open culture on the wards. Staff told us they were encouraged and supported to discuss ideas within the team. Staff were actively engaged in a number of projects to support their drive for continuous improvement in the quality of care and treatment for patients and their experiences.
- Staff received a wide range of specialist training and were up to date with mandatory training.
- Staff were passionate about their work and were clearly very proud about the wards they worked on. Staff felt valued by the trust and there was high staff morale across the service.
- Staff from the multidisciplinary team worked in equal partnership and clearly respected and valued each other's decisions. Staff continuously demonstrated they were motivated and dedicated to deliver the best care and treatment they could for patients.
- Staff were involved in a wide variety of national and local clinical audit programmes, research and peer review projects

Outstanding



Summary of findings

which were designed to improve and enhance the quality of service provided to patients. Staff were enthusiastic and dedicated to the patient group and achieving the best possible outcomes.

- The service was a member of the Royal College of Psychiatrists' quality network for forensic mental health.
- The wards had implemented 'Safewards' to promote the wards feeling safe and calm.

Summary of findings

Information about the service

Kent and Medway NHS and Social Care Partnership Trust provides mental health, substance misuse, forensic and other specialist services for 1.7 million people in Kent and Medway across 50 sites.

Wards for people with a learning disability provided by Kent and Medway NHS and Social Care Partnership Trust are part of the Forensic and Specialist Service Line.

Tarentfort Centre is a low secure environment. It provides inpatient services to male patients, aged 18 and over, with a learning disability whose offending behaviour and mental health needs require that they are detained under the Mental Health Act in secure conditions. The Tarentfort Centre consists of 20 beds. Riverhill ward had 10 beds and is the acute ward. Marle ward has 10 beds and is the progression and rehabilitation ward.

Brookfield Centre is a 13 bedded rehabilitation and recovery inpatient service for male patients aged 18 and over with a learning disability, offending behaviour and mental health or other complex needs. This is a step down service for patients from the Tarentfort Centre.

Kent and Medway NHS Social Care Partnership Trust was last inspected under the new methodology of inspection between 16-20 March 2015. At that time, CQC rated wards for people with learning disabilities or autism as good overall. We rated the core service as requires improvement for safe, outstanding for effective and caring, and good for responsive and well led.

Following that inspection, we told the trust that it must take the following actions to improve wards for people with learning disabilities or autism:

- The trust must review the seclusion facilities on Riverhill ward to ensure they are safe and meet current guidelines.
- The trust must take action to ensure that all safeguarding incidents are appropriately recorded and safeguarding alerts are raised where necessary.

We also told the trust that:

- The trust should review their systems for recording and monitoring of outcome measures to evidence whether people improved following treatment and care.
- Trust managers should review the use and monitoring of closed circuit television specifically in the visitors room at Brookfield Centre.
- The trust should review and appropriately implement the use of advance plans of care.
- The trust should review the provision for off duty medical cover.
- The trust should review the use of restrictive practices at Brookfield Centre.

We issued the trust with two requirement notices which related the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 13 - Safeguarding service users from abuse and improper treatment.
- Regulation 15 - Premises and equipment.

Our inspection team

The inspection team was led by:

Chair: Dr Geraldine Strathdee, CBE OBE MRCPsych
National Clinical Lead, Mental Health Intelligence Network

Head of Inspection: Natasha Sloman, Head of Hospital Inspection (mental health), Care Quality Commission

Team Leader: Evan Humphries, Inspection Manager (mental health), Care Quality Commission

The team that inspected wards for people with learning disabilities or autism comprised one inspector from the Care Quality Commission, one medical professional advisor, one nurse professional advisor and one occupational therapist professional advisor, all with expertise in learning disabilities and autism.

Summary of findings

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited the service and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with all three ward manager's and the service director

- spoke with 24 staff, including nurses, support workers, occupational therapists, psychologist, doctors and pharmacist
- spoke with nine patients
- spoke with four relatives/carers
- reviewed 15 patients' care records, including care plans, assessments, physical health monitoring, risk assessments
- reviewed 15 medication charts across all wards
- attended and observed a referral allocation meeting
- attended and observed a medication round on Marle ward
- attended and observed shift handover on all wards
- attended and observed a ward round on Riverhill ward
- attended and observed a therapy group called EQUIP
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients were given the opportunity to provide feedback on the service they received prior to our inspection via comment cards left on the wards. We received three completed comment cards which all positive in nature.

We spoke with nine patients. They spoke very highly of the staff and the quality of care they received. They said staff were caring and supportive and they felt truly respected, involved and empowered to make decisions as individuals in the therapies and treatments offered to

them. Patients were keen to tell us about specific members of staff they felt had provided outstanding care and support. Patients told us they felt listened to and involved in the running of the service.

We spoke with four relatives/carers. Carers told us they felt staff knew the patients very well. Carers felt involved in contributing to patients' care plans, were invited to attend care programme approach meetings, and were aware of plans and goals for discharge. Carers said that staff communicated well with them and they were kept well informed of every aspect of their relatives care and treatment. They told us that they felt staff listened too

Summary of findings

and respected their views. One carer spoke specifically about the outstanding care and support that was received by both the patient and family following bereavement. They told us how they felt staff displayed compassion and respect and ensured that both the patient and family received counselling and support. They told us they felt the support received to be invaluable.

We saw the wards had received a number of compliments from patients, families and external stakeholders praising the care and support provided by staff to patients.

Good practice

The service had implemented 'Safe wards'. This model of care looks at reducing conflict, which is patient behaviours that threaten their safety or the safety of others (e.g. violence, suicide, self-harm, absconding etc.) and containment, which is all the things staff do to prevent or manage conflict behaviours (e.g. medication/sedation, restraint, seclusion etc.).

The service were involved in a nationwide pilot evaluation study for EQUIP (Equipping youth to help one another treatment programme). EQUIP is a highly effective treatment programme that motivates and equips people to help one another. We were informed by the trust that 51 staff had completed training in EQUIP therapy.

The service ran a 'Restorative Justice' therapy programme. This programme centred on mediation and with the consent of both parties they were brought together to reduce harm and conflict and find a way of repairing relationships. Information provided by the trust showed that 12 staff from across all three wards and varying disciplines, including support workers, had completed restorative justice facilitator training.

Patients and staff from across the three wards came together for an annual respect day. From this all staff and patients signed up to a 'Respect Charter' which set out the wards visions, values and goals and focused on attitudes, behaviour and practices of both staff and patients.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that staff receive regular ongoing training on the Mental Health Act.

Kent and Medway NHS and Social Care Partnership 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
Marle ward	Tarentfort Centre
Riverhill ward	Tarentfort Centre
Brookfield Centre	Littlebrook Hospital

Mental Health Act responsibilities

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

Training in the Mental Health Act was mandatory for all staff. As of 31 October 2016, All staff had completed the training. However, staff were only expected to complete the training once, with no refresher training provided by the trust.

Mental Health Act documentation for detained patients was in place and completed correctly.

Information was displayed on the ward noticeboards regarding the independent mental health advocate and how to contact them. This was displayed in an accessible format that was easy to read.

We reviewed records of leave from the ward into the community being granted by the consultant psychiatrist, to patients. The parameters of leave granted were clearly documented.

Staff supported patients to understand their rights in accordance with section 132 of the Mental Health Act. This was routinely recorded on the patients electronic care records.

Patients' medicine charts had photographic evidence of patients attached together with T2 or T3 treatment authorisation certificates.

Detailed findings

Staff at the service had access to the trust's Mental Health Act administration team for support and advice when needed. The MHA team oversaw renewals of detention under the MHA, consent to treatment and appeals against detention.

Mental Capacity Act and Deprivation of Liberty Safeguards

There was a trust policy on the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.

Staff received training in the MCA and DoLS and the trust identified this as core training. At the time of our visit, 97% of staff had completed this training. This was above the trust target of 85%.

The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves. Staff we spoke with demonstrated a good understanding of the MCA. We observed staff seeking informed consent from patients. Staff held best interest

meetings when patients lacked capacity to make decisions about certain aspects of their life or care and treatment. Staff clearly documented the outcome of the best interest decision in patients' care records.

Patient files we reviewed showed that each of them had an assessment of their capacity to consent to treatment and these were clearly recorded in the patients electronic care records.

The trust provided information for the number of DoLS applications they made for Tarentfort Centre and Brookfield Centre. Between 1 October 2015 and 30 September 2016, no DoLS applications were made.



Are services safe?

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

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

Our findings

Safe and clean environment

- The wards' layout enabled staff to observe most parts of the wards. Mirrors had been installed in the corners of ceilings to increase visibility. There were some restricted lines of sight across all three wards but these were adequately mitigated.
- The trust had committed to an ongoing programme of works to minimise ligature risks within inpatient environments. We saw the service had ligature risk assessments in place using an assessment tool to rate risks. Where ligature points could not be removed there was detailed specific action to be taken to mitigate the risks identified.. A ligature management programme with target completion dates and risks in communal areas had been documented. Identified ligature points were included on ward risk registers. Staff had access to larger ligature cutters and masks used for resuscitation and were able to tell us where these were located on the wards.
- Closed circuit television (CCTV) was in place on all three of the wards in the communal areas and corridors. CCTV was not monitored by staff. Staff told us that it was in place to safeguard patients and staff should an incident occur. There were clear, robust process in place to support the retrieval of footage should the need occur.
- All three wards were male only so there were no issues with same-sex accommodation.
- The clinic rooms were fully equipped and emergency medications were all in date. There were good supplies of emergency equipment, oxygen and defibrillators. Resuscitation equipment was in good working order, readily available and checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Stocks of emergency medicines were kept in line with trust policy.
- Riverhill ward had a seclusion room. At the last inspection, we told the trust they must review the seclusion facilities to ensure they were safe and met current guidelines. During this inspection, the service manager told us about the building work for a new seclusion suite that had been agreed by the trust. Work had commenced in December 2016 with a completion date anticipated for February 2017. We reviewed the building plans for the new proposed seclusion suite and extra care area and had a tour of the site. In the interim, the wards had access to another seclusion suite on the same hospital grounds and the service had clear procedures in place for supporting access to these when needed. Information provided by the trust showed that between 1 April 2016 to 30 September 2016 there had been no incidents of seclusion. Staff we spoke with also confirmed that although they had access to a seclusion suite they had not needed to use it.
- The ward environments were cleaned to an exceptionally high standard. Housekeeping staff were on duty on the wards throughout the inspection. Staff maintained cleaning rotas and these were up to date. The wards were well maintained, as were the furniture, fixtures and fittings. The corridors were clear and clutter free.
- Patient-led assessments are a national system for assessing the quality of the patient environment. PLACE assessments are self-assessment surveys undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services. In relation to cleanliness, the 2016 PLACE score for Tarentfort Centre and Brookfield Centre was 100%. In relation to condition, appearance and maintenance, Tarentfort Centre and Brookfield Centre scored 96%.
- Staff carried out environmental risk assessments and ward audits. For example, there were regular audits of infection control and prevention to ensure that patients and staff were protected against the risks of infection. There was notices clearly displayed showing hand washing techniques. Infection control information was displayed on communal notice boards. Each ward had a staff and patient champion lead for infection control. Staff and patients had access to personal protective equipment such as gloves and aprons.



Are services safe?

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

- There were appropriate processes in place for the management of clinical waste and staff were able to discuss these with us. We saw that staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins and these were labelled correctly and not over-filled.
 - The service had a safety alarm system. All staff carried personal alarm fobs, which when activated alerted other staff that assistance was needed and in what location. There were call bells in patients' bedrooms for them to be able to alert staff should they need assistance.
- Safe staffing**
- Tarentfort Centre and Brookfield Centre used 'The Keith Hurst' audit tool to review and ensure safe staffing levels. This includes data on skill mix, levels of clinical dependency, clinical speciality and quality markers as part of the overall staffing assessment.
 - The trust provided data as of 30 September 2016 for the total number of substantive staff working on each of the wards. There were 31 whole time equivalent qualified nurses and 55 whole time equivalent nursing assistants working across wards for people with learning disabilities or autism. Staff levels for each of the wards were;
 - Riverhill ward qualified nurses – 13 whole time equivalent
 - Riverhill ward nursing assistants – 19 whole time equivalent
 - Marle ward qualified nurses – 10 whole time equivalent
 - Marle ward nursing assistants – 16 whole time equivalent
 - Brookfield Centre qualified nurses – 8 whole time equivalent
 - Brookfield Centre nursing assistants – 19 whole time equivalent
 - As of the 30 September 2016, six whole time equivalents qualified nursing posts were vacant and four whole time equivalent nursing assistant posts were vacant across wards for people with a learning disability or autism. Vacancy levels for each of the wards were;
 - Riverhill ward qualified nurse vacancy rate was 23%. This was above the trust average of 15%
 - Riverhill ward nursing assistants' vacancy rate was 9%. This was above the trust average of 7%
 - Marle ward qualified nurse vacancy rate was 22%. This was above the trust average of 15%
 - Marle ward had no vacancies for nursing assistants.
 - Brookfield Centre qualified nurse vacancy rate was 13%. This was above the trust average of 15%
 - Brookfield Centre nursing assistants' vacancy rate was 18%. This was above the trust average of 7%.
 - The trust used key performance indicators to monitor permanent staff sickness and absence levels. For the period 1 October 2015 to 30 September 2016, the sickness rate for Riverhill ward was 1%, Marle ward 9% and Brookfield Centre 2%. The national NHS average was 5%.
 - Information provided by the trust showed that the number of staff leaving wards for people with learning disabilities or autism from 1 October 2015 to 30 September 2016 was 17%. We spoke with the ward managers who told us that the neighbouring trust offered London weighting which meant a higher pay allowance for staff. However, we found that most staff who worked at the service had done so for a long time. Some staff we spoke with confirmed that they had previously left working for the trust for a higher pay salary but had returned as they favoured working on these wards.
 - The trust had identified its ongoing requirement for staff and was addressing this through recruitment campaigns. The trust had implemented a variety of initiatives to ensure vacancy levels decreased. For example, the service supported student nurses on placement from local universities, hosted recruitment open days and developed the health care worker career pathway.
 - When the trust did not have enough permanent staff to meet the needs of the learning disability or autism wards. Bank staff were brought in to help cover the shifts required. Figures provided by the trust showed no agency staff had been used across all three wards to cover shifts from 1 July 2016 to 30 September 2016.



Are services safe?

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

Cover was provided by 100% NHS Professionals (bank workers). Out of 4522 possible shifts, bank staff covered 934 shifts. When bank staff were used they were familiar with the wards and patients.

- We looked at staffing rotas for the week prior to and for the week of the inspection and saw that staffing levels were in line with the levels and skill mix determined by the trust as safe. The only exception occurred when replacement staff could not be found to cover late notice sickness absence. For example, information provided by the trust showed that between 1 July 2016 and 30 September 2016, there were 15 shifts not fully staffed. However, patients' and staff we spoke with confirmed that patient care was never impacted as a result and staff from the wider clinical team were always available to support the wards.
- As part of the safer-staffing review, the trust monitored staffing levels to ensure staffing levels for patient safety. Staff fill rates compare the proportion of planned hours worked by nursing and support staff to actual hours worked by staff. Riverhill and Marle ward were operating below the lower fill level for qualified nurses and support staff during both day and night shifts in July and September 2016. We spoke with the ward managers' about this and they believed this to be a consequence of staff sickness at that time.
- The ward managers and staff confirmed they were able to increase staffing levels when additional support was required to respond to patients' clinical needs, to support patients to attend appointments and ensure their section 17 leave took place.
- All patients across the three wards had a named nurse and keyworker. Patients had regular one to one time with their named nurse. This was confirmed by the entries in the patients' care records on the trust's electronic patient record system, and on the patients' paper copies of their care plans where a record of the discussion was also recorded. Patients we spoke with knew who their named nurse and key worker was and told us they saw them regularly.
- Escorted section 17 leave and ward activities were never cancelled due to staff shortages. Patients told us there were few occasions when leave or activities were

delayed but staff communicated this well. Activity plans, care, and treatment were tailored to the patients' individual needs and were delivered by staff from a wide range of professions.

- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency. The trust wide on call system comprised of one consultant, one junior doctor, one tier one manager and a band seven nurse. There were clear processes in place for staff to follow should medical cover be required.
- Staff were required to complete statutory and mandatory training courses. The trust had 30 mandatory training courses for all staff. The compliance target set by the trust was 85% for all courses, with the exception of corporate induction day and local induction, which the trust set a target of 100%. Training included safeguarding adults and children level one at 98%, conflict management at 96% and infection control (three yearly and two yearly) at 100% and 97%. We reviewed staff training records and found the overall training compliance for staff for this core service, as at 30 September 2016 was 94%. Three training courses did not fall within trust target. These included corporate induction day at 98%, local induction at 84% and immediate life support at 84%.

Assessing and managing risk to patients and staff

- Information provided by the trust showed that between 1 April 2016 and 30 September 2016 there were no incidents of seclusion or long-term segregation.
- We reviewed information sent to us by the trust relating to the management of violence and aggression. For the period 1 April 2016 to 30 September 2016, there were no episodes of restraint, or rapid tranquilisation. Rapid tranquilisation is the use of medication, usually intramuscular if oral medication is not possible or appropriate, and urgent sedation with medication is required. The trust had policies in place for rapid tranquilisation and managing violence and aggression, which were in line with National Institute for Health and Care Excellence guidance.



Are services safe?

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

- The aim of the service and staff was to focus on the use of preventative approaches and de-escalation with minimal use of all restrictive interventions. We reviewed records and found that staff used de-escalation or positive behaviour support proactively.
- Staff applied effective proactive strategies to de-escalate or prevent patients' challenging behaviour and applied reactive strategies when needed as per patients positive behavioural support plans (PBS). A proactive plan describes what to do on a day-to-day basis to help reduce the likelihood of someone resorting to challenging behaviour in the first place, therefore improving their quality of life. As part of the 15 care records reviewed, we found that following a functional assessment, PBS plans were developed with the patient. We found them to be robust, well completed and individualised to the patient's needs. For example, strategies such as triggers, rewards, boundaries and routine and structure were clearly identified. Reactive strategies were also clearly identified and gave step by step advice how to minimise the likelihood that challenging behaviour will escalate. For example, we found least restrictive strategies in place such as distracting the patient with another activity instead of telling them to stop what they were doing.
- Staff had been trained in the use of physical restraint but understood that this should only be used as a last resort. Information provided by the trust showed that 90% of all eligible staff had completed training in physical interventions and 91% in breakaway.
- If staff were to use physical restraint, the multidisciplinary team (MDT) would review and reflect the incident at the daily MDT handover meeting.
- Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or minimising the harm caused. Staff used a variety of structured professional judgement (SPJ) risk assessment tools to support this model of work including, historical clinical risk management – 20 (HCR-20), the risk for sexual violence protocol (RSVP), fire attitude scale and the short term assessment of risk and treatability (START). We saw that staff used the structured assessment of protective factors (SAPROF) as a positive addition to other SPJ risk assessment tools. Risk assessments were carried out in line with the Department of Health guidance, 'Best Practice in Managing Risk' (updated 2009).
- We reviewed 15 patient care records and found risk assessments and risk management plans were fully completed and detailed. Staff carried out risk assessments with patients on admission and regularly throughout their care and treatment. Staff used dynamic risk assessments to review risks as part of patients' multidisciplinary ward round reviews and care programme approach (CPA) meetings. Staff used the tools to help formulate treatment goals with patients and to monitor and evaluate patients' progress in treatment. Risk management plans were developed collaboratively between the patient and the multidisciplinary team, with input from multi-agency teams when needed. The proactive approach to anticipating and managing risks was recognised as being the responsibility of all staff and patients were actively involved in managing their own risks. We found that risk management plans summarised all risks identified, situations in which identified risks might occur and action to be taken by the patient and staff in response to any crisis. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was managed. For example, observation levels of patients might increase or decrease. Individual risk assessments took into account the patient's previous history as well as their current mental state.
- The trust had an observation policy in place. Staff we spoke with were aware of the procedures for the use of observation. The multidisciplinary team determined the level of observation for each patient based on individual and clinical need. Nursing staff were able to increase the level of observation if required. At the time of our inspection, most patients were on general observations whilst on the ward, with a small number on enhanced observations, which included within staff eyesight.
- The trust had a search policy in place. Staff we spoke with were aware of the procedures for the use of personal and room searches. Staff carried out routine and random searches, or when a risk was identified, of the ward environment, including patient's bedrooms. The trust commissioned the use of a sniffer dog to carry



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out unannounced, ad-hoc searches for illicit substances on the wards. Staff documented and recorded all searches carried out in patients' care records on the electronic patient record system.

- We observed that staff handover meetings and multidisciplinary review meetings included a detailed discussion of individual risks to patients.
- Clear notices were in place for patients and visitors explaining the rationale for restricting items such as cigarette lighters and sharps from the ward. Following the last inspection in March 2015, we told the trust, they should review the use of restrictive practices at Brookfield Centre. In October 2015, the trust carried out an audit of the restrictive practices on the ward, 22 key areas were looked at and patient and staff views were sought. During this inspection, we found the trust had taken appropriate action and there were no unwarranted blanket restrictions across the service. Wards were led according to the individual and clinical needs of the patients'.
- There were appropriate systems embedded about safeguarding adults and children at risk. Staff regularly reviewed all safeguarding concerns and these were discussed during shift-to-shift handovers, as part of the wider multidisciplinary handovers and ward reviews, at team meetings and during staff individual supervision. Staff had received training in safeguarding adults and children at risk and completed mandatory training in level one and level two. Information provided by the trust showed that as of the 31 October 2016, the figures for adult safeguarding training were 94% and 88% and the training figures for children were 98% and 88%. All were above trust target levels of 85%. Ward managers and members of the clinical team also completed safeguarding level 3 and level 5 training. Information provided by the trust showed that at the time of inspection, six staff were trained in level 3 safeguarding adults and three staff in level 5.
- Staff we spoke with had a good understanding of safeguarding issues and their responsibilities in relation to identifying and reporting allegations of abuse. They were aware of the trust's safeguarding policy. They told us of the steps they would take in reporting allegations within the trust and felt confident in contacting the safeguarding lead if needed.

- We found evidence of good management of medicines at the service. Each ward had medication dispensing rooms. Medicines were stored securely and were only accessible to authorised staff. There were robust systems in place for ensuring controlled drugs were managed correctly. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. Medicines requiring refrigeration were stored appropriately and staff monitored temperatures daily in line with national guidance, which meant they remained fit for use.
- We reviewed 15 medicine charts and found they were completed accurately. Medicines were prescribed in accordance with consent to treatment provisions under the Mental Health Act.

Track record on safety

- We looked at the record of serious incidents requiring investigation. For the period 1 September 2015 and 30 August 2016, wards for people with learning disabilities or autism reported one incident. This related to an incident on Riverhill ward and was categorised as physical or sexual abuse.

Reporting incidents and learning from when things go wrong

- We found all staff to be open and transparent, and fully committed to reporting all incidents and near misses. Staff we spoke with knew how to recognise and report incidents on the trust's electronic recording system. Ward managers told us that they reviewed all incidents and then forwarded them onto the service manager, lead nurse and the quality team. The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to the incidents.
- Following our inspection in March 2015, we told the trust they must take action to ensure all safeguarding incidents are appropriately recorded and safeguarding alerts are raised where necessary. During our inspection in January 2017, the trust had taken positive action to address the concerns we raised. Staff we spoke with knew how to recognise and report incidents on the trust electronic recording system. Staff were encouraged and supported by managers to raise safeguarding alerts directly with the local authority safeguarding team. The clinical team were engaged in reviewing and improving



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safeguarding systems across the service to ensure improvements in safety and a continuous reduction in harm and abuse. All staff had oversight of all the safeguarding concerns raised the current stage of investigation and received feedback from the designated lead from the local authority safeguarding team as to the outcome of investigations. This was then feedback to all staff involved in the incident or who raised the alert and the patient. The trust submitted their safeguarding referrals data for the period 1 October 2015 to 30 September 2016. During this time, the trust submitted 497 adult safeguarding referrals to the local authority. Six of these safeguarding notifications were received from wards for people with learning disabilities or autism. We reviewed incident reports and found them to be fully completed. Staff and patients told us of a zero-harm culture on the wards.

- The ward managers told us that the multidisciplinary team reviewed all incidents as did the trust wide quality team. The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to the incidents.
- Staff told us that shared learning across the trust and service directorates took place about serious incidents and were communicated to staff via email, team meetings, staff notices and the trust web page. Staff were encouraged to participate in learning to improve safety as much as possible.
- There were post incident debriefs for staff and patients'. Staff we spoke with told us they were debriefed when things went wrong through one to one sessions, team meetings and supervision. Staff and patients had access to group and one to one support if needed.

Are services effective?

Outstanding



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

Our findings

Assessment of needs and planning of care

- We reviewed 15 patients' care records. All contained fully completed and comprehensive assessments of patients' individual and clinical needs and preferences.
- Staff carried out a range of assessments with patients on admission to the ward and throughout their care and treatment. These included but were not limited to; physical health assessment, medication assessment, functional behaviour assessment and analysis, occupational functional assessment including activities of daily living, patient safety assessment including aggression towards others, property and self, and a profile assessment including diagnosis, degree of learning disability, IQ score and physical disorders.
- All patients had a detailed positive behaviour support plan in place. Positive behaviour support looks at the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists staff to design more supportive environments and to better support individuals in developing skills that will improve their quality of life. Staff completed antecedent behaviour consequences charts to document, monitor and evaluate behaviour. Staff used this to inform behaviour support plans alongside the functional assessments.
- Care plans were comprehensive, personalised, holistic and recovery oriented with clear goals set to support patients through their care and treatment pathway. A care pathway is a structured approach to care delivery that clearly describes the journey a person is likely to take when moving through the care system. This ensures that individuals receive the most appropriate care and treatment, with clearly agreed timescales and in the least restrictive environment. All wards used the care programme approach for planning and evaluating care and treatment. The wards had fully implemented "My shared pathway." This is a nationally recognised good practice recovery tool, which focuses on a patient's strengths and goals. Patients were supported to complete their 'My shared Pathway' booklets. These had been adapted so that they were easy to read and available in pictorial format. Patients we spoke with told us that they were encouraged and empowered by staff

to be to be fully involved in the planning of their care needs. This was evident in the care plans we reviewed which were all person-centred. We saw evidence of patients, relatives and carers being encouraged to be fully involved in the planning of their care needs.

- All patients had a comprehensive physical health assessment. The service had fully implemented the use of 'The Lester Adaptation Tool'. This monitoring tool aims to guide staff to assess and monitor physical health needs for people experiencing psychosis and schizophrenia. The poster guide looks at six key errors including a person's smoking history, lifestyle, body mass index, blood pressure, glucose regulation and blood lipids with appropriate interventions and targets to improve a person's physical health. All patients (not just those on antipsychotic medication) were assessed on admission and reviewed six-monthly for care programme approach meetings. Physical healthcare needs were incorporated into patients care plans and were comprehensive and detailed.
- All staff were able to access patients' records, which were stored securely on the electronic care records system.

Best practice in treatment and care

- The trust had prescribing guidelines and psychiatrists referred to these and to National Institute for Health and Care Excellence guidance on prescribing medicines for psychosis, depression, schizophrenia and bipolar affective disorder. We reviewed 15 medicine charts at the service and found doctors had recorded clear rationales for prescribing.
- We reviewed 15 medicine charts; spoke with the consultant psychiatrists, ward doctors and pharmacy team who all confirmed that patients from wards for people with learning disabilities or autism were not on any high dose antipsychotic medication or multiple medications for psychosis. We found that where possible the clinical team tried to reduce the use of medications alongside other interventions. For example, one patient had transferred to the service from another care setting having been on an antipsychotic medication for a long period. The patient expressed a wish to come off the medication and within

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approximately six months of admission to the ward the clinical team had halved the original dose and planned to stop it completely with a staged reduction plan in place to support the patient.

- The trust wide pharmacy team provided a clinical service to ensure people were safe from harm from medicines. Nursing and medical staff told us that they had good links with the pharmacy team and in addition to ward visits, and carrying out audits, they were available to provide advice including out of hours. They were also available to speak to patients individually about their medications if required.
- Each patient had a health action plan (HAP) folder. HAP is a personal plan about what the patient needs to do to stay healthy, including a record of past and future medical appointments. Staff referred patients to external healthcare services for treatment when needed such as opticians and dentistry. This was then recorded in the patients HAP. Staff encouraged health promotion including smoking cessation, diet and exercise. We saw an initiative called 'Biggest loser' run by the service in partnership with the patients to help support them lose weight. Patients actively took part in healthy eating, education and exercise and competed against one another to lose weight. Patients we spoke with who participated told us they thoroughly enjoyed the programme, staff helped to keep them motivated and prizes were given to the overall winner.
- Patients had hospital passports. The passport was designed to help patients' with a learning disability or autism to communicate their needs to doctors, nurses and other healthcare professionals. Information about what medicines they were taking, likes and dislikes and medical history was recorded. On Riverhill ward, we saw feedback from a doctor at the local general hospital who had emailed the service to praise the high quality of the hospital passports.
- Risks to physical health were identified and managed effectively by trained staff. The service used a standardised system called Modified Early Warning System to monitor and record the physical health of patients. This system worked by staff allocating a score to a series of physical health measures such as blood pressure and oxygen saturation levels. When a patient's score reached a given level this triggered what action was required from staff. The trust had a physical health monitoring policy. Staff were trained to use the Modified Early Warning Signs tool to observe changes in patient's presentation.
- Patients had access to a wide range of evidenced based psychological therapies as recommended by the National Institute for Care and Excellence (NICE) as either part of their care and treatment on a one to one or group basis. The patient's individualised treatment programme was highly innovative and tailored to their individual and clinical needs. The psychology team led on and collaboratively worked with the multidisciplinary team and ward staff on an array of psychological therapies. For example, life minus violence is a treatment programme offered to individuals with a history of violence. Others included, anxiety or worrying thoughts, moving on from hospital, hearing voices and drugs and alcohol. Patients' completed comprehensive psychological assessments with staff and attended specific treatment programmes to address forensic risks, for example, sex offender treatment programme and fire setting treatment programme.
- Occupational therapists used 'The Model of Human Occupational Screening Tool' which is an occupation-focused assessment that determines the extent to which individual and environmental factors facilitate or restrict individual's participation in daily life. Occupational therapists worked with patients to formulate intervention and treatment plans and to devise individual therapeutic activity plans. During the inspection, we observed patients taking part in a wide variety of activities based on their individual and clinical need and preference.
- Staff used a wide range of nationally validated tools to assess, evaluate and monitor patient outcomes. Following our inspection in March 2015, we told they trust they should review their systems for recording and monitoring outcome measures to evidence whether people improved following treatment and care. In February 2016, the service undertook an outcomes measure review from which recommendations were made and an action plan formulated. During our inspection in January 2017, the service had made significant progress. Staff were using a total of 39 outcome measures to evidence whether people improved following care and treatment. These included

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health of the nation outcome scale, hospital anxiety and depression scale and the Glasgow Antipsychotic Side-effect Scale. This is a self-reporting questionnaire used to help identify the side effects of antipsychotic medication. It consists of 22 questions with points assigned based on the answers given by the patient.

- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided, including adherence to the forensic service line CQUIN framework (Commissioning for quality and innovation). For example, the cardiometabolic monitoring and interventions for in-patients, which looked at the physical health monitoring of patients receiving psychotropic medications. An audit looking at consent to treatment paperwork was carried across the service. Following that audit, staff identified the need for a form to show when patients were not receiving any psychotropic medication and this was actioned. Staff completed audits on the ward including infection control and care plans.
- The service had implemented the 'Green Light toolkit'. The Green Light self-assessment toolkit is an audit that care providers carry out to look at improving mental health services to make them more effective in supporting people with learning disabilities and autism.
- The service had implemented 'Safe wards'. This model of care looks at reducing conflict, which is patient behaviours that threaten their safety or the safety of others (e.g. violence, suicide, self-harm, absconding etc.) and containment, which is all the things staff do to prevent or manage conflict behaviours (e.g. medication/sedation, restraint, seclusion etc.). Each of the three wards had 'Know each other' noticeboards. Patients and staff had provided non-controversial information about themselves, which included hobbies/interests, favourite food, music, films and sports with reasons. This helped support common interest and conversational topics between staff and patients. Staff and patients we spoke with all told us they felt this knowledge helped further strengthen therapeutic relationships and alleviate the feeling of 'them' and 'us'.
- Staff proactively pursued participation in research and peer review programmes. The service were involved in a nationwide pilot evaluation study for EQUIP (Equipping youth to help one another treatment programme). EQUIP is a highly effective treatment programme that

motivates and equips people to help one another. At the time of our inspection, six patients were actively engaging in the group therapy programme. This was a 10-week long programme, covering 40 sessions with sessions based on anger management, social skills, social problem solving and mutual help.

- The service ran a 'Restorative Justice' therapy programme. This programme centred on mediation and with the consent of both parties they were brought together to reduce harm and conflict and find a way of repairing relationships. At the time of our inspection there were two patients currently engaged in this therapy programme.

Skilled staff to deliver care

- All three wards had a full multidisciplinary team, which included psychiatry, nursing, psychology, occupational therapist, social workers and support workers. Trust wide staff were also integrated such as pharmacists and the mental health act team who provided support and advice.
- All staff including bank and agency staff completed a comprehensive standard local induction. Information provided by the trust showed that at the time of the inspection 13 staff across all wards had completed the care certificate workbook.
- Staff told us they received clinical and managerial supervision every month and an annual appraisal. Staff told us they participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward. For example, de-briefing meetings took place following an incident on the ward.
- Information provided by the trust showed that between 10 October 2015 and 31 September 2016, 100% of staff at the service had received supervision. Staff we spoke with all confirmed they received supervision and were happy with the level of support they received. They felt well supported in their team.
- The trust's compliance rate for the number of permanent, non-medical staff who had received an appraisal between 1 November 2015 and 31 October 2016 was 97%, above the trust target of 90%.

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- The trust's compliance rate for the number of permanent, medical staff who had received an appraisal between 1 November 2015 and 31 December 2016 was 100%.
- Staff received appropriate training, supervision and professional development. Nursing assistants completed a care certificate workbook. All staff, including bank, completed a comprehensive induction programme that familiarised them to their place of work and prepared them for their roles. Staff had access to a wide range of specialist training specific to their role.
- The continuous development of staff skills, competence and knowledge was recognised as being integral to ensuring the delivery of high quality care. The psychology department provided additional training such as boundaries awareness, Autism and risk management awareness. Information provided by the trust showed that 12 staff from across all three wards and varying disciplines, including support workers, had completed restorative justice facilitator training and 51 staff had completed training in EQUIP therapy.
- There were regular team meetings and staff told us they felt well supported by their local management structure and colleagues. Ward managers were highly visible and available on the wards and staff morale was extremely high.
- Staff were proactively encouraged and supported to share best practice across the wards and forensic and specialist service line.
- Information provided by the trust showed that as of 28 October 2016, 100% of doctors had been revalidated.
- different disciplines demonstrated a mutual respect and the views of all professionals were well valued. All staff were actively engaged in activities to monitor and improve patient outcomes. Staff worked in a truly holistic way to assess, plan, and deliver care and treatment to patients.
- We observed clinical handover meetings on the wards and found these to be highly effective and structured. Staff clearly demonstrated excellent in depth knowledge about the patient group.
- We found evidence of inter-agency working taking place, with care-coordinators attending meetings as part of patients' admission and discharge planning. Patients confirmed with us that their care-coordinators were invited and attended meetings. The wards had a strong link with a local general practitioner. Contact links with the multi-agency public protection arrangements team and the violent and sex offender register team were maintained for the purpose of offending management. We saw evidence of effective working relationships with the local authority social services in respect of safeguarding concerns.
- The psychology team helped to facilitate training and awareness on the wards. For example, the psychology department facilitated boundaries awareness training, START training and Structured Assessment of Protective Factors for Violence risk training.
- Ward managers attended monthly performance management meeting to share good practice and consider ways to develop the service. Senior managers attended monthly governance meeting to review the effectiveness of the service and areas for improvement.

Multi-disciplinary and inter-agency team work

- All of the wards had a full multidisciplinary team meeting (MDT). A MDT is composed of members of health and social care professionals. The MDT collaborates to make treatment recommendations that facilitate quality patient care. Patients we spoke with confirmed a number of different professions supported them.
- We observed a multidisciplinary meeting and saw that each member of the team contributed and the discussion was effective, and focused on sharing information, patient treatment and reviewing the patient's progress and risk management. Staff from

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

- Training in the Mental Health Act was mandatory for all staff. As of 31 October 2016, 100% of staff had completed the training. However, staff were only expected to complete the training once, with no refresher training provided by the trust.
- Mental Health Act documentation for detained patients was in place and completed correctly.

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- Information was displayed on the ward noticeboards regarding the independent mental health advocate (IMHA) and how to contact them. This was displayed in an accessible format that was easy to read.
- We reviewed records of leave from the ward into the community being granted by the consultant psychiatrist, to patients. The parameters of leave granted were clearly documented.
- Staff supported patients to understand their rights in accordance with section 132 of the Mental Health Act. This was routinely recorded on the patients electronic care records.
- Patients' medicine charts had photographic evidence of patients attached together with T2 or T3 treatment authorisation certificates.
- Staff at the service had access to the trust's Mental Health Act administration team for support and advice when needed. The MHA team oversaw renewals of detention under the MHA, consent to treatment and appeals against detention.
- Staff received training in the MCA and DoLS and the trust identified this as core training. At the time of our visit, 97% of staff had completed this training. This was above the trust target of 85%.
- The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves. Staff we spoke with demonstrated a good understanding of the MCA. We observed staff seeking informed consent from patients. Staff held best interest meetings when patients lacked capacity to make decisions about certain aspects of their life or care and treatment. Staff clearly documented the outcome of the best interest decision in patients' care records.
- Patients' files we reviewed showed that each of them had an assessment of their capacity to consent to treatment and these were clearly recorded in the patients electronic care records.
- The trust provided information for the number of DoLS applications they made for Tarentfort Centre and Brookfield Centre. Between 1 October 2015 and 30 September 2016, no DoLS applications were made.

Good practice in applying the Mental Capacity Act

- There was a trust policy on the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.

Are services caring?

Outstanding



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

Our findings

Kindness, dignity, respect and support

- We spoke with nine patients and four relatives/carers. Patients spoke very highly of the staff and the quality of care they received. They said staff were caring and supportive and they felt truly respected, involved and empowered to make decisions as individuals in the therapies and treatments offered to them. Patients were keen to tell us about specific members of staff they felt had provided outstanding care and support.
- We saw the wards had received a number of compliments from patients, families and external stakeholders praising the care and support provided by staff to patients. Relationships between patients, families and staff were strong, caring and supportive. These relationships were highly valued by patients and staff and promoted by the multidisciplinary team.
- Carers told us they felt staff knew the patients very well. Carers felt involved in contributing to patients care plans, were invited to attend care programme approach meetings, and were aware of plans and goals for discharge. Carers said that staff communicated well with them and they were kept well informed of every aspect of their relatives care and treatment. They told us that they felt staff listened too and respected their views. One carer spoke specifically about the outstanding care and support that was received by both the patient and family following bereavement. They told us how they felt staff displayed compassion and respect and ensured that both the patient and family received counselling and support. They told us they felt the support received to be invaluable.
- When staff spoke with us about patients, they discussed them in a respectful manner and demonstrated an extremely high level of understanding of their individual needs. Staff appeared interested and engaged in providing high quality care to patients. We observed excellent interactions between staff and patients. Staff continuously interacted with patients in a positive, caring and compassionate way and they responded promptly to requests for assistance whilst promoting patients dignity.
- Patient-led assessment of the care environment in relation to privacy, dignity and wellbeing, the 2016

PLACE score for Tarentfort Centre was exceptionally high at 98%. The score for Brookfield Centre was also considerably high at 95%. Both were above the trust average of 92% and the England average of 90%. PLACE assessments are self-assessments undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services.

The involvement of people in the care that they receive

- All patients received orientation to the wards and had a dedicated portfolio in their rooms. The portfolio contained comprehensive information about the ward. The service had created a video about Tarentfort Centre so people could see what it was like and what to expect before coming to the service. This was narrated by patients and uploaded to a video sharing website. We saw that all patients received a 'Patient Information Pack' which was displayed in pictorial format and was easy read. Information included details of the multidisciplinary team, activities and mealtimes, physical health, contact with families and friends and information on how to make a complaint. Patients we spoke with all confirmed they received the information pack and felt that it was useful and informative. Patients who were moving to step down wards, visited the ward on a number of occasions prior to transfer in order to familiarise themselves with the ward.
- There was a strong, visible person-centred culture on the wards. Staff and patients told us they were empowered as partners in their care. We saw evidence of patient involvement in records such as "My shared pathway", which was a collaborative care-planning tool. Staff supported patients to work through a series of pathway booklets on specific areas including health, relationships and outcomes. Input from carers and family members were evident in the care plans. We found care plans to be person-centred and truly, recovery orientated with patients strengths and goals clearly identified. Patient's emotional and social needs were a fundamental part of their care and treatment, were highly valued by staff and embedded into care plans. Staff supported patients to maintain and develop their relationships and social networks with those close to them. Therapeutic activities were largely based in the



Are services caring?

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community and treatment programmes focussed on rehabilitation and recovery. We saw that as a minimum patients had their care plans reviewed regularly with the multidisciplinary care team at ward round and once each month with a member of the ward nursing team. Patients we spoke with all confirmed they were offered copies of their care plans and stored them safely in locked cupboards in their bedrooms. Some patients told us they did not have a copy of their care plan but this was their choice.

- All patients had an independent mental health advocate. We saw details of local advocacy services were displayed on all the wards and patients told us they were supported to access an advocate if they wished. This was displayed in an accessible format that was easy to read and in pictorial format. We saw evidence that advocates had supported patients at review meetings.
 - We saw evidence of a number of projects run by service to engage and support carers, friends and relatives. The service had a dedicated family and engagement lead. The psychology team offered behavioural family therapy for patients and carers. There was a carers champion on all wards. There were regular carer's events and a monthly carer's forum. Staff used the triangle of care self-assessment on all wards. The service had a dedicated carer information leaflet. Family and carers were involved when appropriate and information was shared according to patient's wishes. The trust provided a 'carer support worker' service, which offered advice, support and general non-specific information to any person who provides unpaid care.
 - We observed staff involving patients in making decisions about their care. Staff sought the patient's agreement throughout.
 - Staff enabled patients to be active in their care. Staff supported patients to attend their multidisciplinary meetings and plan ahead of time what they wished to discuss. For patients who did not wish to attend, staff would discuss any issues they would like raised with the MDT and then feedback to the patient in a one-to-one meeting the outcome of the discussions. We saw evidence of weekly community meetings taking place.
- During these meetings, patients were asked if they were happy at the service. Minutes were accessible for patients to read and were displayed in an easy to read format on ward notice boards.
- Patients attended regular meetings. Patients were encouraged and supported by staff to plan for ward round meetings by completing a document beforehand. Requests such as home leave, recreational activities and shopping purchases could be made for the multidisciplinary team to consider. There were planning meetings and weekly community meetings on all wards where patients were able to raise any concerns and help plan activities. Staff and patients reviewed previous issues and actions taken. Patients said they felt listened to by staff during the meeting and took appropriate action.
 - On all three wards, we saw lots of information boards and posters that patients had designed with the support of staff. They contained photographs and information of recent activities such as walking groups, fishing and cycling trips and ward activities.
 - 'You said, we did' boards were displayed on the wards. These contained comments and suggestions from patients and the actions the wards had taken to implement and make changes to improve the quality of the service. The multidisciplinary team reviewed the information and improvements or changes made to the quality of the service because of feedback received were displayed on the dedicated ward notice board. For example, on Marle ward we saw that patients' had requested more gym equipment and this had been purchased by the trust. At Brookfield Centre we saw that patients had requested ward contact information for when they were on leave from the ward. The ward had devised contact cards and each patient had one.
 - Staff and patients told us that each ward had patient representatives who attended bi-monthly meetings to discuss issues such as the quality of food and environmental issues. Patient representatives provided feedback with support from staff and this was displayed clearly on the wards. Patients told us this was valuable in expressing the wishes of the patient group and influencing change. They felt listened to and involved in the running of the service.



Are services caring?

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

- Patient experience forums and service user groups took place monthly. Minutes and a newsletter were issued which clearly showed the agenda for what had been discussed and actions taken.
- Following our inspection in March 2015, we told the trust they should review and appropriately implement the use of advanced plans of care. During our inspection in January 2017, the trust had taken positive action to address the concerns we raised. Staff and patients collaboratively designed a wellness recovery action plan

(WRAP) which was accessible for people with a learning disability. We reviewed 15 care and treatment records and found that staff had clearly documented discussions had with patients about completing the comprehensive advance plan of care. Patients we spoke with told us staff had discussed this topic with them but by their own choice had not completed one. Staff we spoke with confirmed that WRAP would be updated annually with patients as a minimum.

Are services responsive to people's needs?

Outstanding



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

Our findings

Access and discharge

- The average bed occupancy level between 1 October 2015 and 30 September 2016 for Marle ward was 98%, Riverhill ward 93% and Brookfield Centre 93%. Bed occupancy levels are the rate of available bed capacity. It indicates the percentage of beds occupied by patients.
- Information provided by the trust showed that between 1 October 2015 and 31 September 2016 there were no people from other areas with learning disabilities or autism on these wards. Due to commissioning arrangements, the trust did not have the ability to provide a service for female patients with learning disabilities or autism. Female patients from the area who required a similar service were mostly placed in private beds within the local area.
- Patients on leave from the ward had their bed allocated to them and this remained available to them throughout their absence from the service. This meant that should the patient need or wish to return from home leave early they could.
- Patients were not moved between wards during an admission episode unless they needed to be transferred on clinical grounds and it be deemed to be in the patient's best interests.
- Beds were available on a referral basis. Referrals for admission to Tarentfort Centre came from general adult mental health services, learning disability health professionals, prison in-reach teams and other professionals involved in the care and management of learning disabled clients. Referrals for Brookfield Centre came from community mental health teams, learning disability health professionals, prison mental health in-reach teams, in-house referrals and other health professionals.
- Clinical staff and members from the senior management team attended a weekly bed management and referrals meeting. Ward managers told us that all current ward bed occupancy levels were scrutinised as well as transitions into the service, through the service, and discharge from, the inpatient service. We were also informed that the service were gatekeepers for beds in their service. This meant that they reviewed all referrals for the service and did not have to go through the trust bed capacity team when they wanted to admit a patient into the service.
- Between the 1 October 2015 and 31 September 2016, length of stay ranged from 196 days and 1045 days.
- As part of the transforming care programme for people with learning disabilities, the service was clearly discharge oriented and committed to achieving a sustained reduction in the number of patients admitted to the wards. Staff undertook thorough pre-admission assessments, which ensured that only patients whose behaviours that challenged or whose mental health was to a degree, which meant they could not be managed safely or appropriately in the community were admitted to the wards. Pro-active discharge planning took place from the point of admission. The multidisciplinary team were all actively involved in deciding when a patient was ready for discharge. The service worked in conjunction with the patient and partner agencies to facilitate discharge as soon as was safely possible. We reviewed 15 care records and found that staff and patients regularly discussed discharge planning during ward rounds and care programme approach meetings. Clear care and support plans and an estimated date of discharge were put in place. A range of external professionals including care managers, social workers, community care staff, relatives and carers and commissioning bodies attended pre-discharge meetings. When patients were moved or discharged this happened during the day to ensure their wellbeing during the discharge process.
- Patients' received care and treatment reviews. An NHS England review team carried out these multidisciplinary assessments. They ensured that patients were getting the right care, in the right place that met their needs and they were involved in decisions about their care. Information provided by the trust showed that at the time of the inspection 21 patients had received a care and treatment review. Outcomes and recommendations were then made. One of the reviews we looked at showed that the patient was safe in the service with a recommendation that staff carry out a capacity assessment to determine the patient's capacity to consent and understand future living arrangements.

Are services responsive to people's needs?

Outstanding



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

- Information provided by the trust showed that between 1 October 2015 and 31 September 2016 there were no delayed discharges reported for the service.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward environments had a full range of rooms and equipment available and were comfortable. This included space for therapeutic activities and treatment. The wards were furnished to a good standard, in excellent repair and with high levels of cleanliness.
- Marle ward and The Brookfield Centre had a designated room available for patients to meet visitors. Riverhill ward had a multi-purpose room that was used as a meeting room and visitors' room.
- Each ward offered patients' access to a secure outside space with seating available and outside activities available, such as badminton and basketball.
- Staff were committed to improving the quality of food provision for patients. The meals provided across the trust were cook / chill. This meant the food had been pre-cooked and quickly chilled so that staff could reheat on the wards. The meals were on a three-week rotation and patients chose in advance, what they would like to order. We received some mixed feedback about the quality of the food. Some patients told us food was at times served cold and the portion size could be improved. The service implemented a 'Come dine with me' initiative. Members of staff from the senior management team were invited to eat on the wards with the patients so they could sample food from patients' perspective. The service also carried out a food survey to explore levels of satisfaction for catering services across the three wards. Patient food representatives attended regular 'site food meetings' with the catering department to discuss ongoing concerns and share new ideas. Hot and cold beverages and snacks were available at all times on the wards. Staff facilitated activity groups on the wards such as pizza and sandwich making and smoothie groups to offer variety and alternatives for patients.
- In relation to food, the 2016 PLACE score for all three wards was 100%. PLACE assessments are self-assessments undertaken by NHS providers, and include

patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services.

- We saw that patients had personalised their bedrooms and were encouraged to do this by staff. Patients were free to access their bedrooms at any time. Patients at Brookfield Centre were able to access their bedrooms with their own wristband access fob. Patients at Tarentfort centre did not have key access. Bedrooms could be locked by staff or left open depending on patient's request. Most patients preferred to leave their bedroom doors unlocked so they could access theses at any time. All patients were able to store their possessions securely in their bedrooms in a locked bedside cabinet. Patient's bedroom doors had a vistamatic window, which allowed staff to carry out observations without the need of opening the bedroom door. We saw that patient's preference was clearly marked on their bedroom doors to inform staff if they would like the window shutters to be left open or closed. Patients had been involved in creating artwork that was displayed both on and off the ward environment to personalise these areas.
- Patients on all three wards had access to an extensive activities programme. Occupational therapy staff worked with patients to develop a variety of individual sessions that were based on the therapeutic value of the activities. We saw they operated a model, which focused on a holistic, person-centred, and recovery based approach. Patients spoke highly of the daily and weekly activities that were offered across the three wards. The activities were varied, recovery focused and aimed to motivate patients. We saw that the activities programme covered evenings and weekends and included sports, cooking, computers and swimming. Patients on all wards had internet access, which was risk assessed and monitored. Patients at Brookfield Centre could have their own mobile phones. All wards had access to pay phones, which were situated on the wards, and available at all times.
- The links with external organisations for patients to engage in activities was excellent. Patients had access to literacy and numeracy education, which was provided by external tutors. There was access to local college programmes for patients who wanted to make use of

Are services responsive to people's needs?

Outstanding



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them. Patients from across the three wards participated in a football league especially for people with learning disabilities and visited local football stadiums to practice.

Meeting the needs of all people who use the service

- All three wards were built and designed to support the needs of patients with physical disability when required.
- Staff gave patients an information leaflet, which contained information on treatments, associated agencies and how to make a complaint. Information was clearly displayed on communal noticeboards on all the wards in an accessible and easy to read format including pictorial. This included information for the Patient Advice and Liaison Service (PALS). Patients we spoke with felt confident that they could make a complaint if they needed to. Staff were aware of the process for managing complaints.
- Staff respected patients' diversity and human rights. Attempts were made to meet patient's individual needs including cultural, language and religious needs. Brookfield Centre had information such as ward activities and food menus displayed in English and Slovakian to support patients' language needs. We observed a medication round on Brookfield Centre and observed a nurse interacting with a patient. English was not the patient's first language although they did understand it. The nurse respectfully modelled what the patient needed to do with when applying creams to ensure they understood.
- Staff adopted a very flexible approach to the delivery of treatment interventions and therapies based on the individual needs of the patients. For example, during our inspection we were made aware of two patients who were working with the psychology team around gender reassignment and were supported by staff and external advocacy.
- Interpreters were available and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act 1983 were available in different languages.
- All wards had champions identified within the staff team and patient group. For example, the wards had carers'

champions. Carers' champions are members of staff who are enthusiastic about improving support and promoting service for carers'. Trained staff offered advice to their colleagues about carer's issues and maintained links with carer's and local support groups. Information provided by the trust showed that at the time of our inspection, seven staff had completed training in 'Think families' and a further 68 staff had attended carers awareness training. Other staff champion roles included equality and diversity, health and safety, ligature and safeguards. Patients also took on champion roles which included food and infection control.

- Contact details for representatives from different faiths were on display on the wards. A specialist chaplain offered religious and spiritualist support to the patients of all faiths and of none. Patient's religious preferences were identified as part of their admission to the service. Patients who wished to attend church in the community were supported to do so by staff.
- A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to access appropriate meals.
- Staff supported and encouraged patients to keep in contact with relatives and important people in their lives with ward and home leave visits, section 17 leave, Skype and telephone contact.
- In relation to how well the premises was equipped to meet the needs of people with disabilities, the 2016 PLACE score Tarentfort Centre scored 84%, which was below the trust and England average. Brookfield Centre scored 90%. This was above the England average of 85%. PLACE assessments are self-assessments undertaken by NHS providers, and include patient assessors who are members of the public. They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services. However, we observed that the ward could support patients who required disabled access and equipment such as hoists were available in the service.

Listening to and learning from concerns and complaints

- Patients and carers told us they knew how to complain. Patients were given information about how to make a complaint in the 'patient information pack' they

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Outstanding



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received and information was clearly displayed on the ward noticeboards. This included information for the Patient Advice and Liaison Service. Patients and carers we spoke with felt confident that they could raise a complaint but had not needed to do so. Staff were aware of the process for managing complaints.

- Records shown to us by the trust showed that between 1 October 2015 and 31 September 2016 the service had received two complaints and 17 compliments.

- Staff were aware of duty of candour requirements, which emphasise transparency and openness. The duty of candour requires NHS and foundation trusts to notify the relevant person of a suspected or actual reportable patient incident.
- Staff told us that learning from complaints across the wards, forensic specialist service line and the wider trust was discussed at team meetings and shared via staff notices, flyers and bulletins. Complaints were reviewed and responded to in a timely way and listened to. Improvements were made to the quality of care as a result.

Are services well-led?

Outstanding



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

Our findings

Vision and values

- Ward managers and other staff we spoke with were aware of the trust's vision and values and these were clearly displayed on all of the wards. Staff spoke passionately about the trust and clearly felt valued and proud to work for the organisation and specifically the specialist service line, which wards for people with learning disability or autism came under. Staff continuously displayed enthusiasm and dedication throughout their work.
- Ward managers had regular contact with the service manager and director. Staff knew senior managers from the trust and told us that they had visited the wards. Staff told us that they felt well supported by the trust and the forensic service line directorate.
- Patients and staff from across the three wards came together for an annual respect day. From this all staff and patients signed up to a 'Respect Charter' which set out the wards visions, values and goals and focused on attitudes, behaviour and practices of both staff and patients. Staff told us the aim of the charter was to challenge stigmatisation. The charter was reviewed yearly and was clearly displayed on the wards.

Good governance

- The trust collected data regularly on performance. The trust had a performance dashboard, which clearly identified key activities and targets. We saw that performance was measured against a range of indicators, which included complaints, serious incidents and types of incidents. Examples of this included the Business Intelligence reports that monitored current patients care programme approach documentation and informed staff on a monthly basis if records such as care plans, risk assessments or care coordinator/keyworker responsibilities had been completed, reviewed and updated. Where performance did not meet the expected standard action plans were put in place and implemented to improve performance. We saw evidence of improving performance across the service.

- Staff had access to a wide variety range of statutory and mandatory training to support them in their roles. Staff had excellent opportunities to attend specialist training to support them in developing their practice and improve care and treatment outcomes for patients.
- Staff received regular supervision in line with trust policy. Ward managers told us they operated and encouraged an open door policy, where staff and patients' could come and speak with them at any time. Staff we spoke with told us they felt well supported by their managers and colleagues.
- Staffing levels on the wards were appropriate. There was sufficient staff on shift and staff were appropriately skilled and qualified to ensure the safety and wellbeing of the patients were being met. A robust multidisciplinary team with staff from different professions supported each ward
- Staff were involved in a wide variety of national and local clinical audit programmes, research and peer review projects which were designed to improve and enhance the quality of service provided to patients.
- The learning from complaints, serious incidents and patient feedback was identified and actions were planned to improve the service.
- We saw evidence of learning from incidents taking place. Staff and patients were involved in post incident de-briefs and review processes.
- The ward managers told us they were encouraged and supported to manage the wards autonomously. They also said that where they had concerns these could be raised and were appropriately placed on the trust's risk register.

Leadership, morale and staff engagement

- The trust had identified its ongoing requirement for staff and was addressing this through recruitment campaigns. The trust had implemented a variety of initiatives to ensure vacancy levels decreased. For example, the service supported student nurses on placement from local universities, hosted recruitment open days and developed the health care worker career pathway.

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Outstanding



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- Sickness levels overall on learning disability and autism wards were below the trust target. For the period 1 October 2015 to 30 September 2016, the sickness rate for Riverhill ward was 1%, Marle ward 9% and Brookfield Centre 2%. The national NHS average was 5%.
- At the time of our inspection, there were no grievance procedures, allegations of bullying or harassment reported across the three wards.
- Staff knew how to report concerns through the trust whistleblowing process. Staff told us they felt confident they could raise concerns if needed without fear or repercussion.
- All staff we spoke with were clearly passionate and proud to work for the organisation and as part of the specialist service line for wards for people with learning disability or autism. Staff continuously displayed enthusiasm in their work and demonstrated a clear dedication to achieve the best possible outcomes for their patient group. Patients we spoke with repeatedly praised the staff and told us they felt empowered and equal partners in their care due to staff.
- Staff from the multidisciplinary team worked in equal partnership and clearly respected and valued each other's decisions. Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could for the patients on the wards. There was high staff morale across the three wards. All the staff we spoke with were enthusiastic and proud about their work and the care they provided for patients on the wards.
- We found the wards to be well-led and there was clear leadership at a local level. The ward managers were visible on the wards during the day and were accessible to staff and patients. The clinical team were clearly motivated to inspire and support staff to succeed. Staff described strong leadership across the wards and said that they felt respected and valued. The ward managers spoke highly of the staff and felt they provided a high quality service, with good outcomes for patients and families.
- There was an open culture on the wards. Staff told us they were encouraged and supported to discuss ideas

within the team. We saw a number of projects that staff were actively engaged in to support their drive for continuous improvement in the quality of care and treatment for patients and their experiences.

- All wards attended regular 'away days' to encourage and strengthen team relations.

Commitment to quality improvement and innovation

- The wards participated in the Royal College of Psychiatrists' quality network for forensic mental health services.
- The wards had implemented the 'Safewards' initiative to promote the wards feeling safe and calm. Safewards has a number of interventions, which included mutual expectations, talk down, reassurance and soft words.
- The service had adopted the '15 step challenge', on Tarentfort Centre which was a toolkit used by staff to assess first impressions of healthcare from a patients perspective and to support continued improvement in service delivery, treatment and care.
- The psychology team delivered 'Keeping safe in the community' and 'Moving on' groups, which supported patients in moving through the service and into independent community living.
- The service offered behavioural family therapy for patients and carers.
- We saw a quality initiative called, "Peak of the week" which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the organisation. We found that staff were particularly motivated, engaged and energised by this initiative.
- There was service user and carer involvement including staff carer champions on all the wards, patient and carer forums, community meetings and a family engagement and liaison lead.
- As part of the service commitment to quality improvement, the team focused on three key outcome measures to support patients' at care programme approach meetings. These included HoNos secure, START and HCR20. A psychology student completed their dissertation on this topic and the service adopted

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the recommendations and next steps for longer-term progression. This meant that key outcome measures were consistently used to evaluate patients' progress throughout their stay at the service.

- Staff were encouraged to continually review practice and identify ways to improve quality of care and patient outcomes. The service, with support from the

psychology team, had recently devised a clear care pathway for both Tarentfort Centre and Brookfield Centre, which focused on person-centred care in the least restrictive way for patients. At the time of our inspection, this was beginning to be integrated into 'My Shared Pathway' and care programme approach meetings.