

Newbus Grange

Quality Report

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

Ratings

Overall rating for this location

Good



Are services effective?

Good



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

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

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

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

Overall summary

We rated Newbus Grange as good because:

- Following our last inspection in January 2016, the provider was required to make improvements in relation to two regulatory breaches. The breaches

related to concerns about authorisations relating to Deprivation of Liberty Safeguards and implementation of the Mental Health Act code of practice. The report about this inspection was published in June 2016. We carried out a focused inspection within six months of

Summary of findings

the published report and found the provider had made improvements to the service. We have re-rated the effective domain from requires improvement to good.

- The provider had undertaken actions to ensure changes in the revised Mental Health Act code of practice were implemented. We were provided with a plan which showed a review of systems, processes and policies identified within the code of practice which required amending. Training for staff reflected changes in the Mental Health Act code of practice. Annual 'quality development reviews' included monitoring of person centred care planning and positive behaviour support.
- Staff received training in relation to autism and learning disabilities.
- The provider had a system in place to ensure policies were kept up to date. We saw evidence of this and how

the provider ensured staff were made aware of new or updated policies. An up to date Mental Capacity Act and Deprivation of Liberty Safeguards policy which complied with the Mental Health Act code of practice was in place.

However:

- The provider did not document decision making for whether patients met the requirements of the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards.
- Some staff could not demonstrate a good understanding of the Deprivation of Liberty Safeguards.
- The provider had not fully completed updating its policies in line with the Mental Health Act code of practice 2015.

Summary of findings

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Good 

Newbus Grange

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Newbus Grange

Newbus Grange is a 17-bed hospital that provides 24-hour support for men aged 18 years and over who are living with autism, a learning disability and have complex needs. It also supports individuals who are detained under the Mental Health Act and those who have behaviours that challenge or have difficulties with social engagement.

The hospital is registered with the Care Quality Commission to provide the following regulated activities:

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

The hospital has a registered manager in place who has been in post for over two years. The registered manager also acts as the accountable officer for controlled drugs.

At the time of our inspection there were 15 patients receiving care and treatment at the hospital.

There had been one previous inspection carried out at Newbus Grange. This inspection took place in January 2016 and the hospital was found to be non-compliant with Regulations 13 and 17 of the Health and Social Care Act (RA) Regulations 2014.

Our inspection team

Team leader: Alma O'Rourke

The team that inspected Newbus Grange consisted of one CQC inspector and one inspection manager.

Why we carried out this inspection

We undertook this inspection to find out whether Newbus Grange had made improvements since our last comprehensive inspection on 19 and 20 January 2016.

When we last inspected Newbus Grange, we rated it as good overall. We rated the effective domain as requires improvement and the safe, caring, responsive and well-led domains as good.

Following the inspection we told the provider that it must take the following actions to improve services:

- The provider must have a plan in place to ensure changes in the revised Mental Health Act Code of Practice are implemented.

- The provider must ensure staff undergo training in relation to autism or learning disabilities and how changes to the Mental Health Act code of practice influences clinical practice.
- The provider must also have a system in place to ensure policies are kept up to date.
- The provider must have an up to date policy in place relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.

We issued two requirements notices. These related to:

- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

How we carried out this inspection

We asked the following question:

- is it effective?

Summary of this inspection

On this inspection, we assessed whether Newbus Grange had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about the location and reviewed a recent Mental Health Act review visit report.

During the inspection visit, the inspection team:

- Spoke with the registered manager.
- Spoke with four other members of staff including support workers and a qualified nurse.

- Spoke with four patients.
- Looked at four Deprivation of Liberties Safeguarding records.
- Carried out a specific check of the Mental Capacity Act and Deprivation of Liberties Safeguarding Policy.
- Carried out a specific check of how the provider ensured policies were up to date.
- Reviewed staff training records.
- Reviewed progress in relation to implementation of the Mental Health Act code of practice 2015.

What people who use the service say

We spoke with four patients during our visit. Patients told us they liked it at the hospital and said they liked the staff. Staff were described as caring and nice. Patients were able to make or have a drink when they wanted and they told us the food was good.

Patients had a copy of their care plan and told us they talked to the doctors and nurses about their care.

There was a programme of activities for patients to do both inside and outside of the hospital.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services effective?

We rated effective as good because:

- The provider had undertaken actions to ensure they were compliant with the changes in the revised Mental Health Act code of practice. They were working on ensuring all policies, systems and processes reflected the code of practice.
- Staff had received training in relation to autism and learning disabilities.
- The provider had a system in place to ensure policies were kept up to date.
- The provider had up to date Mental Capacity Act and Deprivation of Liberty Safeguards policies in place.

However:

- The provider was not documenting the decision making relating to whether to use the Mental Capacity Act or the Mental Health Act for patients deprived of their liberty.
- Staff training in the Deprivation of Liberty Safeguards was below the providers target and knowledge amongst staff varied.
- A plan to update policies following publication of the revised Mental Health Act code of practice in April 2015 was in place. Several policies had not been finalised at the time of our visit however the provider assured us that these would be completed by the 30 November 2016.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

Mental Health Act training was mandatory and 80% of staff were up to date with training at the time of our visit. Support workers we talked to were aware of who was on

a section and what restrictions they had in terms of leave. The provider's systems supported the appropriate implementation of the Mental Health Act and its code of practice.

Administrative support was available from a central team. Annual audits were carried out to ensure the Mental Health Act was being implemented correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguard training was mandatory and 73% of staff were up to date with training at the time of our visit. The provider had an up to date Mental Capacity Act policy and a Deprivation of Liberty Safeguards policy to support staff in applying the legislation appropriately.

Knowledge and understanding varied amongst staff but most staff knew who was subject to a deprivation of liberty authorisation. Not all staff we talked to were clear what it meant for someone to be deprived of their liberty and what this meant in practice.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	N/A	Good	N/A	N/A	N/A	Good
Overall	N/A	Good	N/A	N/A	N/A	Good

Wards for people with learning disabilities or autism

Effective

Good 

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

Good 

At the last inspection in January 2016 we identified the provider must take actions to improve including:

- Ensure a plan is in place with regard to implementing the changes of the revised Mental Health Act code of practice.
- Ensure staff undergo training in relation to autism or learning disabilities and how changes to the Mental Health Act code of practice influences clinical practice.
- Ensure policies are kept up to date.
- Ensure an up to date policy is in place relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Skilled staff to deliver care

We found staff received the necessary specialist training for their role including autism training. All new members of staff received a comprehensive induction into the service. Staff told us this was very useful. Depending on their role, staff had identified policies which they had to read within their induction period.

Support workers undertook national vocational qualifications which included modules on autism and this was mandatory. We talked to three support workers who told us they had received autism training. The courses they attended included communication training. Specialised communication training such as Makaton, which is a form of sign Language, and Talking Mats was also provided and some staff had attended this. Staff also told us that learning took place through shadowing more experienced staff. The manager told us that other members of the multidisciplinary team such as the occupational therapist would provide dedicated sessions with staff around specific communication requirements in care plans.

Nursing staff were appropriately qualified in learning disabilities. All staff we talked to told us they were able to apply for extra or additional specialist training.

The training matrix showed that staff received training in positive behaviour support, which is a best practice approach when working with people with learning disabilities who have behaviours that challenge. We observed staff interacting with patients during our visit and during patient interviews talked to the member of staff accompanying the patient. Staff presented as caring and responsive to the patient's needs. Staff supported patients and clearly knew the patients well.

Adherence to the MHA and the MHA Code of Practice

Mental Health Act training was mandatory for staff. Eighty percent of staff had attended training which was compliant with the provider's target of 80%. Training included the guiding principles of the Mental Health Act code of practice. Support workers we spoke to were aware of which patients were on a section of the Mental Health Act. Staff understood what restrictions patients had, for example section 17 leave requirements.

The provider had a central Mental Health Act department which provided support and legal advice. Staff knew how to contact this department.

An annual audit to ensure that the Mental Health Act was being applied correctly took place. We heard how learning and actions from these audits were monitored through the clinical governance structure. Monthly 'internal service review' reports were used to provide progress updates to the regional clinical governance group and senior managers of any action points.

We were given details of how the provider ensured the Mental Health Act code of practice was in place and was being followed by staff. This included annual audits, 'quality development reviews', and group and service level clinical governance meetings. The service had planned that from November 2016 Mental Health Act managers would start to attend clinical governance meetings to ensure any issues relating to mental health law and outcomes from CQC Mental Health Act reviews were addressed accordingly.

Wards for people with learning disabilities or autism

A plan to update policies and processes following publication of the revised Mental Health Act code of practice in April 2015 was not yet complete. Nine amended policies had not been finalised following review and three new policies were in progress. We were informed that full completion of all new and revised policies would be completed by the end of November 2016. Since our visit we received confirmation from the provider that all policies and processes had been completed and were in place.

Good practice in applying the MCA

Mental Capacity Act training was mandatory for staff. Seventy three percent of staff had attended training which was below the provider's target of 80%. The manager told us that a further 14 members of staff were booked on sessions in November 2016. Some staff we talked to felt they had a good understanding of the principles of capacity and gave examples of what this meant in practice. Others felt their knowledge was developing and were not fully aware of what it meant for patients who were subject to a deprivation of liberty.

Administrative advice and support regarding the Mental Capacity Act and Deprivation of Liberty Safeguards was available from the central Mental Health Act office. Staff adherence to the Mental Capacity Act was audited.

Documentation for authorisation of Deprivation of Liberty Safeguards was kept in a separate file for each patient. At the time of our visit eight patients were subject to deprivation of liberty authorisation. We looked at four of the eight patient records. All records had the correct authorisation and there were details of best interest process being followed where applicable.

The court of protection had extended one patient's authorisation and details of this were filed separately from

the rest of the records. We felt this may have made it difficult for staff to identify what legal authorisation was in place and staff copied the letter from the court to the file during our visit.

We saw evidence of letters to commissioners and the local authority regarding out of date applications and consideration of the care and treatment being reviewed to provide the least restrictive practice possible for patients.

None of the records we looked at had evidence of decision making of whether to use the Mental Capacity Act or the Mental Health Act to authorise the deprivation of liberty. The manager and staff were able to describe the decision making which took place at the multidisciplinary team meetings but could only find documented details in one file. This did not follow the decision making process as stated in the providers policy. The manager took immediate action and proposed that the multidisciplinary team meetings used a flowchart to guide and document discussions.

When we visited in January 2016 we saw that the Mental Capacity Act and Deprivation of Liberty Safeguards policies in the hospital were out of date. When we visited in October we found both these policies were up to date. There was evidence in the policy file that staff had read these policies and signed to confirm this. The policies complied with the updated 2015 Mental Health Act code of practice requirements.

We saw the process for when policies were changed or updated. The hospital had two paper policy files; one for care staff and one for non-care staff. Updates were issued by the company and a copy was placed in a 'message book' for staff to look at straight away and a copy placed in the policy file. Staff were also sent an email to alert them to the new policy or policy update.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure decision making for whether patients meet the requirements of the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards is fully documented.
- The provider should ensure that all staff have a clear understanding of the Deprivation of Liberty Safeguards and what this means in practice.
- The provider should ensure changes to policies, procedures and guidance in relation to the Mental Health Act code of practice are completed to ensure staff have up to date guidance to support them in meeting the requirements of the code of practice.