

The Views





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 safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

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

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

Summary of findings

Overall summary

We rated The Views as good because:

- The hospital was clean and had a homely environment
- When entering the kitchen we observed it to be clean and tidy. Relevant health and safety notices about food hygiene were displayed on the walls.
- There was a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that were checked regularly.
- Staff and patients told us there were always enough staff on duty. Any shortfalls were covered by bank staff or by staff from other Cambian hospitals in the local area.
- All patients had an updated risk assessment on admission. Risk assessments were updated on a daily basis.
- Care plans were well written and covered different aspects of care - showing individualised care planning. All care plans were written in the first person and clearly showed patient involvement.
- Regular quality meetings were held and best practice discussed within these meetings was shared.
- Staff interviewed knew how to report incidents and knew what incidents they must report.
- Medical staff undertook physical health examinations for all patients on admission. General physical health information was gained from previous general practice.
- Kitchen staff were actively involved with the nursing staff to provide a healthy and nutritious diet whilst allowing choice.
- Staff organised routines around patients' habits and preferences instead of staff convenience.
- The hospital had a full range of mental health disciplines involved in the care given to patients.
- There was evidence of clear leadership at a local and senior level. Managers were visible during the day-to-day provision of care and treatment and were accessible to the staff and patients.

However:

- Not all staff were up to date with mandatory training.
- Supervision was not taking place regularly for all staff.

Cambian Mental Health Act(MHA) policies had not been updated to take account of the code of practice(2015).

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Wards for
people with
learning
disabilities or
autism**

Good



Start here...

Summary of findings

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Summary of this inspection

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Good 

The Views

Services we looked at

Wards for people with learning disabilities

Summary of this inspection

Background to The Views

The Views is an independent hospital situated near the centre of Matlock in Derbyshire. The hospital provides care and support for up to ten women with learning disabilities, challenging behaviour and/or complex mental health needs.

At the time of our inspection there was a registered manager who is a person who has registered with the Care Quality Commission to manage the service. They have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The Views are registered with the CQC for:

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

CQC has inspected The Views in February 2014. The service was found to be compliant with the standards that visit focused on.

Mental Health Act Review visits conducted in September 2013 and August 2015 did not reveal any areas of concern.

Our inspection team

Lead inspector: Nicholas Warren

Our inspection team comprised two CQC inspectors, one specialist advisor (senior manager in LD services) and one

expert by experience. Experts by experience are people who have direct experience of the care services we regulate or who care for someone who has experience of using these services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment and observed how staff cared for patients
- spoke with nine patients
- spoke with the covering registered manager and the acting manager
- spoke with 30 other staff members including doctors, nurses, a speech and language therapist, an occupational therapist, support workers and a psychologist
- received feedback about the service from two care co-ordinators and two commissioners
- spoke with an independent advocate
- attended and observed two handover meetings, two multidisciplinary meetings and a pre-discharge meeting

Summary of this inspection

- collected feedback from eight patients using comment cards
- looked at nine patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke with a social worker and other disciplines involved in providing care in the community.

What people who use the service say

- We received eight completed patient comment cards. All cards listed positive feedback about care at The Views, even from patients who were unhappy about being detained under the Mental Health Act. Patients spoken with said they were treated with respect and that staff were caring. They said they were given easy read copies of their care plans and were involved in writing them. Patients said they felt safe on the unit
- We spoke with four carers and relatives and received positive feedback about the caring way in which staff looked after patients. Comments included how good staff were at spending time with patients planning care, and how they were kept well informed of all aspects of their care
- Local commissioners had no concerns about the service and said they worked well together.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- the hospital was very clean and tidy. The kitchen had the relevant health and safety notices about food hygiene displayed on the walls and they were up to date. The provider completed monthly audits into different aspects of the service's management and created improvement action plans when necessary. All cleaning records reviewed were up to date and complete.
- access to the hospital was by locked door leading into a locked lobby
- there was a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that were checked regularly
- there were few ligature points; all identified ligature points had been appropriately risk assessed by the manager and staff were aware of the where they were and the plans in place to minimize them
- there were no seclusion rooms and challenging behaviour was managed through least restrictive practice such as increased support and observation. Patient restraint records showed staff always considered least restrictive practices and we saw evidence that these were regularly reviewed in the individual risk assessments
- maintenance and servicing records showed the premises and systems such as central heating boilers, panic buttons were regularly monitored and maintenance was carried out as required
- staff and patients told us there were always enough staff on duty, qualified or experienced staff were present in communal areas and any shortfalls were covered by bank staff or staff from other Cambian hospitals in the local area
- the effects of medication were monitored by staff and recorded in the patient notes. There was no inappropriate or unnecessary use of medicines to restrain patients or control their behaviour

However:

- Not all staff were up to date with mandatory training. We discussed this with the manager and some staff were awaiting updates.

Good



Summary of this inspection

- Cambian MHA policies had not been updated at the time of our inspection, but the mental health act administrator had updated local mandatory training and was ensuring all staff were brought up to date.

Are services effective?

We rated effective as **good** because:

- we reviewed care plans for all nine patients. Staff together with the patients wrote detailed care plans and captured their individual needs
- staff were aware of and followed National Institute for Health and Care Excellence (NICE) guidelines for challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- all patient notes contained a positive behaviour support plan which described triggers/early warning signs for behaviours that challenge as well as actions staff could take to reduce negative behaviour
- kitchen staff worked closely with nursing staff to devise and provide a healthy and nutritious diet that also offered patients choice
- every patient had a hospital passport that listed their communication needs and treatment preferences in case they had to be taken to hospital in an emergency
- the hospital had a full range of mental health disciplines involved in patient care
- handovers of care between staff were very thorough and included patient observation levels, risk assessments and risk levels, and events for the day including appointments.

However:

- We looked at the supervision records and found some staff supervision did not take place regularly. The acting manager along with the team leader had recognised the lack of supervision and had over the last two months taken steps to remedy this. We were told that this would continue.

Good



Are services caring?

We rated caring as **good** because:

- staff interacted with patients in a kind and dignified way and showed respect
- patient records and care plans clearly showed patient involvement
- staff involved patients in choosing their activities and care

Good



Summary of this inspection

- There was access to an independent health advocate and patients were supported to see them
- patients, carers and families were involved in the care planning process when appropriate
- families and carers attended regular review meetings at the service
- a weekly community meeting for patients took place and provided an opportunity for patients to provide feedback into the running of the service.

However:

- The admission pack was not available in an easy read format, which limited its usefulness.

Are services responsive?

We rated responsive as **good** because:

- patients were assessed for suitability for the service via a pre-admission assessment process
- newly admitted patients had a 72-hour care plan to assess their immediate needs
- all patients had a discharge plan and regular multidisciplinary team (MDT) meetings to progress these discharge plans
- the kitchen provided good quality food and the menu was well thought out and adaptable to patient choices (including religious and cultural choices)
- patients could take leave away from the hospital building and make choices about where they went
- there was a wide range of easy-read information leaflets which were clearly displayed and easily accessible for all
- all patients received information on how to make complaints.

However:

- Patients were not involved with the selection and interviewing of staff.
- There were limited kitchen facilities on site for patients to cook. The hospital were in the process of having a kitchen built for patients to use.

Good



Are services well-led?

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

- there was evidence of clear leadership at local and senior levels. Managers were visible during the day-to-day provision of care and treatment and were accessible to their staff
- there was a great commitment towards continual improvement and innovation. Staff read specialised magazines to research

Good



Summary of this inspection

areas of best practice and brought their ideas into the hospital through supervision and quality meetings. We saw examples of where staff ideas had been used to improve patient care. Staff participated in research to help improve patient care

- there was a strong team at support-staff level which was well led by their team leader. Staff we spoke with said the team leader worked alongside them and provided good informal supervision
- staff told us morale was generally high
- there was clear learning from incidents
- there were creative attempts to involve patients in all aspects of the service
- the service was proactive in capturing and responding to patients' concerns and complaints. We saw minutes of meetings where patients concerns were addressed directly with them.

However:

- supervision was superficial. Outcomes from the sessions were not as specific and measurable as outlined in the CQC's guidance on effective supervision. This had been recognised and some work was being undertaken to address the problem. We were assured us this would continue.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- The hospital had recently been inspected by a Mental Health Act reviewer and no areas of concern had been raised
- Staff had received training and showed a good understanding of the Mental Health Act and the code of practice. 79% of staff were up to date with their MHA training
- The documentation we reviewed in detained patients' files was up to date, stored correctly and compliant with the MHA and the Code of Practice
- Consent to treatment and capacity forms were completed and attached to the medication charts of detained patients
- Staff had access to legal advice from the MHA administrator's office and the organisation's legal advisors and we saw regular audits were carried out throughout the year to check the MHA was being applied correctly
- People have their rights under the MHA explained to them at admission and routinely thereafter. Patients have access to the Independent Mental Health Advocate (IMHA) services and staff were clear on how to access and support engagement with the IMHA.

Mental Capacity Act and Deprivation of Liberty Safeguards






- All staff were trained in the MCA and DoLS by classroom training. This was then supported by on line workbooks. 79% of staff were up to date with their MCA training
- All staff spoken with understood the MCA and DoLS and could give good examples of where they used the principles of the MCA in practice.
- Care plans reflected that mental capacity had been taken into consideration when they had been written.

Overview of ratings

Our ratings for this location are:

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

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

- Access into the hospital was by a locked door leading into a locked lobby. The entrance also had a security camera installed to allow early identification of anyone entering the building. All staff and visitors were given personal alarms. During our visit staff responded to an activated alarm very quickly
- The hospital was very clean and had a homely environment with bedrooms personalised to patients and a comfortable lounge
- The kitchen was clean and tidy with relevant health and safety notices about food hygiene displayed on the walls.
- An examination of the fridge and freezer showed all the food was labelled and dated. We saw the register of food temperatures and noted they were recorded as required with the most up to date entry having been made that morning. They had a Food Standard Agency rating of five the highest rating given. Electrical equipment such as fridges had in date electrical safety testing notices.
- There was a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that was checked regularly. We saw weekly clinic to do lists for the last three months. Staff completed actions on a daily

basis. This ensured the clinic area was safe and equipment was working. It also included other checks relating to medication. Staff signed checklists to confirm the checks were completed.

- On entry to the hospital, staff had provided an alcohol hand gel bottle and signs were displayed promoting its use in reducing infection risks.
- There were few ligature points and these had been appropriately risk assessed by a ligature risk assessment. Ligature points are places to which patients intent on self-harm might tie something to strangle themselves. We observed that there were many anti ligature precautions across the hospital.
- The hospital was spread over three floors with small corridors separating rooms. There were no clear lines of sight from the nursing office. Staff told us they increased levels of observation with individual patients who were at risk to mitigate this. Non-patient areas were locked.
- There were no seclusion rooms and staff managed challenging behaviour through least restrictive practice such as increased support and observation
- Electrical devices had the appropriate testing sticker in place and those seen were in date.
- Maintenance and servicing records showed the premises and systems such as central heating boilers, panic buttons, drainage were regularly monitored and maintenance was carried out as required

Safe staffing

- Nursing staff worked a two-shift pattern to cover their duties. The shifts were worked from 8am to 8pm days and 7.30pm to 8.30am for nights

Wards for people with learning disabilities or autism

- In written evidence covering the period between 2 March 2015 and 31 May 2015 the hospital managers employed four whole time qualified nurses and 13 support workers. There were no permanent vacancies at that time.
- In addition to their basic staffing the hospital managers had required 282 shifts to be covered by bank or agency staff in that time. This was mainly to cover for sickness and increased observations.
- Staff sickness rates over the year between May 2014 and May 2015 was 1.6%.
- The turnover rate for staff in that same year was 15.5%. The manager said this was five staff who left either due to promotion within the company or staff who felt they did not like the job.
- Staff and patients told us there were always enough staff on duty. On occasion, staff worked over their shift hours to support oncoming staff with any unexpected shortfalls.
- All patients knew who their named nurse was and had regular 1-1 time with them.
- Staff rearranged activities on rare occasions when there was a shortfall of staff. Patients we spoke with confirmed this.
- The hospital was staffed by a minimum of one qualified nurse every shift and at least four support workers. On examining the staff rotas between 20 July 2015 and 11 November 2015 we found there were two qualified working during the day on weekdays (including the manager). This reduced to one qualified nurse at weekends and at night.
- We also examined the unqualified staff rota for the same period. This showed six staff on duty covering day shifts and four at night sometimes increasing to five to meet the needs of the service. Levels rarely fell below these numbers.
- Bank staff used were always from other local Cambian hospitals or employed directly as bank staff by Cambian and most were regulars to the hospital. This meant they knew the patients and this helped in providing continuity of care.
- These figures did not include other allied health professionals employed at the hospital. On the days of our visit, there was a vacancy for a speech and language therapist although temporary cover was being provided.

- Qualified or experienced staff were present in communal areas and patients confirmed there was always someone available.
- Not all staff were up to date with mandatory training. The training matrixes we were given showed that seven out of 25 relevant staff were not up to date. We discussed this with the manager and some staff were awaiting updates. The manager told us they would ensure all staff would be up to date within the next two months. We also found the training matrix difficult to understand in respect of recognising when staff were up to date or not.

Assessing and managing risk to patients and staff

- All patients had a risk assessment formulated on admission and we saw that staff updated these on a daily basis.
- Patients had a hospital passport prepared for them. This was a booklet designed for when staff had to arrange an emergency hospital admission for a patient. It included basic information about the patient, which included current risks, communication preferences and medication. Staff said this helped greatly on urgent hospital admission to introduce the patient and their preferences to the hospital staff.
- We found that all patients had a patient focused behaviour management plan which described triggers and what would help them to overcome the triggers and presenting problems.
- Cigarette lighters and plastic carrier bags were the only items that staff restricted. Although we considered the restriction of lighters a blanket restriction, staff offset this with individualised risk assessments to evidence potential risks. For example, one patient who had a history of fire setting was able to take a lighter with them when out in the community. There were also 'cig glows' (safe cigarette lighters) outside that all could use.
- Patients also had their own mobile phones, which had been individually risk assessed for access and use.
- There had been 16 incidents of restraint between the 1 January 2015 and 7 October 2015. Six of these had been with one patient and five with another. Records examined showed these interventions had been the minimal required response with least restriction applied.

Wards for people with learning disabilities or autism

- Staff regularly reviewed risk assessments for restraint and restriction. These reviews included an analysis of records of restraint for the person involved. Staff recorded the alternatives considered in reaching their preferred choice of intervention.
- There were no incidents of prone restraint in the six months prior to our visit.
- We looked at records about medicines. Staff kept medicine charts in a separate file to the main care records; at the front of each chart was a current photograph of the person to support safe administration. We saw that pharmacy staff had clearly labelled medicines. Where 'when required' medicines were prescribed protocols were attached to the medication administration record indicating when it should be used, the dose and the frequency required. All medicine charts were up to date. These systems ensured staff managed medicines safely and appropriately.
- Staff monitored the effects of medication and there was no inappropriate or unnecessary use of medicines to restrain an individual or control their behaviour.
- The visitors' room was located in the lobby area between two locked doors. This provided a pleasant and safe environment for relatives and children to visit.
- All staff were trained in safeguarding people from abuse and knew what to report and how.

Track record on safety

- There had been three serious incidents reported in the last year. All three had been resolved to a satisfactory conclusion.
- We saw the provider's records of monthly audits covering different aspects of the management of the service. For example, health and safety checks, infection control checks and service user surveys. These checks included action plans for improvement where it was necessary.

Reporting incidents and learning from when things go wrong

- We examined the records of one serious incident in detail and spoke with members of staff involved. We found that lessons learnt from the investigation had been applied to practice and the hospital manager had shared the lessons with the rest of the organisation..
- Staff interviewed knew how to report incidents and knew what incidents they must report. We looked at the

reported incidents for the previous eight months and they all followed the organisations policy on incident reporting. This ensured staff recorded all incidents correctly with an outcome noted.

- Managers discussed at regional meetings learning from incidents within the organisation. Staff were provided this information in an email, discussed at weekly team meetings and was recorded in minutes from these meetings.
- Staff we spoke with said that following serious incidents the manager organised a debriefing session. They also told there was a good support network amongst colleagues for providing further support outside of formal meetings.

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

Good 

Assessment of needs and planning of care

- The inspection team reviewed all nine sets of care records. Patients had individualised, patient focused care plans. They were up to date and reviewed regularly.
- Nursing staff had written care plans in the first person and clearly showed patient involvement. Where patients had declined to work with the plan there was clear information about why this had not happened, and how staff had tried to encourage patients to participate.
- All patient notes contained a positive behaviour support plan. This plan describes triggers that can cause deterioration in behaviour. The plans described ways into which these triggers could be recognised and minimised.
- Nursing staff had prepared care plans in an easy read format and all patients were given copies in a personalised book. The books also contained individualised information in easy-read format for each patient about their care. Staff had devised 'communication prompt' sheets for patients who had difficulties with reading. Their purpose was to help staff

Wards for people with learning disabilities or autism

understand the difficulties the patient had with reading and understanding information. The speech and language therapist reviewed these plans at least every six months or upon changing patient need.

- The handovers between shifts were very thorough and included up to date risk plans and current observation levels for all patients. Staff reviewed risks for the forthcoming shift and allocated duties to minimize them.
- Staff were aware of and followed National Institute for Health and Care Excellence (NICE) guidelines for challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities. NICE provide evidence-based good practice guidelines and interventions on patient-centred care.
- Psychologists offered a range of interventions specific to the needs of the patient. These therapies included dialectical behaviour therapy, cognitive behaviour therapy and positive behaviour management. These were therapies recommended by NICE.
- Some patients self-administered their medication. We saw that staff monitored this daily and if levels of risk increased then the medicine management would revert to staff administration.
- Physical health examinations were undertaken for all patients on admission and general physical health information was gained from the patient's previous General Practitioner (GP). Staff shared this information with the local GP. Although patients made their own visits to their local surgery the GP made weekly visits to the hospital and supported monthly well woman clinics that the patients were encouraged to attend.
- Physical health information was stored effectively for each patient within a physical health folder. Staff ensured these folders included all recorded physical observations and tests alongside any communication from external professionals. These folders were stored in a safe and secure manner.
- Staff recorded all patient information in paper files. They stored these files in a locked filing cabinet in a locked room.
- Kitchen staff were actively involved with patients in devising and providing a healthy and nutritious diet whilst allowing choice. There was a healthy eating information board in the dining area. The inspection team felt the kitchen staff had worked hard to provide an interesting and varied menu to suit the different needs of the patients.

- Routines were observed to be based on people's habits and preferences, not staff convenience.
- Patients were not involved with the selection and interviewing of staff.
- There was no kitchen on site for patients to cook. Patients had to attend a local college for cooking lessons and this did not work well for some patients because of staffing, travelling and time away from the hospital. The hospital were in the process of having a kitchen built for patients to use.

Best practice in treatment and care

- Staff conducted good effective audits of care plans. This helped guide staff to keep care plans up to date and patient focused and we saw how this information was shared with all staff.
- Medical staff followed NICE (National Institute for Health and Care Excellence) guidelines for medication and prescribing Clozaril. They sought patient involvement where possible and performed regular medicine reconciliations and reviews.
- The prescribing doctors followed the British National Formulary with regard to prescribing upper limits of medication.
- Staff used the Health of the Nation (Learning Disability) Outcome Scales (HONOS –LD) to monitor changes and progress. This was an 18 point health rating tool and was completed on admission of a patient to the service and regularly reviewed throughout their stay.
- The speech and language therapists used the East Kent Outcome Scales to help measure what works and what does not from their range of interventions to improve communication skills.

Skilled staff to deliver care

- The hospital had a full range of mental health disciplines involved in the care given to patients. This included learning disability consultants and speciality doctors, psychologists, occupational therapists, speech and language therapists, an art psychotherapist as well as access to social workers and a general practitioner. There were also close links with the local acute hospital.
- All staff had completed a standardised induction with further additional training dependent on where they worked.
- The staff were of varying experience and skill and were able to draw upon each other's experiences to help provide best practice.

Wards for people with learning disabilities or autism

- We examined training records and saw additional specialist training was available for staff. Staff told us extra specialised training was available through negotiation with managers. The manager was arranging a specialist training session relevant to the care of patients with a learning disability. They anticipated this training would be rolled out to other specialist Cambian hospitals.
- The percentage of nursing staff that had an appraisal in the last 12 months was 81%.
- All staff were trained in de-escalation techniques to avoid or minimise the use of restrictive interventions.
- There were no current issues relating to poor staff performance. The manager knew the policies available to help them deal with poor performance
- We looked at the supervision records and found some staff supervision did not take place 4-6 weekly. Examination of records showed only one support worker had received regular monthly supervision from March 2015 until September 2015. Other staff had missed supervision over this period. All staff had undertaken supervision in the previous months of September and October 2015. The acting manager along with the team leader had recognised the lack of supervision and had over the last two months taken steps to remedy this. We were told that this would continue.

Multidisciplinary and inter-agency team work

- The ward rounds were held monthly and were attended by the multidisciplinary team (MDT).
- We attended two handovers. The first was at 8am and was the nursing handover to the oncoming day shift from the outgoing night shift. The second was held at 9am and was a MDT handover. This meeting updated the MDT about each patient as well as discussing each patient's needs for the day ahead.
- The handovers were very thorough and included levels of observations required and current risk assessments. Staff planned how to support events for the day ahead, including appointments with doctors/dentists/other professionals and planning of the day's activities.
- We spoke with two workers from another provider who attended to escort a patient discharged to their care. They described the handover of care as professional and thorough. To provide ongoing continuity workers from The Views would be available to provide advice following discharge.
- We spoke with a representative from a local clinical commissioning group who described their working relationship with the service as good and professional.
- Staff told us they had developed good working relationships with stakeholders including GPs, commissioners and social services.
- Community workers and external professionals attended patients' meetings. For example, local authority social workers were invited to multidisciplinary team (MDT) and discharge planning meetings when required. Patients told us other professionals who were involved in their care and treatment attended their meetings.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- A Mental Health Act reviewer had inspected the hospital in August 2015. They had not raised any concerns. Staff had received training and showed a good understanding of the Mental Health Act and the code of practice.
- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA and the Code of Practice. Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.
- Staff knew how to contact the MHA office for advice when needed. Staff conducted regular audits throughout the year to check the MHA was being applied correctly.
- Consent to treatment and capacity forms were correctly completed and attached to the medication charts of detained patients.
- Information on the rights of people who were detained was displayed and independent mental health advocacy (IMHA) services were readily available to support people.
- Staff automatically referred a patient to the IMHA service on admission. The IMHA service supported patients admitted from both local and distant communities.
- Staff made easy read leaflets about the MHA available to patients. This ensured patients understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that staff had explained their rights under the MHA to them.

Wards for people with learning disabilities or autism

- Although Cambian MHA policies had not been updated at the time of our inspection, the Mental Health act administrator had updated local mandatory training and was ensuring all staff were brought up to date.

Good practice in applying the Mental Capacity Act (MCA)

- Staff were able to demonstrate a good understanding of the Mental Capacity Act (MCA) and how to apply the five statutory principles.
- Staff assumed patients had mental capacity in relation to their admission or for any specific decisions regarding their care and treatment. We saw evidence that when necessary best interest meetings took place. This provided a safeguard to patients who lacked mental capacity to make independent decisions.
- All patients had access to an Independent Mental Health Advocate who visited twice a week and was available for other appointments by request.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- Staff were observed interacting with the patients in a kind and dignified way. They acted respectfully towards the patients. Eight patients filled in comment cards and all stated they were happy with their care and felt the staff treated them with respect.
- Staff were aware of patients' individual needs and specific preferences. We saw evidence of this in the care plans and through our observations as we walked around the hospital.

The involvement of people in the care they receive

- The patient records and care plans clearly showed the involvement of the patients. Each patient had their own personal plan and every patient was offered their own copy. We saw eight out of the nine patients had chosen to keep their own plan.
- Patients said the staff asked them about what they would like to do when planning activities and their care.

There were regular community meetings where patients could put forward ideas. These ideas would then be discussed and where appropriate actioned and feedback given on actions at the next meeting.

- On admission to the hospital, staff gave patients an orientation pack. The pack was very comprehensive and included a full description of the service as well as information about local services. It described the individual job roles of each member of staff as well as pictures of the different rooms at the Views.
- patients, carers and families were involved in the care planning process when appropriate.
- Staff encouraged carers to be involved with the patients care. A number of patients lived far away so staff would take patients home for leave; provide regular telephone contact and invites to meetings.
- The admission pack was not available in an easy read format, which limited its usefulness.

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

Good 

Access and discharge

- The service assessed a patient's suitability for admission to the service through a pre-admission assessment process. Upon admission, patients had a 72-hour care plan to meet their immediate needs. The service then completed risk assessments and positive behaviour support plans and started the process of developing care plans with the patient.
- Every patient had a discharge plan in place and the clinical team met regularly to move these plans forward. One patient had suffered an unnecessary delay in their discharge but this was not the fault of the hospital but due to a lack of an available community placement in the area the patient wanted to live.
- There were care plan reviews for all patients prior to discharge to ensure information handed over to future carers was always up to date.

The facilities promote recovery, comfort, dignity and confidentiality

Wards for people with learning disabilities or autism

- The building had a good selection of rooms available for patient use and had some outbuildings that were used for other activities such as a computer room and a beauty salon.
- The kitchen provided food of a good quality and the menu was well thought out. It was adaptable to provide different meal choices for patients including their religious and cultural needs.
- There was a garden to the rear of the property, which provided a good open space with areas for patients to smoke if they wished to do so. One patient had used an area of the garden to display her own garden items. Some areas were waiting to be developed and patients had an active voice in the planning.
- We saw patients taking leave away from the building and being actively involved in planning where they went.
- Bedrooms were very individual to the patient and we saw good examples of personalisation.
- One patient had access to a DVD to show her how a forthcoming medical operation would be carried out. This helped allay any fears the patient may have had. We observed the patient watching this and the patient was very pleased to have the DVD.
- The hospital had a public telephone, which was located in a purpose built private space.
- Patients were not involved with the selection and interviewing of staff.
- There were limited kitchen facilities for patients to cook. Patients had to attend a local college for cooking lessons and this did not work well for some patients because of staffing, travelling and time away from the hospital. The hospital were in the process of having a kitchen built for patients to use.

Meeting the needs of all people who use the service

- The managers had adjusted doors and stairs to accommodate people with disabilities. There were access ramps at both the front and back doors. The installation of a wheelchair lift helped people with mobility problems access the different floor levels.
- There was a good range of easy read information leaflets clearly displayed and easily accessible for all. All the information leaflets were available in different languages.

- Patients had activity plans, which were person-centred and supported their individual rehabilitation programmes. There was a range of activities available to patients according to their needs and preferences. Patients and staff had input into their development.

Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wall of the entrance lobby and on the noticeboard in the public area within the hospital. There was also information about the independent advocacy service and the CQC. All information displayed was in easy-read accessible format.
- All the patients had received information on how to make complaints and who to go to with their concerns. All patients told us they knew how to complain and said they would if something was not right.
- All staff interviewed knew how to deal with complaints correctly.
- We saw the provider's records of compliments and complaints. These included an analysis of complaints and action taken. One person complained between October 2014 and October 2015. There was positive feedback about the outcome from the person who had complained.

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

Good 

Vision and values

- All staff knew who their senior managers were and said they visited the unit.
- Staff consistently spoke of the personalised care provided to the patients.
- Staff knew and agreed with the organisations values – “Everyone has a personal best”.
- Senior management were friendly and approachable to both patients and staff.

Good governance

- Cambian, a large healthcare provider, owns the hospital so there was a substantial governance structure that supported local staff. Managers and clinicians worked

Wards for people with learning disabilities or autism

together to develop policies and procedures at a national and regional level. Staff representatives from the hospital attended regional quality meetings where these policies could be further adapted and discussed to meet local needs. There were opportunities for staff to make changes through these meetings.

- All staff said they felt able to raise concerns without fear of bullying or victimisation.
- Supervision was superficial. Outcomes from the sessions were not as specific and measurable as outlined in the CQC's guidance on effective supervision. The acting manager had recently recognised this and had developed some key performance indicators (KPIs) for the qualified nursing staff. The team leader for support workers had also developed KPIs for their staff. These were introduced into the supervision sessions, which we noted were now taking place regularly. The acting manager assured us this would continue.

Leadership, morale and staff engagement

- There was evidence of clear leadership at local and senior level. Managers were visible during the day-to-day provision of care and treatment and were accessible to their staff.
- The registered manager was on planned leave. In their absence, a manager from another Cambian hospital was temporary registered as the responsible manager.
- There was strong teamwork amongst the support staff, well lead by a team leader.

- Staff told us morale was high although recently some internal issues around the transfer and care of a patient had negatively affected some staff. Some staff felt that hospital management had not dealt with the situation in an open way. We reviewed this situation and discussed it with the management. We concluded that the staff working with the patient had done a very good job of caring for this particular patient in the rehabilitation setting. The background to the issues was complex and staff had dealt with the situation well.
- Staff knew there was a whistleblowing process and talked about what they would do if they had concerns they did not feel could be raised directly with managers.

Commitment to quality improvement and innovation

- Staff we spoke with gave us examples of where their ideas had been used to provide better care. An example was that instead of staff buying items from local shops, staff would take patients to the shop so they could buy their own items. This promoted independent living skills for patients as well as providing physical exercise in walking to the local shops.
- Regular quality meetings were held and best practice discussed within these meetings was shared.
- Staff read specialised magazines to research and keep up to date on areas of best practice.
- The speech and language therapists were also working on a research project to evaluate modifications they had made to the East Kent Outcome Scales and planned to publish their results.

Outstanding practice and areas for improvement

Outstanding practice

One patient had access to a DVD to show her how a forthcoming medical operation would be carried out. This helped allay any fears the patient may have had. We observed the patient watching this and the patient was very pleased to have the DVD.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff are up to date with mandatory training.
- The provider should ensure that supervision is given regularly and in a structured manner
- The provider should ensure that all policies and procedures are reviewed and aligned with the Mental Health Act Code of Practice (2015).