

Good **Berkshire Healthcare NHS Foundation Trust**

Wards for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWXL4	Campion Unit	Campion Unit	RG30 4EJ

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	9
What people who use the provider's services say	9
Good practice	9
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13

Summary of findings

Overall summary

We rated wards for people with a learning disability or autism as **good** overall because:

- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate safe, caring, responsive and well led as requires improvement and effective as inadequate following the December 2015 inspection.

- The wards for people with a learning disability or autism were now meeting Regulations 10 and 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However:

- The multidisciplinary team lacked substantial input from key disciplines, particularly occupational therapy and speech and language therapy.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the December 2015 inspection.
- In December 2015 we found the seclusion room on Campion unit did not meet all the Requirements set out in the Mental Health Act Code of Practice. There was a lack of appropriate gender segregation and no day lounges for use by women only. Staff did not maintain the required level of patient observation; there were an insufficient number of ligature cutters given the physical layout of the ward; and, staff had not received training in the use of ligature cutters.
- When we visited in December 2016 we found the trust had refurbished the seclusion suite to meet the requirements of the Mental Health Act code of practice. The service had a female lounge and Department of Health same sex accommodation guidance was followed. The trust had retrained staff in the safe observation of patients and the use of ligature cutters, removed ligature points and mitigated against the risks of remaining points.
- The physical health of patients was supported in addition to their mental health needs.

Good



Are services effective?

We rated effective as good because:

- The service had addressed the issues that had caused us to rate effective as inadequate following the December 2015 inspection.
- An effective model of person centred care planning was in place to assess people's needs, strengths and risks and to promote recovery.
- Staff training in the Mental Capacity Act and the Mental Health Act was up to date.
- Staff had a good understanding of mental capacity issues.
- The staff team were kept up to date with best practice guidance because senior staff promoted and audited good clinical practice.
- The ward team worked well with community health services, where available, and specialists that worked across the community and inpatient services.

Good



However:

Summary of findings

- The multidisciplinary team lacked substantial input from key disciplines, particularly occupational therapy and speech and language therapy.
- Written material on patients' rights was not in a form that was accessible to all patients.

Are services caring?

We rated caring as good because:

- The service had addressed the issues that had caused us to rate caring as requires improvement following the December 2015 inspection.
- Patients were able to contribute meaningfully to their person centred care plan.
- Patients and their carers told us that staff treated them with dignity and respect, and kept them involved in their care and treatment planning.
- We observed staff protecting patients' privacy and dignity when they were agitated or distressed.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The service had addressed the issues that had caused us to rate responsive as requires improvement following the December 2015 inspection.
- The trust had trained staff to communicate more effectively with patients.
- The trust had arranged the ward layout to provide more private and therapeutic space, including a larger garden area.
- Activity co-ordinators had been appointed and the range of therapeutic activities available had increased.
- Patients were able to personalise their rooms.
- Patients' complaints were listened to, addressed by staff and recorded.

Good



Are services well-led?

We rated well led as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the December 2015 inspection.
- The new management team had put in place a wide range of measures to improve care in response to the previous Care Quality Commission report.

Good



Summary of findings

- Staff were fully engaged in the process of improvement on the ward.
- The operational leadership team monitored and addressed risks to the service effectively through use of the risk register.

However:

- Some staff felt disempowered and uninformed when significant changes happened, such as the closure of the Little House inpatient unit.

Summary of findings

Information about the service

Berkshire Healthcare NHS Foundation Trust has one inpatient ward for people with learning disabilities or autism, the Champion Unit, located at Prospect Park Hospital

Champion Unit is a nine bedded short to medium term assessment and treatment unit for people with challenging behaviours and mental health needs where learning disability is the person's primary diagnosis. Services can be provided to patients detained under the Mental Health Act 1983. When the CQC inspected the trust in December 2015 there were two inpatient wards, Champion Unit and Little House. Little House was suspended by the trust in November 2016.

During the December 2015 inspection we found that the trust had breached regulations. We issued the trust with two requirement notices for wards for people with a learning disability or autism. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment

Our inspection team

Team leader: Serena Allen, Inspection Manager, Care Quality Commission.

The team that inspected wards for people with learning disabilities or autism comprised one CQC inspector, an

expert by experience, a consultant psychiatrist, an occupational therapist and a registered learning disability nurse. An expert by experience is a person who has experience of services as a patient or carer.

Why we carried out this inspection

We undertook this inspection to find out whether Berkshire Healthcare NHS Foundation Trust had made improvements to their wards for people with learning disabilities or autism since our last comprehensive inspection of the trust in December 2015.

When we last inspected the trust in December 2015, we rated wards for people with learning disabilities or autism as 'requires improvement' overall. We rated the core service as requires improvement for safe, caring, responsive and well-led and as inadequate for effective.

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 improve mitigation against identified ligature risks, to safeguard patients.

- The trust must improve assessment, monitoring, reviewing and recording of patients' physical health needs on Champion Unit.
- The trust must take action to ensure patients' privacy, dignity and safety are not compromised as a result of a breach of same-sex accommodation guidelines.
- The trust must review the seclusion facilities on Champion Unit, to ensure they are safe and meet current guidelines.
- The trust must ensure that where patients require constant observation this is provided.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 10 Dignity and respect

Regulation 12 Safe care and treatment

Summary of findings

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?

This was a short notice announced inspection that looked at all aspects of this core service. Before the inspection visit, we requested a range of information on the service from the trust and reviewed information that we held about this service.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with three patients who were using the service
- spoke with three carers of patients who were using the service
- spoke with the inpatient manager and service manager for the ward
- spoke with twelve other staff members; including doctors, nurses and support workers
- attended and observed four hand-over meetings and three multi-disciplinary meetings
- collected feedback from three patients and three carers using comment cards
- looked at eight treatment records of patients
- carried out a specific check of the medication management on the ward
- 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 we spoke with were mostly positive about the service. They felt involved in decisions about their care and treatment. They felt that staff respected them and wanted what was best for them. They told us that the food was good, and they had activities they enjoyed.

Some patients were unable to communicate their views. We received positive feedback from their carers and family about the staff team in regards to how patients are more involved and how more effort is made to understand the patients' ways of communicating.

One patient told us they were unhappy with the staff, and felt staff did not understand them. We asked the staff to discuss this with the patient further.

Good practice

The service carried out a substantial project to improve staff communication skills with people with learning disabilities.

A senior speech and language therapist was seconded to the ward for six months to deliver training to staff in communication skills. They also created a training program with a handbook to enable the ward staff to train future new staff over their first month on the ward.

This led to a much more positive relationship between staff and patients than the CQC observed in the previous inspection in December 2015.

Summary of findings

Areas for improvement

Action the provider **SHOULD** take to improve

Action the trust **SHOULD** take to improve

The trust should ensure that advocacy services are promoted in a way that meets the communication needs of patients.

The trust should continue to develop written materials on patients' rights that meet the diverse communication needs of the patients.

The trust should ensure that the multidisciplinary team meets the diverse needs of the service.

The trust should improve staff involvement in strategic discussions affecting the service.

Berkshire Healthcare NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Campion Unit	Campion Unit

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 Trust.

- Most staff had up to date training in the Mental Health Act (MHA), Nursing and support staff were knowledgeable about MHA and the legal implications it had for patients.
- Consent to treatment was considered for every patient subject to treatment and either their consent or an assessment of their lack of capacity to consent was recorded and attached to their medication charts.
- Staff explained people's rights to them on admission, or soon after. They explained their rights again once they were settled on the ward and routinely at regular intervals.
- However due to the communication needs of some patients it was not always clear if they understood their rights and staff were not clear in their records of whether the person understood.
- The Trust had a MHA administration office, and the administrator visited the ward fortnightly to audit the detention paperwork. The MHA administrator gave feedback to the ward manager of any issues with the MHA process.
- An independent advocacy service was available to patients on the ward. However the advocate did not routinely visit the ward and most patients would not have been able to seek the contact details of the service without some support. Therefore, the patients were unlikely to receive independent advice and advocacy from this service.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had up to date Mental Capacity Act (MCA) training and Deprivation of Liberty Safeguards (DoLS) training.

Staff were knowledgeable about the principles of the MCA and were able to give examples of times when people lacked capacity, or where their capacity to make certain decisions might change.

Care records showed detailed consideration of mental capacity issues, and were clear why a person was unable to consent. A clear model of best interest decision making was in place and was followed by staff.

Advance consent was sought in some cases, for example in how a person would be treated if they became mentally distressed and aggressive and could not meaningfully communicate with staff.

One patient on the ward was subject to DoLS, this was monitored by the MHA administration team.

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 Champion unit was located over two floors in a dedicated detached building on the Prospect Park Hospital site. Where possible male patients were accommodated on the first floor and female patients on the ground floor.
- At the time of our previous inspection the unit did not have a female only lounge. We asked the trust to address this and they had repurposed rooms so that a female only lounge would be available on either floor if needed.
- During our visit both male and female patients were accommodated on the ground floor. We saw that female patients were accommodated at one end of the ward with a designated bathroom for their use. We observed staff guiding male patients away from this area throughout our inspection.
- At the time of our previous inspection we observed that this bathroom door was not adequately fitted to stop people seeing into the bathroom. The trust had improved the fitting of this door so that patient's privacy was protected.
- At our previous inspection we observed that lines of sight around the ward were hampered due to a turn in the corridor on both floors. We also observed that staff were not providing adequate observation of patients to mitigate against the ligature risks around the ward environment, even though these risks had been identified in regular environmental audits that the trust carried out. We had also found that only one set of ligature cutters was available across two floors and the locked internal doors of the ward would prevent staff accessing them quickly when needed. At this inspection we found the trust had addressed the level of ligature risks around the ward through improvements to the physical environment, for example removing metal rings from external walls in the garden, ensuring ligature cutters were accessible on both floors and staff were retrained in using ligature cutters and safe observations of patients.
- The trust had also fitted bedroom doors with observation panels that could be kept shut when not needed.
- Staff we spoke to during the inspection demonstrated a good level of knowledge about ligature risks.
- Champion unit had a seclusion suite for patients who might, at times, need to be cared for separately from other patients due to high levels of agitation or aggression. This suite consisted of a main sitting and sleeping room and an ensuite room with a toilet and basin. The suite was not in use during the inspection.
- At our previous inspection we found that the seclusion suite was unsafe as there was no facility for two way communications between staff and the patient in the suite. There were solid exposed corners within the suite that could cause the patient to harm themselves either intentionally or accidentally. The observation panels of the suite did not allow the patients suitable privacy in the main room or ensuite area. At this inspection we found that the trust had carried out work to the seclusion suite to install a two way intercom, reshape or remove exposed corners to make them safe and curtain off observation panels from the main corridor of the ward. Additionally the trust had built a new door across the ward corridor to allow, if needed, a bathroom to be segregated from the ward and used by the patient in the seclusion suite with staff supervision.
- The seclusion suite had safe furniture and anti-tear bedding for patient's comfort.
- The trust had also refurbished communal areas with heavy furniture that could not be lifted by aggressive or distressed patients.
- The ward had a clinic room with resuscitation equipment.
- The trust had contracted an external agency to provide cleaning and maintenance services. This included keeping records of fridge temperatures and equipment checks. We saw that cleaning records were up to date.
- The trust employed an infection control nurse to oversee any risks in this area, and infection control risks were monitored on the learning disability service risk register.
- We observed that all areas of the ward were clean and that staff washed their hands between tasks.

Are services safe?

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

- At our previous inspection we observed at the Little House that ward staff had stored hazardous liquids in unlabelled containers that were accessible to patients. During this inspection we noted that the contractor was storing all hazardous materials in accordance with legal guidance. We also saw that patients were only able to access areas with hazardous substances, that is, the kitchen and laundry, if accompanied by staff.
- All staff were equipped with personal infrared transmitter safety alarms. Nurse call alarms were in place in the bathrooms.

Safe staffing

- The staff team consisted of ten qualified nurses and nineteen support workers. Management told us that this was more than usual as the ward had taken on staff redeployed due to the suspension of the Little House inpatient unit.
- The ward leadership team reviewed staffing levels daily based on the level of risks presented by the patient group. This took into account escorting patients to off-ward activities or leave, observation levels, one to one support that was needed and potential need for physical interventions by staff to manage physical aggression. The inpatient manager had authority to book extra staff if needed.
- The standard staffing level for the Champion Unit was two nurses and four support workers during a twelve hour day shift and two nurses and two support workers during a twelve hour night shift. This level of staffing did not include the inpatient manager, service manager and 2 OTAs (occupational therapy assistants) who were supernumerary on the unit and available to assist the team providing care should the need arise.
- On the day of the inspection there were three nurses, a student nurse and seven support workers on duty throughout the day. Typically there would be one nurse on each floor and the deputy manager on duty would be available when needed during the day shifts.
- At the time of the inspection staff told us there were typically three nurses available on the day shift, due to the merger of the staff team from the recently closed Little House ward. We looked at the staffing rota for the previous two weeks which confirmed this.
- Ward staff told us staffing had been an issue due to the communication needs of the patients. The communication skills induction for ward staff took up to a month, so the ward manager sought agency and bank staff who were able to give a long term commitment to the ward in order to maintain stability. This made it difficult for duty nurses to find agency or bank staff with the right skills and experience at short notice.
- We saw that nurses were recording one to one sessions with their allocated patients. Nursing and support staff told us that improved use of one to one time was valuable in reducing incidents of aggression and challenging behaviour.
- Staff told us that occasionally there were not enough staff to escort patients away from the ward, for example when people's levels of observation were increased during a shift or staff taking sick leave. At these times patients who were due to attend activities on the hospital site were offered alternative activities on the ward related to their assessed needs, such as cooking or social skills activities. Escorted leave away from the hospital for patients detained under the Mental Health Act were always prioritised and never cancelled.
- The staff team had received a wide range of training. Mandatory training such as fire safety, safeguarding adults and children had compliance rates of over 90%.
- At our previous inspection we identified that the staff team were poorly trained in specific skills relating to learning disability, including safely supporting people with epilepsy. The trust acted to address this by providing epilepsy awareness training. They also added epilepsy to the risk assessment tool as a factor for deciding levels of observation. At the time of our inspection all staff had received this training and staff we spoke with demonstrated their knowledge in this area.
- The nurse consultant for learning disability services had delivered a range of bespoke training for the inpatient service, including training on the legal guidance regarding seclusion and the use of the seclusion suite. Staff spoke very positively about this training in particular and about the range of specialist training they had received in regard to personal and patient safety.
- Psychiatrists were available to the ward daily and staff told us an effective on call system operated to access psychiatry overnight and at weekends. Staff reported very prompt responses by out of hours doctors following any incident that required restraint or use of medicines to control or calm a patient.

Assessing and managing risk to patients and staff

Are services safe?

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

- During our previous inspection we found that risk assessments and risk management were inconsistent and were not reviewed and updated. On this inspection we reviewed eight care records of people using the service. In each care record the ward staff had carried out a detailed risk assessment at the time of admission and a corresponding risk management plan. Plans were reviewed at least fortnightly, or following any significant change in risk.
- Risk management plans were individualised and included details on the patient's communication needs, possible triggers of challenging behaviours and the patient's preferred forms of intervention if they became agitated or aggressive.
- Care plans included details of any restrictions that the patient might need to be subject to as part of their care, and clear reasons why the restriction was considered necessary.
- During our previous inspection we found that the trust was not managing safe observation of patients. We asked the trust to address this. Since the last inspection the nurse consultant had carried out a training program with ward nurses on clinical decision making with regard to observation levels for patients. All nurses and support workers also received an update on the trust's safe and supportive observation policy.
- The nurse consultant carried out monthly audits of observation to ensure that learning was embedded and staff were following the trust policy. Action plans had been put in place following audits to address any issues identified. These audits showed a safe system was in place to assess and carry out the levels of observation required on the ward.
- Observation care plans in patients' records were reviewed regularly in line with the policy. A summary of current observation levels was kept in the nurses' office.
- The trust employed a behaviour specialist for learning disability services. As part of their role they ensured staff had up to date training in positive and preventative approaches to challenging behaviour. This included training in effective personal behaviour support planning to identify a person's triggers and prevent challenging behaviour from escalating. All staff were up to date with this training. We observed staff using these preventative and de-escalating techniques to help patients stay calm or to calm down throughout the inspection. Staff reported that this training was very effective and gave them a great deal of confidence when working with people who were potentially aggressive or violent.
- There had been one incident of staff not being able to calm a patient verbally or by distraction, and using rapid tranquilisation to calm the person. We reviewed the incident report and care plan. This showed that the ward staff had followed NICE guidance in making the decision to administer the medicine and in monitoring and supporting the patient in the 72 hours following the incident.
- There had been four episodes of seclusion in the six months before the inspection. We reviewed the most recent episode. Staff had recorded the reasons for the seclusion, the duration and interventions such as medicine administered. The behaviour support worker had visited to review the incident and discuss the episode with the staff team. The incident had also led to a safeguarding adult's referral to the local authority and was referred to the police. This was recorded via Datix, which was the Trust's incident reporting system.
- Staff we spoke with were aware of the process for reporting safeguarding concerns, and were able to explain the types of concerns they would report.
- The door to leave the ward was locked, and so were internal doors so that, for example, patients could not move between floors or leave the ward without staff support. At the time of our visit eight patients were detained under the Mental Health Act and one was subject to Deprivation of Liberty Safeguards (DoLS). This meant the restriction on leaving the ward was legally justified for the safety of the whole patient group. Staff told us that if an informal patient was staying on the ward, staff would allow them to leave if they asked.
- We reviewed medicines record for all eight patients. Three patients had more than one anti-psychotic medicine prescribed. The responsible clinicians had provided clinical reasons for the multiple prescriptions, and in one case a plan for reducing the number of medicines prescribed. One patient was prescribed an anti-psychotic above the recommended dose. The responsible clinician had provided a clear risk monitoring and care plan for this prescription, in line with national prescribing guidance.
- A pharmacist carried out weekly audits of medicines storage and management on the ward.

Are services safe?

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

- The ward did not allow children to visit. Any meetings between patients and children were expected to be arranged away from the ward as part of section 17 leave, and in line with the patient's risk assessment.

Track record on safety

- NHS trusts are required to report any serious incidents as defined by NHS Commission Board Serious Incident Framework 2013. There were no reportable incidents of this type in the year since the previous inspection.

Reporting incidents and learning from when things go wrong

- The trust used the Datix incident reporting system. Staff we spoke with were clear about what required reporting

as an incident and how to report them. Staff received feedback on learning from incidents at team meeting or in one to one sessions. Staff also attended a space group where they discussed clinical practice issues including safety incidents.

- The behaviour specialist and clinical psychologist attended the ward to follow up incidents of challenging behaviour and to debrief staff and patients. Learning from incidents was then included in subsequent staff training such as the monthly refresher training that the behaviour specialist provided to all ward staff. Trust wide incidents were discussed as an ongoing agenda item at the quarterly learning disability governance meetings. This meeting decided which information needed to be passed down to ward staff.

Are services effective?

Good 

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

- At our previous inspection we found that the assessment, planning and reviewing of care needs was inconsistent. At this inspection we reviewed eight care plans. These included paper records that were accessible to patients and electronic care records. The trust had implemented a new person centred model of care planning and behavioural support, and all staff had received training in using this model. At the time of our inspection a new nursing competency toolkit was being developed by the nurse consultant to further improve care planning.
- All patients received a medical assessment within 24 hours of admission and initial care plans were completed within 72 hours of admission. This included physical health checks. We saw that particular needs such as epilepsy were identified and specific care plans put in place to manage this. Paper care plans included health action plans and communication passports that could be taken by patients if they needed to attend other health services. Plans were recovery focussed with discharge planning evident from the time of admission onwards.

Best practice in treatment and care

- We reviewed the medicine charts of eight patients. We observed that there were clear health checks completed for any patient who was prescribed high doses of anti-psychotics. The doctors had facilities on the ward to carry out blood tests and electrocardiograph tests as part of this monitoring. The ward followed the National Institute of Clinical and Healthcare Excellence (NICE) practice guidance on prescribing and monitoring anti-psychotics.
- The trust had developed a behavioural support model called the positive and proactive support plan that addressed guidance in the Winterbourne View report of 2012. The trust had also set up a working group for positive behaviour support to ensure all work addressed prevention and responses to challenging behaviours in line with NICE guidance of 2015.

- A general practitioner had a fortnightly clinic on the ward and also attended as and when needed. GP records of physical health needs on client records were detailed and staff were able to follow GP advice in monitoring and managing physical health needs.
- The trust had care pathways in place for epilepsy and for people with profound and multiple disabilities. A care pathway for early onset dementia was being developed. These were informed by NICE guidance for these conditions.
- Ward staff used the Health of the Nation Scales for learning disability to monitor outcomes from treatment. Nurses had recently implemented the national early warning system scale for monitoring physical health.
- The inpatient manager in conjunction with the nurse consultant carried out a wide range of clinical audits, and assigned specific roles to ward staff as needed. Ward staff we spoke to were enthusiastic about participating in audits to improve practice on the ward. The ward took part in a national audit of anti-psychotic prescribing for adults with learning disability overseen by the Prescribing Observatory for Mental Health. The ward was shown to be at or above national average for safe prescribing in the areas that were covered.

Skilled staff to deliver care

- The ward used a wide range of disciplines to support the care of patients. This included psychology, behavioural support, pharmacy, speech and language therapy (SaLT) and occupational therapy (OT). However the multidisciplinary team (MDT) members worked across community and inpatient service, so had limited time on the ward. For example the SaLT worked one day per week on the ward, which meant they could not attend the weekly MDT meetings. The OT was allocated one day per week to the ward, the ward management team had also designated two support workers to act as activity co-ordinators to implement the OT activity plans for people.
- The psychologist was allocated one day per week on the ward for planned therapeutic work with patients, but also attended to debrief patients following any incidents of challenging behaviour. Some staff were particularly concerned that the psychology service did not have the capacity to submit detailed reports to MDT or patient care review meetings.

Are services effective?

Good 

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

- The SaLT told us that a dietician was available to the ward by referral, as they were allocated full time to community services.
- Many staff told us that they missed the input that psychology, SaLT and OT staff could provide at multi-disciplinary team meetings. The work of these staff was reported by nurses attending the MDT, but doctors told us that the ability to discuss issues directly with them would make the care of patients more effective.
- At our previous inspection we found that some support staff lacked the specialist knowledge required to effectively work with people with learning disabilities. The trust acted to improve this by promoting the training that was available and putting more effective monitoring in place of staff compliance with training. At this inspection staff training for these courses was above 90% compliance with gaps for staff on long term leave and any other outstanding training was booked to take place within six weeks of the inspection.
- Staff reported good levels of one to one supervision and team meetings to discuss practice issues. Records showed that all staff had received supervision at least once in the two months preceding the inspection, apart from staff on long term leave. Supervision took place every four to six weeks. Staff also praised the space group initiative for reflective practice discussions.
- All staff that were past their probation period had received an appraisal in the last year.
- Nurses attended the daily handovers to pass on essential details of patient care needs and risks.
- All ward staff reported that relationships with the trust's community teams were good. The ward served six local authorities, five of these had joint health and social care learning disability teams. However one local authority no longer had a specialist learning disability social care team. This made it difficult sometimes to discuss the patients' needs and arrange packages of care to enable discharge from hospital to that local authority. However, ward staff reported that the community nurses from the trust's community health team were supportive in liaising between the ward and the local authorities in these circumstances. Ward staff also reported that the trust's community health teams were effective partners in carrying out reviews of patients within a week of discharge from hospital

Adherence to the MHA and the MHA Code of Practice

Multi-disciplinary and inter-agency team work

- The multidisciplinary team (MDT) met once a week to review patients, this meeting was regularly attended by ward doctors, nursing staff, psychology and the behaviour specialist. Due to the part-time availability of SaLT & OT they did not attend weekly meetings unless there were significant issues to discuss. A designated nurse for the community teams also attended MDT to discuss discharge planning.
- The nine patients were considered in three groups of three, so the MDT would look at a group of three patients in depth and the other six in brief. This meant that each patient got an in depth review every three weeks. MDT minutes on patient care plans showed that patients were able to put their views forward before the meeting and have their views considered at the meeting. Patients were supported to attend MDT meetings when they wished to. Carers were invited to MDT if they had concerns or issues to discuss.
- Of 29 ward staff, 23 had up to date training in the Mental Health Act (MHA), and four were booked to attend. Nursing and support staff were knowledgeable about MHA and the legal implications it had for patients.
- A student nurse said that support was available if they needed advice on the MHA.
- Consent to treatment was considered for every patient subject to treatment and either their consent or an assessment of their lack of capacity to consent was recorded with their medication charts.
- Staff explained people's rights to them on admission, or soon after. They explained their rights again once they were settled on the ward and routinely at regular intervals. However, due to the communication needs of some patients it was not always clear if they understood their rights and staff were not clear in their records whether the person understood.
- The ward had produced an easy read copy of the rights under various sections of the MHA and an explanation of section 17 leave. However, this was a single generic document that would not have been accessible to all patients to the extent that their individualised care plans were.
- The Trust had a MHA administration office, and the administrator visited the ward fortnightly to audit the detention paperwork. The MHA administrator gave feedback to the ward manager of any issues with the MHA process.

Are services effective?

Good 

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.

- An independent advocacy service was available to patients on the ward. However, the advocate did not routinely visit the ward and most patients would not have been able to seek the contact details of the service without some support.

Good practice in applying the MCA

- All 29 staff had up to date Mental Capacity Act (MCA) training and 27 out of 29 had up to date Deprivation of Liberty Safeguards (DoLS) training.
- Staff were knowledgeable about the principles of the MCA and were able to give examples of a person lacking capacity, or where the person's capacity to make certain decisions might change.
- Care records showed detailed consideration to mental capacity issues, and were clear why a person lacked capacity to consent and when a decision was made in a person's best interest.
- Where people were able to consent, for example in agreeing their care plan, their consent was appropriately recorded.
- Advance consent was sought in some cases, for example in how a person would be treated if they became mentally distressed and aggressive and couldn't were not able to let staff know what would help.
- One patient on the ward was subject to DoLS, this was monitored by the MHA administration team.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- During our previous inspection we observed that some staff were disrespectful towards patients. This was also reflected in feedback we received from carers of patients. On this inspection we observed that staff were positive and caring in their interactions with patients. For example when patients became distressed in a communal area, they ensured they were given the space they needed to calm down. They also directed other patients and visitors away to keep them safe.
- Feedback from carers was also positive. We spoke with three patients at length and received written feedback from three more. Five of these were totally positive about staff treating them with dignity and respect. One person was negative about their experience at the hospital, mainly about the level of control and inflexibility of staff. We discussed this feedback with staff and asked them to discuss this with the patient further.

The involvement of people in the care they receive

- During our previous inspection we received feedback from carers that the ward did not explain to them or the patient what to expect from the service, or seek their views on the patient's needs when planning their care. On this inspection the feedback from carers about patient involvement was positive. Agreements were in place as to who the ward could share information with. We saw that where agreed by the patient, family were contacted if a patient had been involved in an incident such as seclusion or a safeguarding matter.

- There were monthly family carers meetings which began in July 2016. These meetings helped to ensure carers were engaged in the development of the service and consulted about future plans.
- We reviewed eight care plans. Patients were assigned a named nurse and support worker on admission, who helped the patient become orientated to the ward and ensured ward staff were aware of the patient's initial care plan. Care plans showed evidence of the patient's views and wishes. Patients signed their paper care plans when they were able to. When patients were unable to sign their own plans, then key workers recorded what level of discussion had taken place, and gave an assessment of how much the patient understood the plan. Care plans were written in as accessible way as possible. Speech and language therapists supported staff to write and review plans to best meet the patient's level of understanding.
- The trust had introduced a new model of person centred planning called the Positive and Proactive Support Plan (PPSP). This covered the person's communication style, the possible restrictions that the person might require, detailed information on positive behaviour support and sections such as "what worries me", "what worries others about me." Care plans showed evidence of a lot of personalisation with regards to the person's communication style, care preferences and their level of literacy. Some plans included advance decisions on how to support the person if they become too unwell or agitated to communicate. This included preferred physical or medical interventions.
- Patients were actively involved in decisions affecting the day to day running of the ward as much as they were able. Patients were involved in the trialling and selection of new furniture for the ward, the development of the garden area & raised beds.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- At the time of our last inspection, the trust provided 16 beds in two wards for this core service, but from December 2016 this reduced to nine beds in one ward. At the time of our visit all nine beds were in use and a tenth patient was away from the ward on section 17 leave with a view to being discharged from their detention.
- In the year preceding the inspection, the service had discharged 20 patients to community services. The median length of stay was 124 days. Care plans we reviewed showed that staff made discharge planning an integrated part of care planning from the time of admission.
- In the short time since the reduction in bed numbers, the ward had not had to turn down any admissions.
- Senior staff said that discharges were sometime delayed due to the lack of community care placements. We were not able to establish the number of delayed discharges during the visit.

The facilities promote recovery, comfort, dignity and confidentiality

- At our previous inspection we identified that the communication between staff and patients was poor due to staff lacking specialist skills. This had led to patients sometimes not being treated with respect or dignity by staff. In response the trust arranged for a senior speech and language therapist (SaLT) to work with ward staff for six months to develop staff communication skills and establish a training program that the ward staff could use as part of its induction program. This program was completed and a training/induction handbook produced for the ward. On this inspection we observed staff using more Makaton signs with patients in two way conversations. Staff were enthusiastic in promoting the "sign of the week" with patients. Staff told us that relationships with patients were more positive and they were able to help them more easily now that the communication skills were better.
- The ward had changed the layout of rooms to allow a room on each floor to be used as a quiet space, visitors'

room or a women only lounge, depending on the presenting need. There were training kitchens on both floors where patients could cook with staff as part of their therapy plan.

- The occupational therapist and psychologist provided group sessions for the patients at the therapy centre on the hospital site. We received positive feedback from staff, patients and carers about the mental health group facilitated by the psychologist.
- The two activity co-ordinators were appointed by the management team who developed and implemented a seven day a week activity plan with support from the OT
- At the last inspection we found that patients had limited access to outside space. The trust addressed this by rebuilding boundary fences to establish a garden for the ward and a separate yard where patients could choose to go for a quiet time. At the time of our inspection, the garden was still being developed.
- Patients gave us positive feedback about the quality of the food provided. The speech and language therapist provided support to develop diet plans for people who had difficulty eating or swallowing.
- Some patients chose to personalise their bedrooms. We saw three bedrooms with the patients' agreement. One room had a large feature wall with a design that the patient had worked on with the activity co-ordinator. Another had pictures in secure anti-ligature frames. The third had a wide range of personal possessions.
- The ward staff carried out risk assessments with patients before allowing them to have items that could potentially be used to self-harm or harm others.
- Secure storage was available on both floors for personal property that people could not keep in their bedrooms.

Meeting the needs of all people who use the service

- The ward had a lift and two floors each on a single level. There was one bedroom with room for a wheelchair user and a suitably adapted bathroom.
- The trust had a translation and interpreting service for people who did not speak English as their first language. One staff member described an example of when this service was used, and had found it very effective.
- The ward team were developing easy read material for patients with information on rights and local services. However, accessible information on local advocacy services was not available.
- Considerable work had been done on developing the staff communication skills in Makaton and in

Are services responsive to people's needs?

Good 

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

recognising patients' communication skills. There was ongoing work to develop tablet apps to support communication with patients who did not use verbal speech or Makaton.

- The hospital was able to cater for a wide range of cultural dietary needs. The ward had improved the menus it offered patients, making them a more accessible format.
- Peoples spiritual needs were recorded in their care plans with provision made for religious observance or dietary requirements

Listening to and learning from concerns and complaints

- Staff were aware of how to handle a complaint and were able to deal with verbal complaints informally, but they recorded the outcome on peoples care records.
- We saw evidence of complaints and the trust's response in people's care plans. Carers told us in feedback that the trust was responsive to their concerns and complaints.
- Staff told us that complaints were discussed in one to one sessions and team meetings.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff were committed to the trust's program of improvement for the ward.
- The service manager and nurse consultant were working with ward staff to ensure this service reflected the values and vision of the trust.

Good governance

- Since the previous inspection the trust had put in place a range of audits to monitor compliance with training, supervision and appraisals.
- A range of clinical audits had also been put in place to reinforce best practice, for example around clinical decision making for safe observation. Action plans were developed following audits to guide improvement.
- Ward staff were developing “champion” roles to contribute to clinical audits. For example care plan audits, infection control and Mental Health Act rights.
- The learning disability risk register was regularly reviewed by the operational leadership team and the actions from this were evident on the ward.

Leadership, morale and staff engagement

- Staff told us that there was a period of low morale while the closure of Little House was being discussed. Staff told us they felt disempowered and uninformed during the process. The trust undertook a wide range of engagement with staff throughout the formal

consultation process, including individual and group meetings. Following the outcome of the consultation the trust arranged for a team debrief meeting and arranged two development workshops aimed at building team work and strengthening engagement for all the staff from both Little House and Champion.

- However, since the move had taken place the morale of the staff who had moved from Little House to the Champion Unit had improved and was good. Staff who had worked at the Champion Unit over the last year believed there had been improvement in the way the ward operated and the care the patients received.
- Staff were positive about the leadership provided by the new inpatient manager, nurse consultant and service manager. They particularly praised the level of specialist training that the nurse consultant was delivering.

Commitment to quality improvement and innovation

- The ward took part in the quality network for inpatient learning disability services (QNLD) peer review process in 2015. This highlighted improvements that the ward needed to make in order to be an accredited trust.
- The project to improve staff communication skills with people with learning disabilities had created an innovative and effective model for training and induction.
- The ward had spent the year of 2016 addressing the recommendations of QNLD and requirements of CQC and intended to undertake the accreditation process of QNLD in 2017