Good

Black Country Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

Black Country Partnership NHS Foundation Trust
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
TAJ20	Hallam Street Hospital	The Larches	B71 4NH
TAJAA	Newton House LD	The Pines	B71 4NH
TAJ11	Heath Lane Hospital	Penrose Ward	B71 2BG
TAJ55	Orchard Hills	Daisy Bank	WS5 3DY
TAJ54	The Ridge Hill Centre	The Ridge Hill Centre	DBY 5ST

This report describes our judgement of the quality of care provided within this core service by Black Country Partnership 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 Black Country Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Black Country Partnership 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** 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for people with a learning disability and autism as good because:

- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate wards for people with a learning disability and autism as requires improvement under the safe domain following the November 2015 inspection.
- We saw many improvements to the services since our inspection in November 2015. On all of the wards we looked at ligature points were risk assessed and where identified were adequately mitigated. Staff were made aware of both the ligature risk assessment and the mitigation plan for each ward.
- Emergency bags and ligature cutters were easily accessible to all staff.

However

- Safe food storage was not practiced on all of the wards that we inspected.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- Ligature points on all wards were risk assessed and where these where identified, the risk was adequately mitigated. All staff that we spoke to knew where the ligature cutters were kept and were able to access these quickly in an emergency.
- We saw that the risks to patient health and safety were comprehensively assessed; monitored, regularly reviewed and appropriate action was taken to mitigate these.
- Emergency bags on all wards were accessible to all staff.
- All wards complied with the guidance on same sex accommodation.
- Staff were aware of and followed the search policy to ensure that risk assessments balanced patients' needs and safety with their rights and preferences.

However:

- Safe food storage was not practiced on all of the wards.

Summary of findings

Information about the service

The Black Country Partnership NHS Foundation Trust wards for people with a learning disability and autism provided assessment and treatment across Sandwell, Dudley, Walsall and Wolverhampton. The wards were mixed gender.

The service also provided a short stay and reintegration service at Ridge Hill; however, the reintegration service had not been used for two years.

A forensic step up/step down service for men was provided at The Larches and there was a forensic service for women at Newton House Pines.

The service is provided across five hospital sites:

• Penrose House – 10 beds

• Orchard Hills (also known as Daisy Bank) – eight beds

• Ridge Hill - nine beds (five for assessment and treatment, two for short stay and two beds for

reintegrating people back to the Dudley area)

• The Larches - 14 beds (male only)

• Newton House Pines - four beds (female only).

We last inspected wards for people with a learning disability and autism in November 2015 when we rated the service overall as good but the safe domain was rated as requires improvement.

Our inspection team

The team was comprised of two CQC inspectors and two specialist nurse advisors.

Why we carried out this inspection

We carried out this inspection to find out whether Black Country Partnership NHS Trust had made improvements to its wards for people with a learning disability or autism since our last comprehensive inspection of the trust on 16 – 20 November 2015.

When we last inspected the trust in November 2015, we rated wards for wards for people with a learning disability or autism as good overall.

We rated the core service as requires improvement for safe, good for effective, good for caring, good for responsive and good for well-led.

Following the November 2015 inspection, we told the trust that they must take action in the following areas:

- The Trust MUST ensure action is taken to mitigate against all ligature risks identified and that ligature cutters are always accessible to all staff.
- The Trust MUST ensure the risk to patient health and safety is assessed and all staff are aware of the action needed to mitigate these.
- The Trust MUST ensure emergency bags on all wards are accessible to all staff.
- The Trust MUST ensure all wards comply with the guidance on same sex accommodation.

We also told the trust that it should take the following actions to improve:

- The Trust SHOULD ensure safe food storage is practiced on all wards.
- The Trust SHOULD ensure all staff are aware of and follow the search policy to ensure that risk assessments balance patients' needs and safety with their rights and preferences.

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

- Regulation 12 HSCA 2008 (regulated activities): relating to safe care and treatment.

Summary of findings

How we carried out this inspection

We asked the following question of the service:

• Is it safe?

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

During the inspection visit, the inspection team:

- visited all five of the hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 6 patients who were using the service and two of their relatives
- spoke with the managers or acting managers for each of the wards
- spoke with 23 other staff members; including doctors, nurses, psychologists and occupational therapists
- interviewed the clinical director with responsibility for these services
- attended and observed a hand-over meeting and a focus group.

We also:

- looked at 19 care records of patients
- carried out a specific check of the medication management on all wards and looked at 23 prescription records of patients 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

We spoke with six patients and two carers of the services. Patients told us the staff treated them with kindness and were respectful and caring. Carers told us that their relatives were safe and that staff were open and honest.

Areas for improvement

Action the provider SHOULD take to improve

- The Trust should ensure safe food storage is practiced on all wards.

Black Country Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
The Larches	Hallam Street Hospital
The Pines	Newton House LD
Penrose Ward	Heath Lane Hospital
Daisy Bank	Orchard Hills
The Ridge Hill Centre	The Ridge Hill Centre

Mental Health Act responsibilities

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

Some staff on the units had received training on the Mental Health Act although it was not mandatory. Staff at Penrose had a card with the Mental Health Act code of practice guiding principles which they showed us.

Staff had recorded consent and capacity in records and medication charts. Detention paperwork we looked at was in good order, up-to-date and stored appropriately. Records showed that staff had involved families of patients in decisions about their care and treatment and a carer we spoke to confirmed this happened at Penrose. Staff on all wards explained to patients their rights under the Mental Health Act. The trust had a central team responsible for monitoring and auditing Mental Health Act documentation.

Staff had put posters on the wards informing people of the advocacy service as well as details of when they were next due to visit the unit. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed. Some patients we spoke to knew about the advocacy service and knew what to do if they wanted to speak to the service at other times.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Some staff had received training in the Mental Capacity Act (MCA) although it was not mandatory. Staff we spoke to were aware of the policy on the Mental Capacity Act and demonstrated an understanding of MCA and could apply the five statutory principles.

The majority of assessments of capacity were documented well. Staff recorded consent and capacity in records and medication charts. We found examples relating to smoking, finances, as well as consent to treatment.

Staff at Penrose told us that all informal patients were referred for a Deprivation of Liberty Safeguards (DoLS) assessment. The provider had a Deprivation of Liberty Safeguards policy in place and this was available via the intranet for staff to access for guidance. The trust had a lead nurse practitioner they could access for information regarding the Mental Capacity Act and Deprivation of Liberty Safeguards and the manager at Penrose stated that he regularly consulted with them.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- The ward layouts allowed staff to observe almost all parts of the ward. Blind spots were mitigated by staff being present or by observation. Patients did not have unsupervised access to rooms with ligature points.
- Ligature points on all wards were risk assessed and where these where identified, the risk was adequately mitigated and patients were observed. We looked at the last ligature audits from each of the wards and the risks identified, the controls that were put in place to mitigate these and any recommended actions to be completed within a set timescale. At RidgeHill, we saw action points on the ligature risk assessment dated 26/09/2016 and wall hooks in the patient bedrooms and en-suite bathrooms had been removed. Staff were made aware of both the ligature risk assessment and the mitigation plan for each ward through staff meetings. All staff members were able to read through the policy and plan and had to sign to say that they had done so. This was also completed by all bank and agency staff as part of induction to the units. Signs on doors stated where the ligature cutters were kept. Staff we asked said that they knew where the ligature cutters were kept and they were able to access these quickly and easily in an emergency.
- All wards complied with NHS guidance on mixed sex accommodation. At Orchard Hills, male and female patients bedrooms and bathrooms were in separate areas of the unit.
- All of the clinic rooms we looked at were clean and tidy and records showed that they were regularly checked. We saw evidence that staff had made reasonable adjustments during the summer when the temperature was too warm in the clinic at Penrose and the Pines. We saw evidence of the last clinic and medicines audits and any necessary changes that were made as a result of these. On each ward, we saw a fully equipped clinic room with accessible emergency equipment and medication that were checked regularly. All staff were able to access the emergency bag at all units.
- Seclusion was not used within this core service.
- All ward areas were clean, had good furnishings and were well-maintained. Patients told us that they liked their bedrooms and a carer told us that she had never seen such a clean unit and that the staff never stopped cleaning or tidying up at Penrose.There was active cleaning taking place at all wards during our inspection. All cleaning records that we looked at were up to date and evidenced that the environment was regularly cleaned.
- PLACE scores for cleanliness are over 99% for the Larches and Penrose wards and 86% for condition, appearance and cleanliness for Penrose ward and 96% for the Larches. We do not have the figures for the other services.
- Staff adhered to infection control principles including handwashing and handwashing procedure signs were visible above the sinks in all of the units. Hand gel was available to use around the units and upon entering the buildings.All toilets were clean and had full toilet paper, soap and hand drying facilities.
- Equipment was well maintained, serviced appropriately and calibrated in accordance with manufacturer's instructions. Dates of servicing were visible and clearly in date. However, in the Pines and the Larches units, there were gaps in the checking of fridge and freezer temperatures and there were names on sticky labels in the fridge and freezer but no dates stating when food was opened and use by dates. At Ridge Hill, cereals were not dated when they had been opened, however, all fridge contents were labelled with opened and use by dates. In the Pines unit, there was a bin in the kitchen in front of the fire door.However, when we brought it to the managers attention it was moved straight away. In the Ridge Hill unit, the electrical safety stickers were out of date since September 2016 on the fridge and freezer and were missing from the grill machine, microwave and kettle.
- Environmental risk assessments were regularly completed and action was taken to reduce risks in line with trust policy.

Good

Are services safe?

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

- There was access to appropriate alarms at all units and these were checked regularly. During our inspection, we observed staff responding immediately to an alarm call at the Ridge Hill centre and at the Larches. The toilet alarm call button was used at Orchard Hills and staff responded immediately and reset the alarm.However, in the Larches unit, the nurse call alarm in the disabled toilet was set to the 'off' position, this was then set to 'on' when we brought it to the managers attention.

Safe staffing

- The provider had estimated the number and grade of nurses required dependent upon the needs of the patients. As at June 2016 Ridge Hill had 9.33 whole time equivalent qualified nurses, one qualified nurse vacancy and 27.5 whole time equivalent nursing assistants and four vacancies for nursing assistants. Ridge Hill had 8.74% of staff leave in the 12 months prior to June 2016 and 9.93% permanent staff sickness. At Penrose they had 8.5 whole time equivalent qualified nurses, one additional nurse and 18.97 whole time equivalent nursing assistants and four whole time equivalent nursing assistant vacancies. Penrose had 7.63% of staff leave in 12 months and 6.43% permanent staff sickness. Orchard Hills had 7.70 whole time equivalent qualified nurses, one vacancy and 13.83 whole time equivalent nursing assistants and one vacancy. Orchard Hills did not have any staff leave and had 0.37% permanent staff sickness. We do not have the data for the other services.
- The number of nurses matched the establishment number on all shifts. Ward managers and staff who were not yet trained in the management of actual or potential aggression (MAPA) were additional to the number of nurses on each ward.
- There was appropriate use of agency and bank nurses in all units, except the Pines, where two agency nurses who were on duty on the day of our inspection were new to the unit. Over the twelve month period from July 2015 to June 2016, Orchard Hills had the highest number of shifts filled by bank staff in the core service with 124 and Penrose had the highest number of shifts filled by agency staff with 121. No shifts had been filled by bank or agency staff at Ridge Hill. At both Penrose and Orchard Hills, the managers told us that regular bank staff were used and they were all given regular supervision, training and support which ensured they provided safe, consistent care for the patients. This was confirmed by a carer we spoke to who told us that she was familiar with all of the bank staff at Penrose and that they were all treated as part of the staff team and were all aware of who she was and what her relative's needs were.
- The ward manager was able to adjust staffing levels on a daily basis to take into account the support and observation needs of the patients.
- Two nurses were on duty every shift and maintained a presence in the ward area.
- All of the patients we spoke to said there was enough staff so that they could have regular 1:1 time with their named nurse and that this happened regularly and they could also speak to a nurse when they needed to.
- There was enough staff to carry out physical interventions if these were needed. For example, if a patient needed to be restrained for their safety or the safety of other patients and staff.
- There was adequate medical cover provided in all wards both day and night. A doctor could attend each of the wards quickly in an emergency and if patients needed to go to accident and emergency there was a learning disability liaison nurse available for additional support.
- Training records showed that some staff had not yet received all of the mandatory training relevant to their job role including; safeguarding children and adults; moving and handling; immediate life support and managing actual and potential aggression. The mandatory training data provided by the trust up to the end of June 2016 showed that at Orchard Hills, all staff had completed the annual mandatory training day, all had completed immediate life support, 90% had completed moving and handling practical training, 86% had completed managing actual and potential aggression and safeguarding adults level 3, 73% had completed safeguarding adults level 2, 64% had completed safeguarding children level 2 and 52% had received safeguarding children level 3. At Penrose, all staff had completed safeguarding adults level 2, 96% had completed the annual mandatory training day, 92% had completed moving and handling practical training, 90% had completed immediate life support, 88% safeguarding adults level 2, 85% managing actual and potential aggression, 70% safeguarding adults level 3, 58% safeguarding children level 2 and 30% safeguarding

children level 3. At Ridge Hill, 100% staff had completed the trust annual mandatory training day, 94% had completed safeguarding children level 2, 90% had completed immediate life support, safeguarding adults level 3 and safeguarding children level 3, 85% had received managing actual and potential aggression and safeguarding adults level 2 and 80% had completed moving and handling practical training.We did not receive training information for the Larches.The trust compliance target for mandatory training was 85% and Ridge Hill was the only unit to achieve the trust's target compliance rate. Managers we spoke with told us that this was being addressed and staff were booked on training that they needed to receive.

Assessing and managing risk to patients and staff

- There were no episodes of seclusion in the 12 months prior to the inspection.
- From July 2015 to June 2016, there were 11 instances of prone restraint being used in the core service; eight of these were recorded at Penrose. Of the 176 incidents of the use of restraint in the six month period from January to June 2016, this involved 176 different patients. Where restraint was used, the staff detailed the type of restraint used in accordance with training they had received in the management of actual and potential aggression. Staff told us they only used restraint after repeated de-escalation and diversional techniques had failed. The staff involved and methods of de-escalation used prior to restraint were recorded to indicate that it was only used after all other methods had been unsuccessful; this was evident in the care records that we viewed.
- Staff explained that they used person centred physical intervention protocols for each patient to address challenging behaviours and we saw evidence of these in all of the care records we looked at. These were easy to read; they comprised of words, symbols and pictures and were person centred. They included what types of behaviour may upset a patient, how they liked to be spoken to, what de-escalation techniques staff should try to follow first and any medications to be prescribed to the patient if required. Staff recorded the type of restraint used, the duration of the restraint and which staff had been involved, including who had been responsible for each body part of the patient. Patients and staff we spoke to told us they were offered access to support following restraint being used.
- We looked at 19 care records of patients. All of the records contained comprehensive, thorough, detailed and up to date risk assessments. The format used for each risk assessment varied dependent upon the communication needs of the patient – most of them used pictures and symbols to aid understanding and it was evident that these had been done with the patients input. The risk assessments were easily accessible and kept securely in the patients files. Staff used the Sainsbury's risk assessment tool on admission and developed the historical clinical risk management (HCR-20 V3) risk tool for the assessment and management of violence and aggression. We saw evidence of risk assessments being reviewed and updated when required in patients care records.
- Blanket restrictions were used only when justified. For example patients could smoke outside whenever they wanted but were discouraged from doing so at mealtimes to encourage them to sit and eat and have enough time to digest their food.
- Staff did not carry out random or routine searches of patients, their property or rooms. Staff told us that the trust policy for searching patients was only used if there was a valid reason or concern for the patient's safety. Some members of staff were trained in searching patients. Some items were considered contraband and patients were not allowed to keep items such as razors in their rooms due to patient safety.
- There was information to notify informal patients of their rights to leave the units if they wished. The units recorded leave appropriately and included clear information about escorts and other conditions. There was evidence of people being able to take positive risks.
- All units followed the trust's observation policy and this was reviewed at daily handovers and multi-disciplinary team meetings. Some patients were on 2:1 observations and we were re-assured that this only happened if there was a clinical need for this level of observations and this was regularly reviewed. At Orchard Hills, we observed staff being supported when observing patients with challenging behaviour and their stress levels were RAG (red, amber or green) rated. This was to ensure that they were able to continue to offer support safely and were rotated hourly or more often if required.

Good

Are services safe?

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

- NICE (national institute for health and care excellence) guidance for the use of rapid tranquilisation was followed for people with behaviour that challenges and a learning disability. We saw evidence in care records that this was only used as a last resort where all other diversion and de-escalation techniques had failed.
- All staff we spoke to stated that they knew how to identify and spot abuse and how to make a safeguarding alert when required. In the 12 months prior to June 2016, the core service made 27 adult safeguarding referrals and no child safeguarding referrals during that time. Staff at Orchard Hills evidenced effective partnership working with the safeguarding team at the local authority regarding a current patient.
- There was evidence of good medicines management practice at all of the units we looked at. All of the clinics we looked at were clean, tidy and well organised and medications were stored safely and in accordance with manufacturer's guidelines. We looked at the last clinic audits and any recommendations made from these. The matron at Orchard Hills, Penrose and Ridge Hill oversaw clinical governance and medicines management for the units and this was done in line with the trust's medicines management policy. In the prescription charts we looked at, there was evidence of allergies recorded, photographs of patients and information stating how the patient preferred to take their medication on their drug charts. We saw person centred consent forms. At Ridge Hill, there was evidence of medication being monitored and reviewed regularly in accordance with the British national formulary (BNF) guidelines. No patient's medication exceeded BNF limits.
- There were safe procedures for children visiting the units.

Track record on safety

- There was one serious incident requiring investigation reported in the twelve months prior to June 2016 for this core service.This occurred at Penrose, where a patient fractured a hip due to a slip/trip/fall meeting serious incident reporting criteria. We saw that this incident was investigated in line with trust policy and procedure.
- There had been a patient death in September 2016 at Ridge Hill and a root cause analysis level 1 had been completed and findings from the investigation would be shared with staff. Lessons learned and good practice would be shared with other wards.

Reporting incidents and learning from when things go wrong

- The trust used the Datix electronic incident reporting system. All staff said they were aware of it and what type of incidents should be recorded and escalated if necessary. Managers monitored the Datix system regularly. Learning from incidents was discussed in morning meetings, handovers, local clinical governance and risk meetings, team meetings and supervision.
- Staff demonstrated duty of candour and patients told us that they were informed and given feedback about things that had gone wrong.
- Staff were able to explain how learning from incidents was shared. Feedback from investigations was shared with all staff at handovers, supervisions, team meetings and through lessons learned bulletins.
- Staff told us they had a debrief and were offered support after serious incidents and this was done in a variety of ways dependent upon the needs of the individual. Some debriefs were done in a group setting and some were done in a 1:1 session and if additional support was required this was available.