

Derbyshire Community Health Services NHS
Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

Derbyshire Community Health Services 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)
RY8AK	Ash Green Hospital	Hillside assessment and treatment ward	S42 7JE
RY8AK	Ash Green Hospital	Valley View respite	S42 7JE
RY8AN	Rockley Respite	Rockley respite	NG20 8PL
RY8Z6	Amberley respite	Amberley respite	S21 4JG

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

Summary of findings

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 Derbyshire Community Health Services NHS Foundation Trust and these are brought together to inform our overall judgement of Derbyshire Community Health Services 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

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Summary of findings

Overall summary

We rated wards for people with learning disabilities as good because:

- Staff were aware of patients' needs and risks as thorough up to date information was available, including personalised care plans and activity plans.
- We found the wards to be safe, clean, spacious and comfortable with a good quality of furnishings and decoration throughout, including outdoor areas for fresh air.
- Staff knew their patients' well and had built up good relationships. There was good staff to patient ratio, across all sites.
- The service had a good structure to ensure that staff were up to date with training and supervision. Staff

managed incidents well, they had a system that encouraged learning within the staff group, and staff had awareness of when to report incidents and deal with complaints.

- There were processes in place to ensure staff were working within the Trust policies and procedures.

However:

- Staff received regular clinical supervision in line with the trust policy, however not all staff received regular management supervision.
- Bedroom doors did not have locks on. Patients were unable to lock their rooms at night if they wished.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Staff undertook a risk assessment of patients on admission, and updated them accordingly.
- The ward provided a safe environment for patients.
- There were adequate numbers of staff on duty on Hillside ward, to provide safe care and treatment to their patients.
- Staff knew how to record incidents and received debrief following serious incidents.
- Staff received adequate training, which ensured they could provide good care to their patients.

However

- Staff we spoke to on Valley View told us they did not feel safe when they had to work alone

Good



Are services effective?

We rated effective as good because:

- Staff were motivated and skilled to deliver good quality care to their patients. A wide range of therapies was available for patients to aid their recovery.
- Staff managed patients physical health needs well, and used a variety of recognised assessment and monitoring tools.
- Staff showed good understanding of the Mental Health Act 1983, and were aware of the principles of the Mental Capacity Act.

However:

- Most staff received regular clinical supervision, however the majority of staff did not receive managerial supervision.

Good



Are services caring?

We rated caring as good because:

- Staff were caring towards patients and showed a good understanding of their individual needs; patients were involved in all aspects of their care planning and were able to feedback concerns at regular community meetings.
- Carers and families were involved in the care of their relatives throughout their admission.
- On Hillside, patients could attend a weekly community meeting, where they received information and were able to provide feedback.

However:

Good



Summary of findings

- Patients did not always receive a copy of their care plan.

Are services responsive to people's needs?

We rated responsive as good because:

- We saw information written in easy read formats, and the trust was working hard to ensure all patient documentation would be available in accessible forms.
- There were good working relationships between the professions across the care pathway, and outside agencies, to ensure appropriate discharge placements were in place.
- Patients knew how to complain, and there was a robust system in place monitor and act upon complaints.

However:

- Patients were unable to lock their bedrooms and could not ensure their belongings were safe.

Good



Are services well-led?

We rated well-led as good because:

- All sites participated in the trust quality programme. All had been compliant on at least one occasion against the trust quality standards.
- Staff were up to date with training and received adequate clinical supervision
- Managers carried out regular audits across the service and implemented action plans to monitor and improve quality when they needed to.
- Staff reported a high level of job satisfaction and morale was good.

Good



Summary of findings

Information about the service

Hillside is an assessment and treatment ward on the Ash Green learning disability hospital site. It is commissioned to look after six people from the age of 18 upwards, with challenging behaviour and/or autism. Both detained patients and informal patients can be admitted to the ward.

Valley View is a five bedded respite unit, also on the Ash Green site. It usually takes up to two informal patients for respite, who often have more complex health needs, including physical disabilities.

There are four respite core services across Derbyshire. We inspected two, Amberley in North Derbyshire and Rockley based in Shirebrook. Each respite was a five bedded house, although usually takes two to three patients at any time.

The trust was previously inspected by the CQC as part of the new inspection methodology pilot in February 2014. Ratings were not given at this inspection.

Our inspection team

Our inspection team was led by: Carolyn Jenkinson, Head of Hospital Inspection

Chair: Elaine Jeffers

Team Leader: Carolyn Jenkinson, Care Quality Commission

The team included CQC inspectors, inspection managers, pharmacy inspectors, an inspection planner and a variety of specialists including:

Clinical Project Manager, Non-Executive Director, Community Children's Nurses, Community Health

Visitors, Dentist, Dietitian, Occupational Therapists, Physiotherapists, Paramedic, Nurse Consultants, District Nurses, Palliative Care Director, GP, Learning Disability Nurses, Specialist Nurses and a Mental Health Act Reviewer.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations

During the inspection visit, the inspection team:

Summary of findings

- visited one assessment and treatment ward and three respite wards at three sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with three carers
- spoke with the managers for each of the wards, including the matron
- spoke with twenty other staff members; including doctors, nurses, psychologists, speech and language therapist, administration staff and domestic services staff
- interviewed the general manager with responsibility for these services
- attended and observed one case conference meeting
- collected feedback from three patients using comment cards.
- looked at nine care records and eleven medicine charts of patients.
- carried out a specific check of the medication management on four wards.
- 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 told us staff went the 'extra mile' for them. Carers thought staff and patients had built up good relationships and had a good understanding of the needs of their relations. They received feedback and were able to speak with staff whenever they needed to.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that they provide a two-way communication panel within the seclusion room
- The trust should ensure patients are able to lock their bedroom doors

Derbyshire Community Health Services 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
Hillside assessment and treatment ward	Ash Green Hospital
Valley View respite	Ash Green Hospital
Amberley core unit	Amberley Core unit
Rockley core unit	Rockley Core 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 Provider.

- Mental Health Act documentation was available and stored correctly on the unit.
- Staff had a good understanding of the Mental Health Act, which was part of their mandatory training. All staff had completed this training when we carried out this inspection.
- Prescription charts had medication authorised treatment certificates attached to them when required. They were fully completed and correct.
- Patients told us staff regularly informed them of their rights under section 132 of the MHA. Staff effectively recorded this in patient files. .
- The service had an audit system in place to make sure all Mental Health Act paperwork was up to date and was stored effectively.
- Patients had access to an Independent Mental Health Advocate (IMHA) and staff displayed information about the IMHA service on ward notice boards.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were able to discuss the principles of the Mental Capacity Act (IMCA) and the principles of Deprivation of Liberty Safeguards (DOLS)
- Staff had received MCA training, which was part of their mandatory training. Records showed that patients had been involved in making decisions about their treatment and care.
- Staff regularly reviewed patients capacity and consent to treatment whilst in the multidisciplinary team meeting, and recorded how they reached decisions.

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 layout of Hillside did not allow clear line of sight of the ward environment, and was divided into four bay areas with bedrooms splitting off from corridors on these bays. Staff told us they would position themselves throughout the ward, to maximise observation of the ward areas. Valley View respite was well designed with a layout that allowed staff to see from one end of the ward to the other. Amberley and Rockley respite units were 'homes in the community'; Amberley covered two floors, and Rockley consisted of two buildings. Staff were aware of patient's whereabouts, and could position themselves accordingly.
- Staff on Hillside completed an annual ligature risk assessment. This identified places where patients might tie something to harm themselves. Details of how identified ligature risks would be minimised were included in the annual risk assessment. However, staff did not assess the garden area for potential ligature risks. An individual risk assessment identified patients at risk of using a ligature, so nursing staff observed them, whilst in the garden. The trust did not require the respite to complete ligature risk assessments. Staff completed an individual risk assessment for all patients and would develop an appropriate care plan to minimise any identified risks. Hillside ward had two sets of ligature cutters. Staff were familiar with the protocol for maintaining the ligature cutters.
- Hillside ward complied with the Department of Health's guidance on same sex accommodation and separated male and female patients into different bays. Females had use of a separate living room, toilet and washing facilities. At Amberley unit, male and female patients used the accommodation. bedroom doors were not lockable. Staff told us they were able to segregate bathroom facilities and females could use a separate living area if they wished to. Bathroom signage did not specify if they were for use by male or female patients. There were no ensuite facilities in any bedrooms across all sites.
- Hillside had a fully equipped clinic room. Emergency equipment was available and staff carried out regular checks to ensure it was fit for purpose and was effective for use in an emergency. Emergency medication was in place, in date and staff checked it daily. The trust had recently provided all areas with 'grab bag' emergency equipment. Records showed that respite staff checked the emergency 'grab bags' on a weekly basis.
- Hillside had a seclusion room, located at the end of the ward. Seclusion rooms are used for the supervised confinement of a patient to contain severely disturbed behaviour likely to cause harm to others. Staff could observe the patient via two small windows and CCTV, which ensured there were no blind spots. The room contained soft furnishings, and a clock was visible outside of the room. It did not have toilet facilities; staff would escort patients to the nearest available toilet, which was across the ward. This could impact on the privacy and dignity of the patient, as other patients could observe this. The seclusion room had an anti-barricade door and natural light through a window. However, staff and patients could only communicate to each other through the closed door; there was not a two-way communication panel.
- We saw nicely decorated, visibly clean and well-maintained wards. Furniture looked to be comfortable and visibly clean.
- Patient led assessments of the care environment (PLACE) survey results from 2015 for Hillside and Valley View were 100% for cleanliness. The respite core units did not participate in PLACE audits.
- Staff across all sites were adhering to infection control policies, although hand gel was not available for staff and visitors before they entered Hillside. All staff had completed and were up to date with infection control training. We saw evidence of audits across the site, and the service had identified infection control leads on each ward.
- All sites maintained their equipment; we saw 'I am clean' stickers, which were in date on
- Staff maintained cleaning schedules, which showed regular cleaning, took place across all sites. All empty bedrooms had documentation stating when they had last been cleaned.
- Staff undertook regular environmental risk assessments. If they staff identified concerns, they addressed them.

Are services safe?

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

- Staff on Hillside and Valley View carried personal alarms to summon assistance when required.

Safe staffing

- The Trust calculated staffing levels using the Hurst tool, although the learning disability service used a national tool called 'Learning disabilities safer staffing'. There were no vacancies across the sites; Hillside had just recruited to two qualified nurse posts.

Staffing establishments were:

Hillside ward – 11.71 whole time equivalent (WTE) qualified nurses and 22.48 care support workers

Valley View respite ward – 1.23 WTE qualified nurses and 9.24 care support workers

Amberley respite core unit – 0.8 WTE qualified nurse and 9 care support workers

Rockley respite core unit – 1.6 WTE qualified nurses and 10 care support workers.

One band 6 nurse would work across both Amberley and Rockley as a supervisor.

- Sickness levels for all sites for April 2016 were 3%, which was lower than the national average of 4.4%
- Staff turnover for the learning disability service was low, and staff had vast experience of working with this client group.
- Trust data for March 2016 showed staffing across all shifts for Hillside was over and above minimum staffing levels at an average of 130%. Minimum staffing levels on Hillside were six staff per morning shift, five per afternoon shift and three per night shift; staff told us they worked above these levels. Staff were required to work across Hillside and Valley View due to the fluctuating needs of their patients. Qualified nurses were not always present at the respite units due to their agreed staffing levels; qualified nurses at Hillside were required to administer medications to patients at Valley View in the absence of the qualified nurse. An operational policy for the service did not exist, although senior staff told us the respite services did not require a qualified nurse at all times, due to the patients only accessing for a break away from the family home.

- The wards rarely used bank and agency nurses. All substantive staff worked flexibly to ensure that all shifts were covered; this included staff sickness and absence, and increased patient observations.
- Staffing levels on Hillside ensured that patients had one to one support; this was adjusted dependent upon patient need. The respite wards worked on a ratio of two staff, which often resulted in one to one nurse: patient ratio. At Amberley and Rockley units, staff told us they had a qualified nurse for thirty hours each week.
- Staff across the wards confirmed there were enough staff on duty, except for Valley View. Staff would be 'lone working' when colleagues were helping out on Hillside. Staff told us this did not always feel safe and sometimes caused delay in patient treatment or care, particularly when two staff were required to carry out nursing tasks. Valley View staff told us this had been raised with senior managers and were awaiting feedback.
- On Hillside ward, we observed qualified nurses within communal areas of the ward throughout the day, interacting with patients and providing nursing care. Most patients' staying at respite continued to attend their day centres, however staff were available for those who remained.
- Staffing levels ensured that cancellation or postponement of escorted leave, appointments and activities did not happen.
- The local mental health trust provided medical provision for the Ash Green site. Doctors were available throughout the day and an on call system was in place out of hours. The local GP attended Hillside ward on a daily basis, Monday to Friday. Doctors were able to attend the ward quickly if required. The respite units were not required to provide medical input, however patients were able to access their local GPs when needed.
- Mandatory training rates across all sites were ninety-nine percent. The trust target for mandatory training was 100%. This was audited on a monthly basis and results for each site made visible for staff, patients and visitors.

Assessing and managing risk to patients and staff

- There were six episodes of seclusion on Hillside ward from 1 June 2015 to 6 May 2016, involving two patients.

Are services safe?

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Episodes of seclusion were for short periods and staff used the Mental Health Act Code of Practice guidelines and the trust policy. Seclusion records were included in the patient's care records.

- Records showed there were fifty-three restraints involving six patients' on Hillside ward from 12 December 2015 – 12 May 2016. Of these, six were prone, or face down restraint. Staff told us that their preference was for seated restraint but prone restraint would be used for a limited period when other approaches were not successful. Records showed that staff monitored patients' physical health following periods of restraint. Staff told us that a member of the Preventing and Managing Violence and Aggression team reviewed and audited all restraints and seclusions. Records show that debriefs occurred following all restraints, with patients' and staff.
- Staff told us they did not use rapid tranquilisation.
- We looked at three sets of care records at Hillside ward. Staff used the Functional assessment of the care environment (FACE) to assess each patient's risks on admission. All records had an up to date risk assessment and risk management plan. They had been updated following incidents and levels of nursing support changed to reflect the individual need of patients when needed.
- There were no informal patients' on Hillside ward. On occasions when informal patients were on the ward, they were able to access the key code for the door from staff if they wanted to leave the unit. Detained patients' did not access the respite facilities.
- On Hillside ward, we observed staff awareness of patient whereabouts. Staff used formal nursing observations for patients' with identified risks. Staff told us patients' did not access the garden area unsupervised.
- Safeguarding adults and children training level three was mandatory for all staff. All staff had completed this training and were up to date, except for Amberley, where one member of staff was out of date for safeguarding children. They were due to attend training imminently. Staff knew where to find safeguarding policies and were aware of how to make a safeguarding referral. They were aware of safeguarding lead and who to ask for advice. The in-patient service had made seven safeguarding referrals from 1st October 2015 to 30th April 2016.
- We saw effective medicines management across the sites. Hillside had a clear process for ordering and

supplying medicines. We reviewed eleven medicine charts across all sites. Prescriptions were within British National Formulary (BNF) recommended dosages. Staff attached a photograph of patients to their prescription charts to ensure the right patient received the right medicine. We saw evidence staff recorded patients' 'known allergies' and a member of the pharmacy team attended the wards each week, to review and audit charts. Stock medications were stored securely and checked weekly, ensuring they were in date. Staff were up to date with medicines management training and could easily access copies of the trust prescribing standards and the medicines management policy.

- Patients brought their own medicines with them to the respite wards. A qualified nurse would be present on admission to transcribe these onto a trust medicines chart, as per trust policy, and ensure they were stored safely within their medicines trolley. At Valley View, qualified nurses administered all medicines. Hillside ward qualified staff provided cover when Valley View nursing staff were not on shift. All care support staff on Amberley and Rockley had completed a competency assessment, supervised by a suitably qualified nurse. This meant they were able to administer patients' own medication, without supervision from a qualified nurse. Care support staff we spoke with said they felt confident and competent to do this; they were competency assessed for this task once a year. We reviewed some of their training records; all were up to date and completed correctly.
- The trust audited 'Harm free care' on a monthly basis, which included patient falls, catheters, blood clots and pressure ulcers. All sites had scored 100% for the last twelve months, up to April 2016.
- On Hillside, families and children were able to visit the ward and use a private room; a room outside of the clinical area was also available. Respite wards had quiet areas for visitors and patients to use.

Track record on safety

- No adverse events had occurred within the service in the twelve months leading up to the inspection.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. Staff from all disciplines used the electronic incident recording system. The ward managers and senior staff

Are services safe?

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investigated incidents. Staff and managers were confident all incidents were recorded. They displayed duty of candour, by being open and honest and explained to patients when things went wrong. We saw the duty of candour policy across all sites.

- Staff on Hillside ward told us that they provided a de-brief session after serious incidents and the multidisciplinary team reviewed incidents involving patients. They used management action plans to respond to incidents.
- Staff gave us an example of learning from an incident; a patient had picked the locks with a hairgrip and had absconded from Hillside. The ward had reviewed the incident and as a result changed the type of lock used within the ward to prevent this happening again.

- Of the 243 incidents recorded at Hillside ward between 1 April 2015 and 2 May 2016, 67% were for violence/ abuse or harassment. Staff told us they received a de-brief session following these incidents, sometimes with the patients' involved, and incidents were monitored by the trust lead for Preventing and Managing Violence and Aggression. Any learning or common themes would be cascaded to staff via team meetings and supervision. All staff were up to date with Preventing and Managing Violence and Aggression training.

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

- We reviewed nine sets of care records across the four areas; all contained an up to date and comprehensive admission assessment.
- Care plans were present, up to date, personalised, and holistic. They contained a full range of individual needs, such as identified risks, communication issues, mental health needs, physical health needs, moving and handling issues and activities. We saw evidence of multidisciplinary working. There was good recording of patient involvement and patient views. Staff would link their daily progress notes to the relevant part of the care plan and there was evidence of care plans being updated following incidents.
- Care plans on Hillside ward were recovery focused; incorporating a Positive Behavioural Support plan (PBS) to reinforce patients' strengths and interpersonal interactions. This is the recommended approach for working with patients who have behaviour, which challenges. (Positive and Proactive Care: Reducing the need for restrictive interventions, Department of Health 2014). Settings, Triggers, Action and Results (STAR) recording were also evident within the patient record. This helped staff to understand behaviours, and modify them. Respite services did not use these tools.
- All patients had received a physical health assessment on admission, and there were physical health plans in place with evidence of ongoing physical care where needed. Staff used the Early Warning Score test (which monitors and records physical observations), Waterlow scores (to monitor and identify patients at risk of developing pressure sores) and GULP (a dehydration risk screening tool) to assess and monitor physical health needs. Staff supported patients' to enable them to attend dental and hospital appointments when required.
- The ward and respite units used a paper notes system. Separate medical and nursing notes were in use, although staff could easily access both. Community staff used an electronic notes system; ward staff were able to access and view these patient notes in read only format when they needed to. Staff uploaded discharge summaries from the ward and respite units onto the

electronic system, which ensured community staff were aware of information. In - patient services had plans to transition to the electronic notes system but there was no date for this at the time of inspection.

Best practice in treatment and care

- Staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions, when prescribing medicines and providing psychological interventions.
- On Hillside ward, patients' had access to a psychologist who would offer psychological interventions on an individual basis, such as Positive Behavioural Support care planning, cognitive stimulation, anger management and psychology assessment, formulation and treatment.
- The occupational therapy team provided therapies such as sensory integration, activities of daily living assessment and management.
- The speech and language therapists used NICE recommended tools for diagnosis including the Autism Diagnostic Observation Schedule (ADOS), the Autism Diagnostic Interview-Revised (ADI-R) and the Diagnostic Interview of Social and communication Disorders (DISCO).
- The service had good working relationships with local GPs and they provided medical care when needed. On Hillside ward, the local GP attended the ward Monday through to Friday. Staff sought specialist advice when issues were identified. Nursing staff measured blood pressure, pulse, temperature and weight weekly and recorded this within the patient record.
- All sites were using the Malnutrition Universal Screening Tool (MUST) and there was evidence of ongoing assessment. This ensured patients' received adequate nutrition and hydration.
- Hillside ward used the Life Style tool which measured and supported progress for patients' own goals, and was used with the patient to monitor and map real time progress.
- Audits took place across all sites; including mattress audits, medicine charts, care records', mealtime audits, environment safety audit and infection control. Action plans and learning points would be cascaded to staff via email or in supervision.

Skilled staff to deliver care

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.

- On Hillside ward, a team of multidisciplinary professionals delivered care and treatment. These included nurses (Registered General Nurse and Registered Nurse in Learning Disability), doctors, occupational therapists, psychologists and speech and language therapists. The pharmacist attended the ward on a weekly basis to monitor medicine charts, and could attend case conferences when needed. Members of the team were experienced in providing support and treatment for patients with learning disabilities. Across the respite units, nurses and care support workers delivered care and support. Doctors would attend Valley View once a week. Staff told us they could access other disciplines of the multidisciplinary team if required.
- Care support workers across the service were able to gain their Care Certificates. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. New starters received a two-week trust induction. This ensured they were aware of the trust visions and values, policies, procedures, and gave them the opportunity to complete essential mandatory training. They would also attend the Preventing and Managing Violence and Aggression course, before working within the ward environment.
- The Trust supervision policy stated that all staff should receive clinical supervision at least three times per year. Records show staff across all sites received this either on a one to one basis or as a group. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. It gives time for nurses to think about their knowledge and skills and how they may be developed to improve care.
- The service did not have any robust structure in place for staff to receive management supervision. Management supervision is a regular one to one meeting held between the supervisor and supervisee. Supervision forms a key part of individual performance management.
- Records seen show some staff received management supervision every two months; other staff had not received it for over six months. There was a risk that staff across the service were not receiving sufficient support to do their duties effectively and managers were not identifying poor performance issues quickly.
- Records show 100 % of staff had received their annual appraisal, where individual objectives for the upcoming

year would be set. Each area had a regular team meeting for staff; Hillside ward and Valley View staff had a joint meeting. Discussion about various operational issues occurred; the staff group received minutes from the meetings.

- Some staff had undertaken specialist training to support their professional development, in areas such as epilepsy, diabetes, Makaton, positive behaviour support, dysphasia and working with people with personality disorders. Supervision and appraisal identified training needs. The speech and language therapy team were in the process of planning specialist autistic spectrum disorder focus groups to support staff to improve their practice.

Multi-disciplinary and inter-agency team work

- On Hillside ward, a professional's only ward round and a multidisciplinary team meeting (MDT) took place each week. A range of professionals attended the MDT, and the patient, family/ carer and advocate were also invited to attend. We observed an MDT and saw evidence of good input from the different professionals involved. Carers had an opportunity to express their views and professionals explained treatment in a clear and concise way. The team worked hard to develop solutions in the best interests of the patients.
- Amberley and Rockley did not have MDT meetings. Doctors' reviewed patients' at Valley View on a weekly basis; patients' and carers could attend.
- Handovers took place at each shift change, which ensured the whole team were aware of any changes to the patients' presentation. Staff utilised a handover book as a communication aid; qualified nurses at respite units used this to communicate with each other.
- Staff told us they had good working relationships with other teams, both within and outside of the organisation. At Hillside, the community teams at Ash Green hospital provided MDT support, and followed the patient through the care pathway, back into the community. The local GP attended daily between Monday and Friday; the local GP would liaise with the patients' own GP when necessary. The commissioners for the learning disability service spoke with the senior team on a weekly basis, and attended for Care and Treatment reviews (CTR) at least once every six months. Social services had regular input, specifically in relation

Are services effective?

Good 

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to discharge planning and placement arrangements. The complexity of some of the patients' needs, and the lack of suitable placements' across the country could delay the patients' discharge from the ward.

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

- At the time of inspection, five patients were detained under the Mental Health Act 1983 on Hillside ward.
- Staff showed a good understanding of the Mental Health Act (MHA) and the latest version of the Code of Practice and its guiding principles. There were copies of the MHA Code of Practice (2015) available on Hillside ward, including easy read versions.
- MHA paperwork was present, up to date and correct. It was stored appropriately in the MHA administrator's office. Staff uploaded copies of MHA paperwork onto the patient record. We saw Approved Mental Health Practitioners (AMHP) and Second Opinion Approved Doctor (SOAD) paperwork within the patient records.
- Consent to treatment paperwork was up to date and accurate. Prescription charts had medication authorised treatment certificates attached to them when required. They were fully completed and correct.
- Patients had their rights under the MHA (s132) presented to them on admission, and then monthly; the outcome of this had been documented. Patients told us they were aware of their rights under the MHA.
- A MHA administrator was available at Ash Green who provided administrative support and legal advice on implementation of the MHA and the revised version of

the Code of Practice. Policies and procedures had undergone review, to incorporate the latest guidance within the Code of Practice. Audits of paperwork occurred regularly.

- Patients are able to access Independent Mental Health Advocates (IMHA), from Derbyshire MIND. We saw easy read information regarding advocates at Hillside. The IMHA attended Hillside every week.

Good practice in applying the Mental Capacity Act

- Staff used Functional Analysis of Care Environments (FACE) Mental Capacity Assessment v3, which is a detailed structured document to assess mental capacity. This was used for 'best interest' assessments.
- All staff had completed their mandatory training in the Mental Capacity Act (MCA) and gave a reasonable account of the five principles of the MCA and how it was applied in their daily work. They were able to describe and showed understanding of repeating assessments, in response to any changes in care delivery, financial affairs or mental state. They were aware of, and had access to the policy.
- One patient was subject to Deprivation of Liberty Safeguards (DoLS) on Hillside ward. This safeguard offers protection to a person whose freedom is restricted, and it is in that person's best interests to do so, especially when they lack capacity.
- There are currently no routine visits from an Independent Mental Capacity Advocate (IMCA); staff were able to access one if the patient wanted.
- Staff referred to the IMCA if required.

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

- We observed staff interacting with patients in a respectful and caring manner. Staff appeared interested and engaged in the patients' wellbeing and the care that they were providing to them, and were readily available to help and support them when required.
- When staff spoke to us about patients, they showed good understanding and knowledge of their individual needs.
- The patient led assessment of the care environment (PLACE) score at the Ash Green site for privacy and dignity in 2015 was 97%, which is higher than the England average of 86%. The respite core units do not participate in PLACE assessments.

The involvement of people in the care they receive

- Across all sites, staff told us, and patients agreed that they received a tour of the ward on admission to help orient themselves to the surroundings. Easy read welcome packs were available containing information needed for their admission.
- On Hillside ward we saw evidence of patient involvement in care planning, and staff would support patients to ensure they recorded their views. Not all patients received copies of their care plans but knew they could ask for one if they wanted. Some care plans were available in easy read format, although not all. The service was working towards having all patient documents available in easy read, and was compiling a pictorial library for this purpose. Patients and carers were involved in the weekly multidisciplinary (MDT) meeting; this enabled patients' to contribute to the planning of their care. The patients' advocate also attended.
- We saw 'This is me' hand held easy read information across all sites. Information included patient's likes,

dislikes, how you know I am happy/sad/angry, how I communicate, family, religion, medication and continence. Patients could take this with them to day centres and other appointments.

- Staff regularly liaised with families and carers before admission to the respite units to ensure that they had adequate information to meet the patient's needs. On discharge, staff provided families and carers with written information about their stay.
- At respite units, staff wrote care plans and included patient's views. Staff would complete, or adapt the existing care plan on each admission.
- On Hillside ward, patients' could attend weekly community meetings. Issues discussed included privacy, safety, activities, food and anything else they wanted to talk about. Patients complained about the quality of the food; staff liaised with the new provider and were able to feedback positive and negative comments to the kitchen staff. Minutes of meetings were displayed in the communal areas of the ward. Results from completed patient and carer feedback forms were available to look at within the ward environments'. At Amberley, there was evidence of changes made in response to feedback, such as patients having access to the internet.
- Speech and Language therapists worked with patients to improve easy read signs across the trust. They had purchased a photo communication license and were offering training for staff across the trust. Patients were testing out some of the signs.
- Patients knew about the advocacy service provided by Derbyshire MIND; the advocate attended weekly at the Ash Green site, and monthly at Rockley. They were not routinely visiting Amberley at the time of inspection. We saw information about advocacy, in easy read formats across all sites.
- People with learning disabilities attend recruitment panels; however, they have not used the learning disability service.

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

- On Hillside ward, average length of stay for the twelve months prior to inspection was 88 days. The trust had reduced beds over the last five years, from twenty to six. From March 2015 to March 2016, Hillside had admitted seventeen patients, and had discharged eighteen.
- There was under occupancy at the respite units. All were five bedded units, although only admitted two to three patients at one time. Staff told us this was a result of staffing and changes within the benefits system, which meant demand had decreased.
- On Hillside ward, admission took place following a Care and Treatment Review (CTR) with the commissioners for the Learning Disability service, in line with the NHS England Transforming Care national guidelines. These guidelines ensured the patient received the right care in the right place, and admission occurred only after consideration of least restrictive options, such as community and respite support. Emergency out of hour's admissions occurred with the agreement of senior on call managers. Staff informed the commissioners' for the service as soon as possible.
- On the respite units, admissions for patients' were co-ordinated six months in advance. Staff would assess each patients needs to determine how they would manage them within the respite units. When we carried out the inspection, Valley View had 14 patients, Amberley 19 and Rockley 27 patients that were using the respite services. Each patient had an allocated amount of days, determined by social services, to use within the respite units. The average time allocated was 18 to 22 days per year. Staff would plan admissions dependant on families/ carers requests and patient preferences. Staff told us they could accommodate emergency admissions, if patient needs and resources could meet their needs adequately. A qualified nurse was always available for patient admissions and discharges during the week, across the respite units. Patients could stay for a couple of days to three weeks, depending on their requirements.
- Out of area admissions occurred, dependent on agreement from commissioning groups and senior staff. Managers took into consideration the patient group before agreeing to an admission.

- Transfer to other hospital sites was determined on patient need, such as deteriorating physical health or declining mental health.
- Hillside ward provided information to the commissioners regarding admissions and discharges on a weekly basis. Delays in discharge were due to lack of suitable accommodation across the country. Most patients had complex needs, which required complex supported living placements.

The facilities promote recovery, comfort, dignity and confidentiality

- Hillside ward was spacious, with sufficient space to safely manage the number of patients. Each bay had a day area, where patients and staff could sit and get involved in activities. There were locked kitchens within the bay areas; patients' could use them with a member of staff present. A fully equipped clinic area was available on Hillside and Valley View, although patients received physical examinations in their bedrooms, as there was not an examination couch. The respite units had day areas where activities could take place. A fully equipped kitchen was available on Amberley and Rockley, although neither had a clinic room. The medication trolley and physical health equipment was kept within the day areas, or stored in secure cupboards. Staff told us patients would use their bedrooms if they wanted a quiet area, or needed a physical health examination.
- A quiet room was available on Hillside ward which contained soft furnishings and sensory equipment, such as coloured lights; Valley View had plans to adapt one of their day areas to include this. Patients were able to see their visitors in private.
- On Hillside ward, patients had access to a cordless telephone, which they could use in private. Patients could have access to their mobile phones, dependent on their risk assessment and if it was appropriate for them.
- All sites had access to outside areas and patients could access the garden during the day with support or observation from staff.
- Food provision had recently changed at the Ash Green hospital; another hospital site now provided this. Patients told us they didn't like some of the food they had chosen; staff told us they were monitoring it and liaising with the kitchen staff. At Amberley and Rockley, staff cooked all food on site. Amberley had been given a

Are services responsive to people's needs?

Good 

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

Food Standards Agency five star food hygiene rating. At all sites, a nutritional tool kit was available in easy read language. Staff emphasised the importance of healthy eating and patients could easily make informed choices about the food they should be eating. Specific diets for people with physical problems were available; some patients on Valley View had PEG feeds (liquid foods administered straight to the stomach). Staff from Hillside ward and Valley View had received training, to administer both feeds and medication via the PEG.

- The patient led assessment on the care environment score for food was 93.6% for 2015 at the Ash Green site. The national average for England was 88.5%.
- Cold drinks and snacks were readily available across the sites; staff would supervise patients making hot drinks.
- Patients were able to personalise their rooms; patients on Hillside ward brought in items from home to make their rooms feel homely. This was less evident at the respite units, due to the length of stay being relatively short. Bedroom doors could be personalised with patients name or a picture.
- None of the bedrooms across the site were lockable. This meant that patients could not ensure that their possessions were safe, or lock their rooms at night if they wished to. We asked patients if this worried them, most thought their rooms were safe, although one patient at Rockley said she wanted to be able to lock her room. Staff told us they were able to lock away valuable possessions elsewhere on the ward or respite units.
- Most patients at the respite units continued to attend their day centres during the week. Staff told us they were able to provide activities during the weekend. These included going for walks, attending the cinema or going for meals out. Patients on Hillside ward had the opportunity to access ward activities throughout the week and the weekend; we saw individual patient timetables displayed on the ward, in pictorial form. Patients would choose the following days activities each evening; this included tasks such as showering and cleaning their rooms.

Meeting the needs of all people who use the service

- All the wards and units were able to accommodate people who required disabled access; patients with impaired mobility had priority use of the downstairs bedrooms on Amberley. On Amberley and Rockley, patients were able to choose which room they used.
- A wide variety of information was available in easy read language or pictures, especially in the communal areas. Posters and leaflets were visible about treatment options, complaints procedure, 'You said we did' notice boards, healthy eating and patient rights. Patients received a welcome pack on admission to the ward, which was theirs to keep and refer to. Information in other languages was available if required. Staff displayed picture signs on doors indicating what rooms were used for.
- Some staff had received training in Makaton (basic sign language), which helped communication with patients whose language was limited. Staff on Hillside ward could use 'emotion cushions'; these were cushions with emotional and expressive faces, which could be used to help the patient express themselves. Staff could access interpreters if required.
- At Hillside and Valley View, staff could prepare foods for patients with ethnic or religious preferences. Staff at Amberley and Rockley showed good understanding of the needs of these groups of patients. On Hillside, patients had a takeaway night each week, of their choosing.
- Patients staying at respite could attend local church services if they wanted. Patients had access to spiritual support from various faiths at the Ash Green site.

Listening to and learning from concerns and complaints

- None of the services we visited had received any formal or informal complaints in the six months leading up to the inspection.
- We saw easy read 'how to complain' information in leaflet form and in patient welcome packs. Patients and carers told us they knew how to complain and felt confident staff would support them with this.
- Staff had good awareness of the complaints policy and there was a clear process in place to manage complaints effectively; both formal and informal.
- Staff received feedback on the outcome of complaints via staff meetings, emails and supervision.

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 understood how the values of the organisation influence the care they provide. Team meeting agendas incorporated the trust values.

Good governance

- Out of seventy-four staff across the sites we visited, 100% had completed their mandatory training at the time of the inspection. We reviewed supervision records and staff appraisals. We found clinical supervision records were up to date and completed to a good standard, although we saw varied consistency on the frequency staff received this, across the sites we visited. Management supervision was not consistent across the sites, and staff we spoke to had limited awareness of this. Recording of group supervision was not apparent, although staff told us they did receive this. This to, appeared to be in -consistent.
- There were appropriate numbers of trained staff on each shift on Hillside ward. However, the respite units often only had un qualified staff on shift. This could pose a risk to patient care if care support workers did not identify deterioration within the patient group. Staff told us that direct patient care was their priority.
- Staff participated in clinical audits, in order to improve quality of the services they provided.
- Staff learning from incidents, complaints and service user feedback was evident.
- Procedures relating to safeguarding, Mental Capacity Act and Mental Health Act were widely followed.
- Staff reported their Key Performance Indicators (KPIs) to the senior management team each month. All wards were meeting their KPI targets; they were displayed within the ward areas for people to see.
- Staff were able to submit items to the trust risk register.

Leadership, morale and staff engagement

- Information was displayed at Ash Green regarding the board and governors of the trust, for staff, carers and visitors to see.

- Sickness was low at 3% across all sites.
- There were no ongoing bullying or harassment cases.
- Staff told us they had awareness of the whistleblowing policy, and were confident they could raise concerns without fear of victimisation. There had not been any whistleblowing alerts for this service.
- Staff within the service told us they had accessed leadership and development schemes. Managers we spoke with said they encouraged and supported staff to participate in developmental opportunities.
- Staff reported a high level of job satisfaction and felt empowered in their roles; they were able to offer patients good care and had the time to do their job properly.
- Staff across the service felt that morale was good and they all supported each other and worked well within their teams. Valley View staff did not always feel supported by their managers, and felt they had not been listened to, in relation to their staffing levels.
- Staff were able to give examples of when they had been open and transparent with patients and carers, and we saw 'duty of candour' information displayed across the sites.

Commitment to quality improvement and innovation

- All sites participated in the 'Quality Always' programme; a trust wide initiative focused on improving quality of care, which involved peers assessing teams against 14 standards. The standards included continence, tissue viability, falls prevention, nutrition, dementia, medication, pain, dignity and patient experience, infection prevention/ hand hygiene, end of life and mental health. Valley View and Amberley had received 'double green'. This meant they had achieved over 80% compliance with all standards on two occasions. Hillside and Rockley had achieved green, although were due for re assessment. Where standards had not reached the desired levels, action plans were in place.
- None of the services were participating in The Royal College of Psychiatrist's Quality Network for Inpatient Learning Disability Services.