

# Devon Partnership NHS Trust

# Whipton Hospital

## Quality Report

4 Hospital Lane  
Exeter  
EX1 3RB  
Tel: 01392 208866  
Website: [www.devonpartnership.nhs.uk](http://www.devonpartnership.nhs.uk)

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

Whipton Hospital is located on the outskirts of Exeter. Devon Partnership Trust has a specialist service on this site called the Additional Support Unit which is an inpatient assessment and treatment service for up to five patients who have a learning disability. When we visited, there were five patients on the unit and four patients were detained under the Mental Health Act 1983.

We found many good areas of practice at Whipton Hospital. Staff felt confident to raise concerns about the practice of other staff and that action would be taken as a result. This meant that patients were safeguarded from harm and abuse. Staff had an understanding of what they needed to do to make improvements to benefit patients.

Staff received the training and support they needed to meet patients' individual needs to ensure their wellbeing. There were just below two whole time equivalent band five staff vacancies out of a total resource of nearly 37 staff working at the hospital. In addition, the service had significant numbers of staff on maternity and long-term sick leave. Established and consistent agency personnel were used to cover these vacancies.

Patients had detailed and comprehensive care plans that showed staff how to support them and patients were involved in these. We saw that patients were supported to have regular health checks to ensure their wellbeing. Overall, records were well-maintained, comprehensive, up to date and regularly reviewed. We looked at records

which showed that patients had their rights under the Mental Health Act 1983 respected and that access to Independent Mental Health Advocates was supported and encouraged.

Staff worked with the team of professionals involved in each patient's care to ensure that all the patients' needs were met. Staff worked with other providers so that when each patient was discharged they received the support they needed.

The environment was well maintained and the majority of procedures and processes in place ensured that patients were kept safe from risk and hazards.

We spoke with three relatives and three patients who were very pleased with the service. Staff were described as "absolutely magnificent", "extremely caring, understanding and are sensitive to patients' needs". One person said that the short notice cancellation of some meetings was frustrating and inconvenient but that the staff were brilliant. One patient told us, "The staff get me all the meals and drinks I need".

There were three areas for improvement identified. These were to ensure that blanket restrictions such as preventing people from accessing the kitchen are reviewed to check they are still needed. Supporting people to promote their independence through the development of daily living skills should be explored. Fridge and freezer temperatures should be monitored at the appropriate frequency to ensure food is safely stored.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The services at the Additional Support Unit are safe. Incidents were reported and there was sound evidence that learning from incidents took place. Staff were familiar with safeguarding issues and knew how to raise any concerns. Adequate staffing levels were maintained.

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### **Are services effective?**

The Additional Support Unit provides effective services for patients. Clinical guidance and standards are used to continually assess and improve the service. Staff were well supported and their performance was appraised regularly.

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### **Are services caring?**

Patients and their carers described staff at the Additional Support Unit as highly professional and extremely caring. There was sound evidence that patients and carers were actively involved in their care plans and were kept informed of developments regularly.

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### **Are services responsive to people's needs?**

The Additional Support Unit did not maintain a waiting list. Carers told us that there had been minimal waiting times to access the service.

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### **Are services well-led?**

The management of the Additional Support Unit was robust, supportive to staff and promoted good outcomes for patients. Managers were described as accessible, flexible and listened to staff concerns and ideas.

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# Summary of findings

## What we found about each of the main services at this location

### **Mental Health Act responsibilities**

We did not monitor responsibilities under the Mental Health Act 1983 at this location; however we examined the provider's responsibilities under the Mental Health Act at other locations and we have reported this within the overall provider report.

### **Services for people with learning disabilities or autism**

Whipton Hospital accommodates the Additional Support Unit, which is an inpatient assessment and treatment service for up to five patients who have a learning disability. We visited the unit together with two professional advisors on 4 February 2014. There were five patients on the unit and four patients were detained there under the Mental Health Act 1983.

Staff were confident to raise concerns about the practice of other staff and that action would be taken as a result. This meant that patients were safeguarded from harm and abuse. Staff had an understanding of what they needed to do to make improvements to benefit patients.

Staff received the training and support they needed to meet patients' individual needs to ensure their wellbeing. There were just below two whole time equivalent band five staff vacancies. In addition the service had significant numbers of staff on maternity and long-term sick leave. Established and consistent agency personnel were used to cover these vacancies.

Patients had detailed and comprehensive care plans that showed staff how to support them and patients were involved in these. We saw that patients were supported to have regular health checks to ensure their wellbeing. Overall records were well maintained, comprehensive, up to date and regularly reviewed. We looked at records which showed that patients had their rights under the Mental Health Act 1983 respected and that access to Independent Mental Health Advocates was supported and encouraged.

Staff worked with the team of professionals involved in each patient's care to ensure that all the patients' needs were met. Staff worked with other providers so that when each patient was discharged they received the support they needed.

The environment was well maintained and the majority of procedures and processes in place ensured that patients were kept safe from risks and hazards.

# Summary of findings

## What people who use the location say

We did not access surveys at this location but we did speak with three relatives and three patients who were very pleased with the service. Staff were described as “absolutely magnificent”, “extremely caring, understanding and are sensitive to patients’ needs”. One

person said that that the short notice cancellation of some meetings was frustrating and inconvenient but that the staff were brilliant. One patient told us “The staff get me all the meals and drinks I need”.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Ensure fridge and freezer temperatures are monitored daily.

- Support people using the service to develop their independence by enabling them to help with laundry, cleaning their rooms, meal preparation.
- Ensure no blanket restrictions are in place if they are not needed such as preventing access to the kitchen.

## Good practice

Staff at the Whipton Hospital Additional Support Unit were well-led and supported.

Communication within the team was very good and ensured that the needs of patients were well understood by the whole staff team.

Carers were well informed, involved and spoke highly of the unit.

# Whipton Hospital

## Detailed findings

### Services we looked at:

Services for people with learning disabilities or autism

## Our inspection team

### Our inspection team was led by:

**Chair:** Professor Tim Kendall, Medical Director, Sheffield Health and Social Care NHS Foundation Trust

**Team Leader:** Care Quality Commission

Our inspection team at Whipton Hospital was led by a CQC inspector and included two professional advisors who had a nursing background and experience of running social care services for adults with a learning disability.

## Background to Whipton Hospital

Whipton Hospital is located on the outskirts of Exeter. Devon Partnership Trust NHS has a specialist service on this site called the Additional Support Unit which is an inpatient assessment and treatment service for up to five patients who have a learning disability. We visited the unit together with two professional advisors on 4 February 2014. There were five patients on the unit and four patients were detained there under the Mental Health Act 1983.

Devon Partnership NHS Trust is a Mental Health and Learning Disability Trust which was established in 2001 and has six hospital sites across Devon and Torbay. The trust employs approximately 2,500 staff and also has 100 staff

assigned from Devon County Council and Torbay Unitary Authority, including social workers and support workers. Devon Partnership Trust serves a large geographical area with a population of more than 890,000 people and has an annual budget of around £130 million. The trust services fall into three areas of care:

- **Mental Wellbeing and Access** – for people experiencing a common mental health problem for the first time who need more help than their GP can provide.
- **Recovery and Independent Living** – for people with longer-term and more complex needs.
- **Urgent and Inpatient Care** – for people with severe mental health difficulties, in crisis or experiencing distress and who may require a stay in hospital.

At any one time, the trust provides care for around 19,000 people in Devon and Torbay. The vast majority of these people receive care and treatment in the community. A small number may need a short spell of hospital care to support their recovery if they become very unwell and an even smaller number will have severe and enduring needs that require long-term care. Teams include psychiatrists, psychologists, specialist nurses, social workers, occupational therapists and support workers. The team also has access to speech and language therapy, physiotherapy and community services on a contracted basis.

# Detailed findings

In May 2012, the hospital was inspected by the Care Quality Commission when it was found to be meeting all essential standards in quality and safety in areas of dignity and respect, care and welfare, protecting people from abuse, and record keeping.

## Why we carried out this inspection

We inspected this provider as part of our in-depth mental health inspection programme. One reason for choosing this provider is because they are a trust that has applied to Monitor to have Foundation Trust status. Our assessment of the quality and safety of their services will inform this process.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations and local people to share what they knew about the mental health services provided by the Trust. We carried out an announced inspection to Whipton Hospital on 4 and 5 February 2014. During our visit we spoke with staff working

on the wards including five qualified nurses and three nursing assistants. We talked with four people who use services and people who care for them. We also reviewed records of people who use services.

To get to the heart of people who use services' experiences of care, 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?

The inspection team always inspects the following core services at each inspection:

- Mental Health Act responsibilities
- Acute admission wards
- Psychiatric intensive care units and health-based places of safety
- Long stay/forensic/secure services
- Child and adolescent mental health services
- Services for older people
- Services for people with learning disabilities or autism
- Adult community-based services
- Community-based crisis services
- Specialist eating disorder services



# Services for people with learning disabilities or autism

## Information about the service

Whipton Hospital accommodates the Additional Support Unit which is an inpatient assessment and treatment service for up to five patients who have a learning disability.

## Summary of findings

Staff were confident to raise concerns about the practice of other staff and that action would be taken as a result. This meant that patients were safeguarded from harm and abuse. Staff had an understanding of what they needed to do to make improvements to benefit patients.

Staff received the training and support they needed to meet patients' individual needs to ensure their wellbeing. There were just below two whole time equivalent band five staff vacancies. In addition the service had significant numbers of staff on maternity and long-term sick leave. Established and consistent agency personnel were used to cover these vacancies.

Patients had detailed and comprehensive care plans that showed staff how to support them and patients were involved in these. We saw that patients were supported to have regular health checks to ensure their wellbeing. Overall records were well maintained, comprehensive, up to date and regularly reviewed. We looked at records which showed that patients had their rights under the Mental Health Act 1983 respected and that access to Independent Mental Health Advocates was supported and encouraged.

Staff worked with the team of professionals involved in each patient's care to ensure that all the patients' needs were met. Staff worked with other providers so that when each patient was discharged they received the support they needed.

The environment was well maintained and the majority of procedures and processes in place ensured that patients were kept safe from risks and hazards.

We did not monitor responsibilities under the Mental Health Act 1983 at this location; however we examined the provider's responsibilities under the Mental Health Act at other locations and we have reported this within the overall provider report.

# Services for people with learning disabilities or autism

## Are services for people with learning disabilities or autism safe?

### Learning from incidents

Incidents were entered into the electronic recording system by individual staff. These were escalated to the risk team and to managers for review and action. All incidents were recorded, reviewed and discussed at Governance Group meetings. Staff involved in, or witnessing an incident, were offered debriefing sessions and any lessons learned were discussed during individual supervision sessions and in team meetings. We saw from records that there was a significant reduction in incidents on the unit over a six month period.

### Safeguarding

Staff training records were seen and indicated that all staff had received training and updates in safeguarding adults. Staff had also received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Therefore, people could be sure that any decisions were made in their best interests and were reviewed in line with appropriate guidelines. Staff demonstrated a good understanding of safeguarding issues. They were able to provide a clear account of what action they would take if they witnessed any abuse or suspected that abuse had taken place. The inter-agency policy and procedures for the safeguarding of adults was readily accessible to staff.

A safeguarding group met monthly within the unit and the findings from this meeting fed into the overall safeguarding dashboard and governance agenda for the trust.

We spoke with three relatives who told us that they had every confidence that patients were kept safe by the staff on the ward. One patient told us that they felt safe in the unit.

### Safe Environment

The unit had been subject to a food safety inspection by the environmental health department within the previous two weeks. Overall the findings were positive but due to cooked and raw food products being found stored in close proximity the unit had its previous five stars rating reduced to four stars. The manager told us that this issue had been immediately rectified.

The provider may wish to note that we found that fridge and freezer temperatures were being taken on a regular

basis but was less than the required frequency. However, staff did not know the correct temperature range without looking it up and there was no system or process to address or report unacceptable fluctuations in the readings. This could result in food safety being compromised.

The building was well maintained and the trust maintenance department was described as responsive and efficient. All bathrooms and kitchens had been refurbished within the last few months. Fire safety alarm system and fire fighting equipment checks were undertaken regularly and records confirmed that this was the case.

We found that the emergency medical kit was in order and records confirmed that regular checks were undertaken to ensure that the equipment was working properly.

### Risk Management

We saw that a notice on the male wing kitchen door restricted patient access to the kitchen outside the hours of 8am and 8pm. The deputy team leader told us that this was to prevent incidents involving a named patient. We reviewed all incidents involving this patient for the previous six months and none had occurred in the kitchen. The manager told us that the use of the notice was kept under review and would be assessed again to determine whether it was still required.

We saw that a wide range of environmental risk assessments had been undertaken throughout the unit. These included a fire risk assessment, patient violence, electrical equipment and legionella etc. A review of all risk assessments was last undertaken on 13 May 2013.

### Medication

We looked at the arrangements for medicines management on the unit. Keys for the medicines cupboard were always kept by a designated registered nurse. It was noted that there was only one set in use at any given time. The storage arrangements were safe and the storage and checking of controlled drugs was comprehensive and up to date.

The fridge used for storing medicines was broken and a replacement was waiting for portable appliance testing. As an interim measure a locked fridge had been redesignated from another use. We saw that a self-medication policy was in place and this was being following in line with associated procedures.

# Services for people with learning disabilities or autism

## Whistleblowing

Staff told us that they had received training in whistleblowing. It was clear from discussions with staff that all those spoken with knew what to do and where to go if they felt that they were not being listened to about concerns they had.

## Managing risk to the person

Care plans were well written and comprehensive. The ongoing care plans were goal based and the risks were clearly documented together with the plans and staff guidance to manage them.

## Safe staffing levels

The unit was covering 1.8 band 5 vacancies and significant maternity leave and long term sickness with consistent agency staff. The staff shift complement was six staff working in the morning, six in the afternoon/evening and four covering the night shift. Staff told us that this level of staffing was sufficient to meet the needs of the current patients and only fell below these levels when short notice sickness occurred.

The staff team was described by all staff spoken with as extremely supportive and despite being a large team it worked very well together.

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

## Use of clinical guidance and standards

Physical health care plans demonstrated clear issues requiring intervention and support. We saw one plan which was clearly linked to NICE guidance on physical monitoring for one patient who was receiving a particular medication.

## Monitoring quality of care

We examined the information from the dashboard and found evidence of learning from experience, corrective actions and focussed attention on improvements. There was an easy read version of the learning log which was used as a tool to feedback actions to patients. Additional evidence of this being implemented was noticeable from the whiteboard located in the staff room and from discussions with the manager and staff. There were some discrepancies between the dashboard information and

safeguarding records on the ward. The manager had identified some of these discrepancies in December and this was evident from cross referencing to the minutes of the safeguarding group and the quality improvement plan.

The modern matron had provided an innovative and highly effective easy read safeguarding dashboard which had been developed in collaboration with a person who used the service. This person was employed as a quality checker. The dashboard provided an effective means of identifying areas that needed attention and for tracking progress.

## Collaborative multi-disciplinary and multi-agency working for assessments, care planning and access to health services

Staff told us that some community teams used a different information technology system to the trust. They felt that they did receive sufficient information from community teams to care for individual patients when they were subject to a routine admission. However, due to the different systems in use there was a concern that not all information was available to the inpatient team when emergency admissions were necessary.

Staff told us that the specialist Approved Mental Health Professional (AMHP) for the Mental Health Act 1983 and the specialist AMHP for the Mental Capacity Act and Deprivation of Liberty Safeguards were both supportive and approachable when guidance was requested.

Speech and language therapy, physiotherapy and community services were arranged on a contracted in basis. The unit was currently seeking to secure dedicated time for speech and language therapy services. The unit had access to the trust's dedicated autism/aspergers team who provided support with diagnosis, needs assessment and care management. This team was situated within the Specialist Service Directorate.

## Are staff suitably qualified and competent

Staff told us that the trusts training policy was comprehensive and access to training was good. There was a range of core training that all nursing and health care assistant staff had to attend with additional training provided according to job grade. Training was a topic which was regularly discussed at supervision sessions and when training outside of the trusts range was requested either for personal development or to meet the needs of an

# Services for people with learning disabilities or autism

individual. These requests were always accommodated where possible. Relatives told us that all the staff were “excellent”, “highly professional” and “confident and competent”.

The manager told us that the team were skilled and provided excellent care. The unit had already identified a need for updated training in autism for some staff and the plan was that the service manager would deliver on this training.

## **Adherence to the Mental Health Act Code of Practice**

We saw documented evidence that the Independent Mental Health Advocacy service was explained to patients and there was information posted on the unit notice board. Staff told us that the IMHA service was very responsive.

The care plans for two patients who were detained under the Mental Health Act 1983 were reviewed. Section 17 leave forms for both patients were clear, comprehensive and within date. There was evidence that both sets of forms had been reviewed and were valid.

We saw that appropriately completed forms for medication were kept within the individuals medicines file together with the patient’s prescription.

## **Are services for people with learning disabilities or autism caring?**

### **Choice in decisions and participation in reviews**

We saw care plans which contained statements outlining how the patient had been consulted and confirmation of their agreement with the plan. We spoke to one patient who confirmed that he had his care plan discussed with him and that he had agreed with it. They added that they would be happy to tell staff if they did not agree with something.

Three relatives told us that they were invited to care plan review meetings and had an opportunity to raise issues at any time. Two people told us that they get sent minutes from the weekly care plan review meetings and they are provided with individual updates on a very regular basis. We saw that notes of these discussions were evident within care plans reviewed.

**We saw that easy read formats for several documents had been developed and we were told that these were used to support individual patients to understand their care plan. Patient meetings are held regularly and feedback is acted upon. A patient survey had been developed in an easy read format to capture feedback from patients following their discharge from the unit.**

**We saw that one person’s bedroom had been personalised with posters to create a homely feel without a hospital bedroom becoming too much like permanent accommodation. Staff told us that patients brought their washing to the laundry room and that staff do the washing. Nobody we spoke to was able to explain why patients were not supported and encouraged to do these things for themselves.**

### **Effective communication with staff**

**Staff told us that they had fortnightly team meetings where a range of issues were discussed relating to individual patients and to the running of the unit. These meetings alternated between qualified staff and the entire staff team. Staff described these meetings as a useful tool for discussing issues and exchanging information. All staff received one to one recorded supervision on ten occasions each year. We saw records that indicated that this number was mostly met and for those that had not reached the required frequency explanations were provided. For example, long term sickness. We spoke with one of the agency nurses who told us that “I feel part of the team and I’m treated as part of the team”.**

**We observed a staff handover where an overhead projector was used to show the most up to date information about patients. Each patient was reviewed in turn and questions were posed by staff for clarification. Topics included up to date medication information, booked health care appointments, any cancelled or planned activities and patient’s general well-being. Following the handover a debrief session could be used for those staff finishing their shift. The manager then reviewed the ‘team brief’ which was a reminder to staff about important areas such as ensuring supervisions records were completed on the IT system and that e-learning**

# Services for people with learning disabilities or autism

was completed. A reminder of the current unit goals was outlined and at that time they were focussing on cleanliness, infection control and removal of jewellery and watches.

We saw that the picture boards of staff on duty were inaccurate on both wings. Staff who were on duty were not on the board. We were told that last minute changes had not been updated on the staff picture boards. A communication book was in place for those staff who could not be party to the handover meetings.

## **Do people get the support they need**

All staff spoken with demonstrated a sound understanding of the needs of individual patients and were able to describe their likes, dislikes and preferences. Relatives told us that the staff had an excellent understanding of people's needs and relayed information to them with confidence, sensitivity and understanding.

## **Recovery services**

The unit used Wellness Recovery Action Plans (WRAP) to ensure that individual patients had documented strategies to recognise and prevent breakdown. These documents together with care plans were prepared in easy read formats for patients to keep themselves in their rooms if they wished.

We were told that the trust was considering changing the current arrangement for staff to prepare meals on the ward by bringing in prepared food. There was limited evidence of patients being encouraged to participate in food preparation to the extent of their ability other than the preparing of snacks. Staff told us that patients were able to undertake more of these tasks than they do. Staff acknowledged that this was potentially a lost opportunity to prepare patients for discharge and maximise their independence.

## **Privacy and Dignity**

Throughout the course of the visit staff were observed as courteous to patients and respected their privacy and dignity by knocking on bedroom and bathroom doors to check before they entered.

## **Restraint**

The restraint protocol provides clear guidance and monitoring information for staff. Any incident or

intervention that requires any form of physical touch is considered to be a form of physical restraint and is reported according to the guidance. The seclusion room was rarely used and staff told us that it was used "as an absolute last resort". All incidents of restraint were reviewed to inform future practice.

The provider may wish to note that there was no restraint assessment undertaken when patients were admitted. This could lead to inappropriate interventions being undertaken with individual patients when the least was known about them.

Staff told us that they had received training in a range of physical interventions but that de-escalation techniques were the preferred option when patients became upset or distressed. Examples were provided which included keeping the environment low key, supporting patients to a calmer area and using a calm and low tone of voice.

## **Are services for people with learning disabilities or autism responsive to people's needs?**

(for example, to feedback?)

## **Service meeting needs of the local community**

Staff told us that they consider more capacity was needed in the system to ensure that services could be accessed by people that need them in a timely manner. The unit currently did not maintain a waiting list.

## **Work of the trust reflects EDHR**

We saw that people were supported to communicate their needs to staff by the use of a range of tools. These included documentation in easy read formats, videos and the use of a widget directory which used symbols that could be tailored to a patient's individual needs. We were told that if a patient had specific physical or sensory needs a specialist such as a speech and language therapist, an occupational therapist or a psychologist would be consulted and involved with plans to support that person.



# Services for people with learning disabilities or autism

## Providers working together during periods of change

Staff told us that a lack of move on accommodation or funding was causing some delays with discharging patients. Staff from proposed community placements spent time on the ward in order to familiarise themselves with and to patients prior to discharge.

## Learning from complaints

We saw that there was a poster and a leaflet located on the ward notice board advising patients and their relatives how to complain or comment. These were not easy to see due to the notice board being cluttered and the leaflet could only be read once removed from the notice board using a key to unlock the cover. Reference was made to feedback cards which took staff some time to locate.

We saw that the complaints file did not contain any complaints and this record had been in operation since 2009. The complaints file contained instructions for making verbal complaints and the trusts complaints policy.

Staff told us that all patient issues were discussed at the weekly patients meeting. There was evidence that issues were acted upon, an example was where a patient wanted a cushion and appropriate options were being researched.

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

## Governance arrangements

There was a clinical governance meeting held on the unit on a regular basis. A safeguarding group met monthly. We saw materials that were prepared for the safeguarding group to identify 'early indicators of

concern'. We were shown how this was being used to identify the likelihood of incidents and how analysis of a wide range of incidents for one patient was being used to plan for discharge.

An infection control audit was undertaken on a six monthly basis and was due. The unit had a patient led assessment of the environment and a food safety audit was being considered.

Monthly quality assurance audits on care records are undertaken by clinical leads in the service using a self-monitoring tool. Areas for improvement are discussed during supervision.

## Engagement with patients

We saw that minutes of patient meetings were concise and used simple language. However, these were not at the same easy read quality of other materials on the unit. The unit was visited by an expert by experience approximately twice per month and was accompanied by a support worker from a local organisation. Three questionnaires had been designed for use in the unit to ask patients and staff questions and for looking around. A feedback report was produced periodically which summarised the comments and observations.

## Engagement with staff – ward to board

Staff told us that they felt engaged with the work of the trust. The management of the unit and the service was respected by the staff team and staff we spoke with told us that the atmosphere within the staff group was very calm and respectful.

## Effective leadership

Staff told us that the management team including the unit manager was very supportive and approachable. All managers within the learning disability service met on a monthly basis to discuss overarching issues.