

Jeesal Cawston Park

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

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

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

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

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

Summary of findings

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

Overall summary

We rated Jeestal Cawston Park as good because:

- Staff demonstrated a caring attitude towards patients and had regular one to one time with them.
- Staff were up to date with their mandatory training, and were provided with additional training if it enhanced their knowledge of a specific patient need.
- Friends and family expressed satisfaction with the care and welfare of their loved ones whilst in the hospital.
- The provider had good reporting systems in place when things went wrong, so these could be discussed and learned from.
- Patients were allowed to personalise their bedrooms and were involved in choosing how to decorate their ward or unit.

- There was a wide range of activities for patients to engage in.
- Support workers were being supported to complete the National Care Certificate.

However:

- Blanket restrictions for therapeutic reasons were in place that included access to hot drinks and times people could smoke. Risk was not always considered on an individual basis. Senior management said they would review these restrictive practices.
- Staff did not clearly document evidence of patient involvement in their own care plan.

Summary of findings

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Good



Jeesal Cawston Park

Services we looked at:

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Jeasal Cawston Park

Jeasal Cawston Park provides assessment and treatment for people who have a learning disability and mental illness. There is a registered manager and accountable officer in place.

The hospital provides assessment and treatment for 54 people who are living with a learning disability and mental health needs, some of whom might be detained under the 1983 Mental Health Act.

At the time of the inspection, there were 41 patients. Two of these were informal, five were subject to Deprivation of

Liberty Safeguards (where a person's freedom is restricted in their own interests to ensure they receive essential care or treatment), and 34 were detained under a section of the Mental Health Act.

The hospital was last inspected by the Care Quality Commission on 16 January 2015. At that time we judged the provider to be compliant for those regulations we inspected.

Our inspection team

The team that inspected the hospital consisted of a Care Quality Commission (CQC) manager, a CQC inspector, a nurse and a Mental Health Act reviewer, all of whom had recent mental health service experience, and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them, or through contact with those using them for example, as a carer.

The team would like to thank all those who met and spoke with inspectors during the inspection. People were open with the sharing of their experiences and their perceptions of the quality of care and treatment at the hospital.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we held about the hospital, and we asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited each unit to look at the quality of the environment and observe how staff were caring for patients.
- Interviewed 10 patients who were using the service.
- Telephoned two carers of people who use the service.
- Interviewed three managers or deputy managers who cover one or more wards.
- Spoke with 39 other staff members, including doctors, nurses and other qualified professionals.

Summary of this inspection

- Interviewed four directors with defined responsibility for human resources, nursing, education and development.
- Interviewed the medical director.
- Visited the hospital's farm and activity centre and watched the activities taking place, and attended the morning meeting between managers.
- Carried out a specific check of the medication management arrangements on four units.
- Inspected 19 patients' care and treatment records.
- Collected feedback from nine comment cards completed before our inspection.
- Reviewed a range of policies and procedures and other documents relating to the running of the service.

What people who use the service say

Patients said that they felt safe on the wards and were happy with the ward environment. They felt listened to, were involved in planning the care offered to them and felt that professionals caring for them were interested in their wellbeing. When agency staff were used, they were usually known to the service, so patients experienced continuity of care.

All patients spoken with reported having a good rapport with staff working on the wards. Patients said this encouraged them to participate in their care plan and treatment choices. They said staff respected them, and gave examples of staff knocking on doors before entering a patient's room. All patients were able to personalise their rooms, some said they would feel more secure if they had their own key to their bedroom.

Patients said their rights were read to them regularly in a way they could understand. They said the admission process provided them with adequate information about what the providers could offer them. Patients said they could not always find information in an easy read format. They said they knew how to complain, but did not always receive feedback from their complaint.

Patients said that activities were available seven days a week but they did not always feel involved in choosing the activity. Patients said that activities did not go ahead at times owing to poor staffing levels and that it was sometimes difficult to contact staff when patients were not on 1:1 observations. Regular protected time was regarded as valuable to their recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated the core services at Jeessal Cawston Park as good for safe because:

- Staff identified ligature points (places to which patients intent on self-harm might tie something to strangle themselves) across the hospital. They mitigated these through environmental risk management plans and patient risk assessments.
- Clinic rooms were clean, well equipped with a couch, scales and blood pressure monitor available. Staff calibrated and checked the equipment regularly.
- The ward environments were clean and well maintained in all areas with well-maintained furnishings.
- Staff carried a personal alarm or radio and two staff members checked these daily.
- Staff members spent time with patients on the wards, and had regular one to one time with patients.
- Care and treatment records showed patients enjoyed regular activities and escorted leave.
- Staff were aware of whom to contact when seeking medical advice, day or night. Medical cover was always available and staff were satisfied with the level of cover.
- Records showed 81% of staff had completed mandatory training and 95% of staff had completed safeguarding training.
- Each care record had a current risk assessment that was regularly updated following incidents or reviews.
- Observation policies were in place and in date, care records and care plans showed that staff regularly reviewed observation levels.
- Patients had positive behavioural support programmes in place, such as distraction techniques which were used to effectively manage their behaviour.
- Staff recognised and reported incidents. Senior managers reviewed these in their daily meetings, using the electronic system. We saw examples of changes taking place because of these meetings including a staff incentive to reduce short staffing and providing all patients with a pictorial menu.
- Care records showed that a comprehensive assessment of risk took place during a multidisciplinary team meeting within 72 hours of a patient arriving.

However:

Good



Summary of this inspection

- Wards complied with Department of Health guidelines on mixed sex accommodation. All bedrooms were en suite. However, on the Lodge ward, female patients who wanted a bath rather than a shower could only access this through the male corridor. Staff mitigated any potential risk by increasing levels of observations when necessary.
- Restrictions on patients included access to hot drinks and smoking for therapeutic reasons.

Are services effective?

We rated the core services at Jeessal Cawston Park as good for effective because:

- Staff monitored a patient's progress using a recognised tool, the health of the nation outcomes scales, for people with learning disabilities, to track progress.
- Care and treatment records showed that staff reviewed the physical healthcare needs of patients.
- A range of professionals, including nurses, doctors, psychologists, activity co-ordinators and occupational therapists provided care to patients.
- Seven support workers were being supported to take the National Care Certificate.
- Extra training was available to meet staff training needs. These were identified through supervision and appraisals, or were to support a specific patient need.
- A GP provided a clinic in the hospital once a week. At other times, staff supported patients to attend external appointments, for example with an optician or dentist.
- Seventy six per cent of staff received training in the Mental Health Act, and a Mental Health Act administrator was available to audit detention papers.
- Patients rights were read to them every four weeks and they were encouraged to seek support from an independent advocacy service. In one set of care and treatment records this had not been recorded for four months.
- Eighty five per cent of staff had completed Mental Capacity Act training, and 78% of staff had completed Deprivation of Liberties training.

However:

- One patient who was assessed by the hospital as requiring a nutritional assessment had not received one; this was brought to the attention of staff by a CQC staff member.
- Frontline staff were not actively involved in clinical audits.
- Facility and administration staff informed us they needed further training to understand individual patient conditions.

Good



Summary of this inspection

- Staff told us ward meetings took place regularly but minutes were not available on all wards.

Are services caring?

We rated the core services at Jeessal Cawston Park as good for caring because:

- Staff showed a good understanding of each patient's needs and treatment plan.
- Patients said staff treated them with respect and always knocked before entering their bedroom.
- Staff across the site spoke with patients in a respectful and kind manner.
- Each admission process was individualised to meet the needs of the patient.
- Staff interacted positively with patients while they were on 1:1 observations.
- In a 'friends and family' survey carried out in 2015, everyone who took part said they had no concerns about the care or welfare of their loved one at the hospital.

However:

- Staff did not clearly document the level of patient involvement in their care plan.
- Although patient forums took place on all wards, minutes were only available for one ward. Attendance at these meetings, where patients could express their opinions and choices, varied.

Good



Are services responsive?

We rated the core services at Jeessal Cawston Park as good for responsive because:

- Each ward had sufficient rooms to provide an environment conducive to recovery.
- Bedrooms were personalised to individual taste. Patients were able to select the décor of the room, furniture and artwork.
- Transfers between wards in the hospital took place if there was a clinical need and benefit to the patient.
- Personalised activity timetables showed activities were available at all times, including weekends.
- Patients had access to a multi-faith visiting service once a week. A multi-faith room was also available on site.
- Admission packs included information on how to complain. This information was also on patient notice boards. Staff said they offered patients complaints forms and helped them to complete these if appropriate.

Good



Summary of this inspection

- Access to outdoor space was subject to individual risk assessments and staff supported patients to use the gardens wherever possible. Secure gardens were available.
- Forms and information leaflets were available for patients in pictorial and easy read formats to support understanding.
- The average length of stay for patients was 12 months, and there was evidence of advanced discharge planning in care records. The provider was seen to be taking action around two patients whose discharges were being delayed due to external services.

However:

- The payphone on the Manor ward was broken and had been for 3 months; CQC staff brought this to the attention of senior managers who said they would get this repaired.
- Patient access to hot drinks was limited to six times a day.
- Five of the ten patients we spoke to said care plans were not available in formats they understood.
- In the last 12 months, two patients experienced a delayed discharge due to a lack of suitable community accommodation. The provider was working with social workers and community mental health teams to address this.

Are services well-led?

We rated the core services at Jeasal Cawston Park as good for well led because:

- Staff demonstrated knowledge of, and agreed with, the organisation's values.
- Senior staff emphasised the organisational values, and promoted the need for respect between all staff groups.
- The provider had introduced a hospital-wide electronic system. This allowed senior staff to review compliance with mandatory training, supervision and appraisals. The same system alerted senior management to the need for extra staff due to increased patient observations.
- Staff recognised and reported incidents. They submitted these electronically and senior managers would discuss them in their daily meetings.
- Each hospital policy was in date.
- Staff were able to raise concerns without fear of victimisation. They said they worked well as a team and were not aware of any bullying and harassment cases.
- There were opportunities for clinical development. Two staff members said the training was of a high standard.

Good



Summary of this inspection

- The hospital was participating in the quality network for Inpatient Learning Disability Services, which is a standards-based quality network to facilitate good practice. Questionnaires had been completed by the provider and submitted to the network.
- The hospital provided specialist training in addition to mandatory training.

However:

- Facility and administration staff told us they would benefit from specific training about the patient group being cared for at the hospital.

Detailed findings from this inspection

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.

- There was a Mental Health Act (MHA) administrator available to offer support to staff, and who had developed a quick reference guide for staff to check they had completed detention paperwork correctly. They carried out regular audits to ensure detentions under the MHA remained lawful.
- Copies of detention papers, including those relating to renewals and transfers, were on all the files. Only one file contained an approved mental health professional report.
- During interviews with CQC staff, all hospital staff showed awareness of MHA principles and knew where to go to seek further advice.
- Seventy six per cent of staff had attended their MHA training as part of their mandatory training.
- Information given to patients included their right to an independent mental health advocate (IMHA). However, patients who lacked understanding were not referred to the IMHA as a matter of routine. There was information about the service in the ward vestibule but was not readily accessible to patients.
- Patients we spoke with were aware of their rights of appeal. We were told that patients who wished to appeal were automatically referred to an IMHA to support them.
- One T3 was not kept with the prescription chart but was found on the patient's notes. There were no discrepancies between the medication listed on T2 and T3 certificates and the prescription charts.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff carried out capacity assessments for those patients that needed them.
- Capacity and consent to treatment was assessed approximately six monthly for patients whose capacity could change.
- Staff felt confident in recognising when a patient may not have capacity.
- Staff supported patients to make their own decisions as much as possible.
- Eighty five per cent of staff had completed their Mental Capacity Act training.
- Seventy eight per cent of staff had completed their Deprivation of Liberty Safeguards (DoLS) training.
- The hospital made five DoLS applications in the past five months. Some patients were awaiting an assessment by the local authority. The hospital had systems in place to monitor progress with these.

Overview of ratings

Our ratings for this location are:

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

Notes

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

- All wards but the Lodge had blind spots where staff could not observe all areas of the ward to maintain patient and staff safety. Staff managed these through regular observations and individual patient risk assessments.
- Staff identified ligature points across the site and mitigated these through environmental risk management plans. For example, they accompanied high-risk patients in areas with ligature points.
- Wards complied with the Department of Health's guidelines on mixed sex accommodation. All bedrooms had en suite facilities but, on one ward, female patients could only get to a bath through the male corridor. Staff mitigated the potential risk to a female patient's privacy and dignity by increasing levels of observations when necessary.
- Clinic rooms were clean and well equipped with a couch, scales and blood pressure monitor. We saw evidence that staff regularly calibrated and checked medical equipment.
- Medications and resuscitation equipment were available in case of emergency. Records showed that staff carried out daily checks on these to ensure they were in date and would work properly if needed.
- Two wards had seclusion rooms, a room used for supervised confinement of a patient for their own safety, which allowed clear observation of the patient. One seclusion room did not have a clock, which might cause patients to become disorientated to time. CQC staff

raised this with the provider who installed one immediately. Although communication was effective with patients when in seclusion, senior managers discussed installing an intercom in the seclusion rooms to improve communication.

- The ward environments were clean and well maintained in all areas with well-maintained furnishings.
- Staff carried out infection control audits every three months. An external infection control nurse carried out an audit yearly. We saw staff wash their hands before and after administering medication. The infection control policy was checked and in date.
- Staff carried a personal alarm or radio for safety and two staff members checked these daily to ensure they were working. During the inspection, an alarm went off and we saw that staff responded quickly.

Safe staffing

- The established level of qualified staff was 27, with 22 in post. The provider used an agency to meet the shortfall. Recruitment was ongoing to bring this up to established levels. The provider met the established figures of 72 support workers.
- The hospital used agency and bank staff across the service to meet the required number of staff per shift. Over three months, management requested 2,583 shifts due to short staffing but were unable to fill 489 shifts, leaving the wards short of staff on these shifts. The hospital used regular staff from one agency. The provider showed us evidence of correspondence to the agency to check staff competency.
- Managers established staffing numbers and grade requirements using an electronic system developed by

Wards for people with learning disabilities or autism

the provider, by inputting patient numbers and levels of observation. The rotas showed that wards were rarely short of staff. Ward managers were able to override this system to increase staffing levels if necessary.

- Staff members were visibly engaging with patients on the wards, and were interacting with and assisting patients.
- Staff facilitated regular 1:1 time with patients to plan care and recorded this interaction in electronic continuing care records.
- There were regular activities and escorted leave. Each patient had personalised activity timetables based on their preferences. Where planned activities could not go ahead, alternatives were offered.
- Previous staff rotas reviewed showed staffing levels were met. If a shortfall arose, senior managers dealt with it.
- Staff were aware of whom to contact when seeking medical advice, day or night and were happy with the level of cover offered.
- Records showed that 81% of staff had completed their mandatory training. The provider's target was 90%.

Assessing and managing risk to patients and staff

- There were 20 episodes of seclusion between March and September 2015. These were highest on the Lodge. Patients were admitted to the Lodge at the beginning of their treatment pathway, so were often more unwell than the patients on the other wards.
- There were 487 restraints recorded between March and September 2015. Of the 487 restraints, 321 related to four patients. Numbers of restraints were highest on the Lodge. The hospital restraint data included verbal de-escalation and safe holds.
- Of the 487 restraints between March and September, 22 were prone restraints, and these were highest on the Lodge. Staff used prone restraints briefly to administer intramuscular medication if this was part of a patient's treatment plan when they were particularly unsettled.
- Care and treatment records had an up-to-date risk assessment that staff reviewed regularly.
- Some restrictions were in place that included access to hot drinks and smoking for therapeutic reasons. Senior

management said they would review these policies to avoid undue restrictive practice. In five care and treatment records showed that these restrictive practice were reviewed.

- Observation policies were in place and in date. Care and treatment records showed that staff regularly reviewed observation levels.
- Patients had positive behavioural support programmes in place, such as distraction techniques, to manage their behaviour effectively. Staff reported these programmes helped reduce the amount of restraints patients experienced.
- Ninety five per cent of staff had completed their safeguarding training and recognised and reported abuse appropriately from this.
- A pharmacist attended the wards once a week to carry out audits and ensure National Institute for Health and Care Excellence guidelines were being followed in managing medications. Records showed qualified staff received medication awareness training as part of their mandatory training.
- Medications were stored securely and there was evidence that staff checked room and fridge temperatures daily on each ward to ensure medications were stored as required.

Track record on safety

- In the past 12 months, there were 38 serious incidents, which senior management have investigated to reduce the risk of reoccurrence.
- The serious incidents included a patient absconding, and staff failure to report an injury of a patient.
- Robust systems enabled staff to report safeguarding concerns.
- Senior managers discussed incidents daily, and implemented plans to reduce the risk of reoccurrence.

Reporting incidents and learning from when things go wrong

- Staff recognised and reported incidents using an electronic reporting system. Managers reviewed incidents daily.
- Debriefs following serious incidents were available for staff. They reported this was useful.

Wards for people with learning disabilities or autism

- Senior managers discussed incidents and lessons learnt at their meetings. However, staff reported managers did not always share lessons learnt so staff were unable to adapt their practice to reduce the risk of incidents reoccurring.
- Meeting minutes showed managers made changes following incidents and issues, such as printing pictorial menus for every patient, and creating a staff incentive to reduce short staffing.

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

Good 

Assessment of needs and planning of care:

- Care records showed a comprehensive assessment of risk took place during a multi disciplinary team (MDT) meeting within 72 hours of a patient's admission.
- Evidence of ongoing physical health needs was seen in care records.
- Care plans were detailed and thorough.
- Care records were stored in paper and electronic formats. The hospital was working towards all records being stored electronically.

Best practice in treatment and care:

- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, activity coordinators and occupational therapists.
- The hospital supported patients to access specialist services when required. For example, one care record had an epilepsy care plan, devised by an NHS specialist and the hospital staff caring for the patient.
- Records of nutrition and hydration needs were not complete in one of the records we reviewed. A patient identified as having low body mass index had not undergone a nutritional assessment, which should have taken place as this may have identified further needs.
- The provider used health of the nation rating scaled for people with learning disabilities to measure patient outcomes. There was evidence of patient goals, set in MDT meetings, being used to measure progress.

Skilled staff to deliver care:

- The provider regularly checked staff competence to carry out their job. For example, nurses undertook regular mathematic tests to ensure they were safely able to calculate medication doses.
- The provider was supporting seven support workers to complete the National Care Certificate.
- Eighty one per cent of staff had completed mandatory training. Clinical staff said the induction programme prepared them for their role. Facility and administration staff requested further training to understand individual patient conditions. This was brought to the provider's attention during the inspection.
- Ward meeting minutes were only available for one ward, despite the meetings occurring on all units.
- Staff received regular supervision and were up to date with appraisals.
- Additional training was available where a patient need was identified. For example, a patient with dementia was admitted to one ward, and staff were offered dementia training to increase their knowledge on the subject.

Multi-disciplinary and inter-agency team work:

- Multi-disciplinary meetings took place once every four weeks or more frequently if a need was identified.
- Staff attended handovers to keep informed on patient care.
- Discharge planning was regularly reviewed. For example, external community mental health teams and social workers from the patient's own area were invited to and involved with patient treatment reviews at the hospital.
- A GP attended the hospital once a week to review patients' physical health care needs. Staff supported patients to attend external appointments such as the dentist and optician.

Adherence to the MHA and the MHA Code of Practice:

- Seventy six per cent of staff had completed their mandatory Mental Health Act (MHA) training.
- A Mental Health Act administrator was available to offer support to staff. They had developed a quick reference guide for staff to refer to when checking detention paperwork.
- During interviews, staff showed awareness of MHA principles and knew where to seek further advice.
- The Mental Health Act Administrator carried out audits of MHA papers to ensure detentions remained legal.

Wards for people with learning disabilities or autism

- Detention paperwork was stored securely and filled in correctly.
- Where applicable, treatment forms were attached to medication cards.
- Patients had their rights read to them once a month, or more often if required. Information regarding their rights was available in a variety of formats including easy read to increase their understanding.
- Patients had access to advocacy services, and staff encouraged them to seek support from this service. Information on independent mental health advocates was displayed on units or could be requested.

Good practice in applying the MCA

- Consent to treatment was displayed at the front of all care records.
- Capacity assessments had been completed for those that required them.
- Staff encouraged patients to make their own decisions as much as possible.
- Eighty five per cent of staff had completed their Mental Capacity Act training.
- Seventy eight per cent of staff had completed their Deprivation of Liberties Safeguards (DOLS) training.
- Five DoLS applications were made in the last five months and paperwork appeared correct. Some patients were awaiting an assessment from the local authority. Systems were in place to monitor the progress of these.
- The Mental Capacity Act including DOLS policy was reviewed and in date. Staff were aware of the policy and from whom to seek further advice.
- The Mental Health Act administrator offered support and guidance on mental capacity to staff if it was needed.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support:

- Staff supported patients to meet their personal preferences.

- Patients were treated as individuals. For example staff showed a good understanding of each patient's needs and treatment plan.
- Staff carried out one to one observations of patients in a caring manner. For example we saw staff actively engaging with patients who they were observing.
- Staff were observed to encourage patients to carry out tasks to maintain independence.
- Staff treated patients with dignity and knocked before entering their bedrooms.
- Staff spoke with patients in a respectful and kind manner throughout the hospital. We saw that staff asked patients for their consent prior to undertaking interventions with them.

The involvement of people in the care they receive:

- The admission process was flexible to suit the needs of the patient.
- Staff actively encouraged patients to participate in their care planning and any meetings such as multi disciplinary team meetings. However, the level of patient involvement was not clearly documented in notes.
- Two carers of patients said they were pleased with the level of care their loved ones received and they were involved in the care planning process.
- A 'friends and family' survey was conducted in 2015. Questionnaires were sent to all relatives and 39% of relatives responded. Of the respondents, 100% said they had no concerns about the care or welfare of their relative in the hospital. 80% of respondents felt listened to and 100% felt communication from the hospital was good.
- A 2015 patient survey showed that 86% of patients felt staff took the time to explain treatment to them, and 75% felt safe with the staff. In the same survey, 100% of patients said they had an advocate.
- Patient forum minutes were only available on one ward. Patient attendance at the forums varied. Examples of discussions taking place included menus, activities and the ward environment.

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

Wards for people with learning disabilities or autism

Good 

Access and discharge:

- Average bed occupancy over the last 6 months was 81%, with the average length of stay being 12 months.
- Transfers between wards in the hospital took place if there was a clinical need and benefit to the patient.
- In the last 12 months, two patients experienced a delayed discharge due to a lack of suitable community accommodation. The provider was working with social workers and community mental health teams to address this.

The facilities promote recovery, comfort, dignity and confidentiality:

- Each ward had sufficient rooms to provide an environment conducive to recovery.
- All wards had a pay phone located in a private area. The payphone on the Manor was broken; this was brought to the attention of senior managers who said they would get it repaired.
- Access to outdoor space was subject to individual risk assessments and staff supported patients to access the gardens wherever possible. Secure gardens were available.
- A range of food was available at meal times and snack times. Patients had access to cold drinks throughout the day and night.
- Bedrooms were personalised to the patient's taste. Patients selected the room décor, furniture and artwork.
- Personalised activity timetables showed activities were available at all times, including weekends.

Meeting the needs of all people who use the service:

- Forms and information leaflets in a variety of formats, including easy read and pictorial, were available for patients to ease understanding. These were not always clearly displayed for patients to see.
- Patients had access to a multi-faith visiting service once a week. A multi-faith room was available on site.

Listening to and learning from concerns and complaints:

- The provider received 74 complaints in the last 12 months, 24 of which were upheld. In the last 12 months, no complaints had been referred to the public health service ombudsman. The provider held investigations in to complaints to learn lessons, and apologised in line with the duty of candour.
- Admission packs included information on how to complain. Staff said they offered patients complaints forms and assisted them to complete these if appropriate. Information on how to complain was posted on patient notice boards.
- Ward managers received feedback from complaints. Staff told us they did not always receive feedback from complaints.

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

Good 

Vision and values:

- Staff demonstrated knowledge of the organisational values and agreed with them.
- Senior managers were frequently seen on the wards. Patients and staff were comfortable in approaching senior managers on an informal basis to discuss any concerns.
- Senior staff emphasised the organisational values and used these when recruiting new staff to ensure their values matched those of the organisation.

Good governance:

- There were provider governance systems in place.
- The provider's risk register was updated and reviewed as required.
- An electronic system had been introduced and this allowed senior staff to monitor compliance with mandatory training, supervision and appraisals.
- Staffing levels were determined based on the information provided by this system.
- The provider identified staff shortfalls at weekends from the risk register. An incentive for weekend working was implemented. This increased staffing at weekends and reduced the risk of poor staffing affecting patients' care.

Wards for people with learning disabilities or autism

- Staff recognised and reported incidents, and submitted them electronically. Incidents were managed by daily senior management meetings. Front line staff reported that learning from incidents was not shared across the whole hospital.
- Ward managers were supported to carry out their role with a degree of autonomy.

Leadership, morale and staff engagement:

- A 2015 staff survey was positive. Staff said they were listened to, suitably prepared to work in their environment and felt valued and supported.
- Staff knew who the senior managers were and felt they were approachable.
- Hospital policies, including those relating to safeguarding, observations and complaints procedures, were current and reviewed regularly.
- Senior managers met every morning for 30 minutes to review incidents that had occurred the previous day and produced action plans to address the incidents.
- Ward managers said they were given sufficient authority to run the ward, and were supported by senior management.
- Staff were able to raise concerns without fear of victimisation. They worked well as a team and were not aware of any bullying and harassment cases.
- There were opportunities for clinical development. Two staff members said their training was of a high standard.

Commitment to quality improvement and innovation:

- Senior managers used the electronic system to gather information on incidents and staffing to consider how services could be improved.
- The hospital was participating in the quality network for Inpatient Learning Disability Services, which was a standards-based quality network to facilitate good practice. Questionnaires had been completed by the provider and submitted to the network.
- The electronic system developed by the providers featured an incident-reporting template with a patient body map. This helped staff to record information accurately.
- Treatment plans for each patient were in depth and demonstrated a multi-disciplinary approach to care.
- The provider offered additional training to meet an identified staff or patient need. For example, staff received further training when a bariatric patient was admitted so that staff could care for the patient safely.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had developed an electronic system that used live data to alert senior management to changes in staffing needs. For example, if a patient's observations increased, staff would log this on the system, which would generate an alert for managers.

Staff would use the same system to log incidents, which senior management reviewed daily. The hospital held patient and staff information on the system so management could access it easily.

Areas for improvement

Action the provider **SHOULD** take to improve

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- The provider should ensure it shares learning from incidents and complaints with all relevant staff groups.
- The provider should ensure facility and administration staff feel adequately trained to interact with patients.
- The provider should ensure staff record minutes of all ward-based meetings.
- The provider should ensure staff clearly document the involvement of patients in their care plan.