

St Johns House







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.

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

Summary of findings

Overall summary

We rated St Johns House as good because

- The provider had established the staffing levels required to meet the needs of the patients. Ward managers had the autonomy to increase staffing levels if required. Staff training was 94% compliant. Staff received regular supervision and annual appraisal in line with the company policy. The provider had completed a ligature assessment and took steps to reduce the risk as required. All wards complied with the Department of Health guidance on same sex accommodation. Medical cover was available day and night.
- We reviewed 16 care and treatments records and found evidence that patients received a comprehensive risk and physical health assessment on admission. Patients were involved in developing their care plans and were outcome focused. The hospital offered a range of psychological interventions recommended in the National Institute for Health and Care Excellence guidelines. For example, offence specific interventions such as fire setting intervention programme for mental disordered offenders, motivational work and emotional regulation interventions such as cognitive behavioural therapy and anger management therapy.
- Patients knew the complaints process and had access to an independent mental health advocate if requested. Staff were aware of the provider's whistle blowing policy and knew their responsibilities in relation to safeguarding. Staff spoken with told us they felt confident raising concerns to senior managers without being victimised.
- Ward managers and senior managers had oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant that managers could monitor performance over a period of time to ensure continuous improvement.

Summary of findings

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Good 

St Johns House

Services we looked at:

Wards for people with learning disabilities or autism

Summary of this inspection

Background to St Johns House

St John's House is an independent hospital, part of the Priory group, that provides care and treatment for patients with a primary diagnosis of a learning disability and associated mental health problems. This includes autistic spectrum disorders, personality disorders and enduring mental illnesses.

The treatments provided by the hospital included; assessment and motivational work, offence-specific therapy, personality disorder symptom reduction therapy and consolidation or relapse prevention.

The hospital had 49 beds across four wards. At the time of inspection 45 adults were admitted all of whom were detained under the Mental Health Act with some being subject to Ministry of Justice restrictions.

The hospital director was the registered manager. A registered manager is a person who has registered with the CQC to manage the service. Registered persons have a legal responsibility for ensuring the service meets the requirements of the Health and Social Care Act 2008, and associated regulations.

St Johns House had four wards which were:

- Redgrave ward which was a 16 bed medium secure female ward. There were 13 patients on this ward.

- Walsham ward which was a 16 bed medium secure male ward. There were 15 patients on this ward.
- Bure ward which was a 11 bed low secure female ward. This ward was fully occupied.
- Waveney which was a 6 bed low secure female ward. This ward was fully occupied.

The Hospital was registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act.

The service was last inspected in February 2017 and was rated as good overall with safe as requires improvement.

CQC identified the following area of improvement required:

The provider had not ensured that the numbers of patient restraints including those in a prone position were reduced in timely manner.

During this inspection we found that the provider had addressed the concerns raised at this previous inspection.

Our inspection team

Team leader: Scott McMurray CQC inspector

The team that inspected the service comprised of one inspection manager, three inspectors and three specialist professional advisors with experience of providing similar services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

Summary of this inspection

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 the location.

During the inspection visit, the inspection team:

- reviewed the ward areas at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- observed direct patient care and staff interactions with carers and patients

- met with 14 patients who were using the service; six patients took part in two focus groups and eight patients who approached the inspectors during the visit
- spoke with nine carers
- interviewed the hospital director and all three ward managers
- spoke with 19 other staff members; including psychiatrists, nurses, occupational therapists, psychologist, social worker, health care assistant and the director of clinical services
- reviewed in detail 16 care and treatment records
- examined nine staff human resource files
- carried out a specific check of the medication management arrangements on all three units
- examined a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 14 patients and nine carers during the inspection.

Most patients told us they felt safe on the ward. Patients spoken with told us that staff were kind and friendly. Most patients told us they enjoy the activities on offer at the hospital and that they really liked going to the stable block (The stable block was a building located on the hospital grounds away from the ward areas. The stable block contained a learning room, a gym and a salon) to use the learning room.

Carers told us the hospital was good at keeping in contact with them and keeping them up to date with their relative's care. One carer told us that the physical health care their relative was receiving was good.

A relative told us the hospital were no longer issuing travel warrants which made it difficult for them to visit their relative.

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 St Johns House as good for safe because:

- The hospital had established the number and grades of staff required to meet the needs of the patients and had an active recruitment plan to fill their vacancies. Ward managers could request bank and agency staff if needed who were familiar with the wards to ensure continuity of care.
- Mandatory training was 94% compliance across the hospital.
- The hospital had completed a ligature assessment for all wards.
- The provider mitigated poor lines of site by installing convex mirrors and increased staffing levels.
- All patients received a comprehensive risk assessment using a recognised risk assessment tool on admission and this was regularly reviewed including post incident.
- Patient areas were visibly clean and well maintained.
- The clinic room was well organised and physical examination equipment was calibrated in line with manufacturer's guidelines. All wards had a resuscitation bag which was fully stocked.
- Staff spoken with were able to demonstrate that they understood their role in relation to safeguarding and incident reporting.
- The hospital had a process in place for learning from incidents.

However:

- The hospital did not identify all ligature points on the hospital ligature risk assessment. For example, we found ligature points on Waveney ward that was not identified on the ligature risk assessment. We escalated this with the ward manager who added them to the ligature risk assessment immediately.
- The learning from incidents section of the staff meetings was not completed for all meetings.

Good



Are services effective?

We rated St Johns House as good for effective because:

- Patients received a comprehensive physical healthcare assessment on admission. The hospital employed a physical healthcare lead nurse and a local GP visited all wards once a week.
- Medication was prescribed in line with National Institute of Health and Care Excellence guidelines

Good



Summary of this inspection

- Psychology staff offered a range of psychological therapies in line with National Institute of Health and Care Excellence guidelines
- Patients had a detailed positive behaviour support plan in place. Patients told us they were involved in developing their plans.
- Clinical supervision was 95% compliant and all staff had completed annual appraisal.
- All staff completed a thorough induction programme
- Staff spoken with had a good understanding of the Mental Health Act code of practice and had an understanding of the Mental Capacity Act.

However:

- We found that one patient who was prescribed a lithium based medication did not have a record of annual (ECG) which was recommended when prescribed lithium based medications. We raised this with the medical director who arranged an ECG for the following day.

Are services caring?

We rated St Johns House as good for caring because:

- We observed staff interacting with patients in a positive and respectful manner.
- Staff had a good understanding of the patients' needs and shared up to date information with the team during clinical handover and the daily morning meeting.
- The provider had developed a welcome pack for newly admitted patients that included information on their rights, how to make a complaint, the staff team and services available to them.
- Patients were involved in developing their care plans, setting personal goals and developing their own activity schedule with their named nurse.
- The hospital held weekly community meetings where patients could contribute to the running of the ward and could raise a complaint if needed.
- Patients had access to the local advocacy service who visited the wards weekly.

Good



Are services responsive?

We rated St Johns House as good for responsive because:

- The hospital had a wide range of facilities that met the needs of the patients such as, the recovery college, clinic rooms, faith rooms and designated visitor rooms and the patient led garden.

Good



Summary of this inspection

- There was a variety of activities on offer over seven days per week and in to the evening.
- The catering team made meals that met the dietary needs and requests of the patients. For example, they could prepare halal and vegetarian meals for patients who requested them
- We observed staff communicate with patients in a manner that met their communication needs.
- Staff described the process for managing a complaint and would escalate these in line with the provider's policy.

Are services well-led?

We rated St Johns House as good for well led because:

- Staff told us that they knew the hospital values and worked towards them.
- Staff knew who the senior managers were and said they were visible on the ward.
- The hospital had systems in place to monitor staff supervision, annual appraisal and training.
- The provider had systems in place to monitor staff performance and addressed any concerns promptly.
- Staff reported good morale amongst the team and were complimentary about their local managers.
- Senior managers had governance oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant that managers could monitor performance over a period of time to ensure improvement.
- Staff spoken with knew the provider's whistle blowing process and demonstrated an understating of the duty of candour.

Good



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.

- We found 83% of staff had completed Mental Health Act training. At the time of inspection there were 45 patients admitted to the hospital who were detained under the Mental Health Act who had their rights explained to them monthly.
- The Mental Health Act administrator completed regular audits and updated trackers to ensure renewal and detention dates were accurate. These audit results were shared with ward managers and other relevant professionals to ensure that patients were being lawfully detained.
- The hospital had a local Independent Mental Health Advocate (IMHA) who met with patients regularly if required.

Mental Capacity Act and Deprivation of Liberty Safeguards

- We found that 86% of staff had completed their Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.
- St Johns House reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection.
- Staff spoken with were able to demonstrate an understanding of the five principles of the Mental Capacity Act and understood the legal framework governing the Act.






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 

Safe and clean environment

- The hospital had four wards across two buildings. The two medium secure wards Redgrave and Walsham wards were in the purpose-built building where the main reception and training room were also located. The two low secure Bure and Waveney wards were located at the back of the hospital grounds in the original building.
- The provider had completed a ligature point risk assessment that covered patient accessible areas. A ligature point is any feature in an environment which could be used to support a noose or other strangulation device. The risk assessment recommended control measures to mitigate identified risks which ward staff followed. However, during the tour of ward areas, we found the bathroom fittings in Waveney ward were not anti-ligature equipment and were not identified within the ligature risk assessment. The ligature points were raised with the ward manager and were included on the risk assessment immediately.
- The provider completed a line of site check of the environment and where poor lines of sight were identified the provider mitigated the risk by installing convex mirrors and increased staffing levels.
- All wards complied with the Department of Health guidance on the elimination of mixed gender accommodation as they were single sex occupancy.
- The hospital was visibly clean. Cleaning schedules were up to date and the cleaning store rooms were well stocked. The hospital had an infection control policy in place that was reviewed annually. Eighty-eight percent of staff were up to date with infection control training which was mandatory for all clinical staff.
- Clinical rooms were well maintained and well stocked. Medication was stored securely. All medication fridges were clean and spacious. Clinic staff monitored fridge and clinic room temperatures daily and were aware of what action to take if the rooms or fridges were above the recommended medication storage temperatures. An external pharmacy company completed weekly medication audits and fed the findings back to ward managers who addressed any concerns identified.
- Resuscitation bags were fully stocked and the contents of the bags reflected the contents list. The hospital had a process in place for auditing the contents of the bags and would order replacements for any equipment used. The hospital stored emergency drugs such as Naloxone and Adrenaline however it did not store Flumazenil which can be used to reverse the overdose effects of benzodiazepines.
- Seclusion rooms were fit for purpose. Each seclusion room had an en-suite toilet and shower facility. Outside of the seclusion room there was an orientation board that was visible through the vision panel of the seclusion room doors. The orientation board included information such as the date and time.

Wards for people with learning disabilities or autism

- All staff had individual emergency alarms to summon help if required. Patient bedrooms had a nursing call system where patients could use to summon support if required. The provider regularly tested the alarm system to ensure the system was working appropriately.

Safe staffing

- The provider had established the whole time equivalent grades of qualified and unqualified staff to meet the needs of patients. Bure ward had a nursing establishment of 5.8 whole time equivalent for qualified staff and 27.5 whole time equivalent need for nursing assistants. Redgrave and Walsham ward both had an establishment of 8.9 whole time equivalent for qualified staff and 32.8 whole time equivalent for nursing assistants. Waveney ward had a whole time equivalent of 3.6 for qualified staff and 14.2 whole time equivalent for nursing assistants.
- Bure ward had .03 whole time equivalent vacancy for a qualified nurse and 15.4 whole time equivalent vacancies for nursing assistants. Redgrave ward had 1.8 whole time equivalent vacancy for a qualified nurse and 20.8 whole time equivalent vacancies for nursing assistants. Walsham ward had 4 whole time equivalent vacancy for a qualified nurse and 16 whole time equivalent vacancies for nursing assistants. Waveney ward had 0.67 whole time equivalent vacancy for a qualified nurse and 16.65 whole time equivalent vacancies for nursing assistants.
- The provider had an ongoing recruitment programme and this included advertising on social media. The hospital used regular bank staff and block booked agency staff to ensure continuity of care for patients.
- All wards were staffed safely, ward managers had oversight of staff skill mix to ensure the ward staff could meet the needs of the patients. Ward managers participated in a staff planning meeting every Wednesday. During the meeting ward managers shared their staffing requirements based on current bed occupancy and level of patient observation.
- We saw staff engage in one to one activity with patients and patients who were on increased observations had their own dedicated staff. There were adequate numbers of trained staff to assist with physical interventions if required.

- Doctors worked on an on-call system which meant there was a doctor available to attend the ward both day and night in a timely manner. Ward staff would call 999 if the patients required urgent medical care.
- The hospital had a dedicated training team that were responsible for the oversight of the hospital staff training matrix. All mandatory training was above 94% compliant. Examples of mandatory training were: safeguarding, Positive behaviour support and Mental Health Act.

Assessing and managing risk to patients and staff

- Clinical staff completed comprehensive risk assessments prior to admission. St John's hospital used the historic current risk (HRC20) tool. On admission clinical staff updated the patient's positive behaviour support plan and all about my health booklet. We reviewed 16 care and treatment files and found that risk assessments were updated after incidents had happened.
- Patients had positive behaviour support plans which were stored in the nursing office. They had a copy of their positive behaviour support plans which they helped develop. We observed a patient receive a one to one nursing session where they discussed their positive behaviour support plan. Patients on the wards told us they have regular one to one time and discussed their positive behaviour support plans as part of the meeting.
- The hospital had completed a review of their physical interventions training and changed the staff training programme from managing violence and aggression to prevention and management of violence and aggression which focused on positive behaviour support and only used restraint techniques as a last resort. This had a positive impact and reduced the amount of restraint used by approximately 50% when compared to the same period last year.
- There were 781 episodes of restraint in the last 6 months of which 42 were in the prone position. There were 294 incidents that lead to seclusion and four episodes of long term seclusion over the last six months. At the last inspection there were 1263 restraints reported of which 168 were prone restraints.

Wards for people with learning disabilities or autism

- Qualified staff followed The National Institute for Health and Care Excellence guidance when administering rapid tranquilisation and post administration physical observation checks.
- There was a provider observation policy in place. Staff spoken with were familiar with this. The provider also had a policy in place for searching patients, their property and bedrooms to ensure the safety of both staff and patients.
- We reviewed four seclusion records and found that these had been completed fully and that staff were following the provider's own policy.
- Staff spoken with were able to demonstrate that they understood the principles of safeguarding and how it applied to their role. Staff told us they knew the local authority safeguarding procedure, and were confident in escalating concerns. The hospital had reported safeguarding concerns to the Care Quality Commission that were escalated by ward staff.
- The provider had a medication management policy which staff adhered too. We reviewed 18 medication cards and found these to be fully completed.
- An external pharmacy company completed weekly medication audits and provided ward managers with performance reports. When areas for improvement were identified the provider took appropriate action.
- The hospital had designated visitor rooms for all wards. The hospital used technology such as skype as a means for patients to communicate with family members who were not able to visit the hospital.

Track record on safety

- The provider reported six serious incidents that required investigation in the last 12 months. These were; patient swallowed a foreign object, allegations of physical abuse, contraband where a patient had images on a MP4 player, unsettled behaviour whilst on section 17 leave requiring a police response, and a patient reopened a wound following an operation.
- The provider had systems in place to report incidents to the appropriate body, such as NHS England and the Care Quality Commission.

Reporting incidents and learning from when things go wrong

- Staff were aware of their role and responsibility for reporting incidents and were able to describe the incident reporting procedure. Incidents were logged on the electronic recording system and on patient care and treatment records.
- Ward managers and the director of clinical services completed incident investigations and fed back learning outcomes to staff and patients. Information was shared via monthly newsletters, during incident debrief, clinical handovers and staff meetings; however, the learning from incident section of the staff meetings was not completed for all meetings.
- The provider had a duty of candour policy in place. Staff confirmed that they were aware of this.

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

Good 

Assessment of needs and planning of care

- We reviewed 16 care and treatment records and positive behaviour support plans across the four wards. Patients received a comprehensive assessment on admission. Clinical staff completed a comprehensive pre-admission assessment and this was reviewed following admission.
- Care plans were person centred and detailed the patients' views. Care plans were updated regularly after incidents, at least monthly and after weekly individual care reviews.
- Patients had a detailed positive behaviour support plan in place. Patients told us they were involved in developing their plans.
- Patients had 'all about my health booklets' which detailed their physical health needs and contact details for the community dentist, optician and chiropodist. However, the provider did not use communication passports.
- We saw evidence of ongoing physical health examinations. The hospital employed a full time physical health lead nurse. A GP visited all wards weekly to assess patients' physical health. However, we found a

Wards for people with learning disabilities or autism

patient who was prescribed a lithium based medication did not have a record of annual electrocardiogram (ECG) which is recommended. We raised this with the medical director who arranged an ECG for the following day.

- Patients met regularly with their named nurse to discuss their care plans, risk assessments, positive behaviour support plans and activity schedules. A patient told us they liked to be involved in developing their plans, especially the restraint information as it has helped them understand why staff needed to restrain people. Families and carers were involved in planning the care for the patient where patient consent had been given.
- The provider used an electronic recording system to store patient information that all clinical staff had access too. All wards also had patient summary profiles in paper form which were stored securely when not in use.

Best practice in treatment and care

- Patients had access to psychological therapies recommended in the National Institute for Health and Care Excellence guidelines. For example, offence specific interventions such as fire setting intervention programme for mental disordered offenders, motivational work and emotional regulation interventions such as cognitive behavioural therapy and anger management treatment.
- The clinical team used rating scales to monitor patient's progress with their treatment plan, for example Health of the Nation Outcome Scale.
- The medical team prescribed medications in accordance with the National Institute for Health and Care Excellence guidance. For example, the service followed guidance for 'as required medications.
- The hospital used food and fluid charts to monitor the nutritional and hydration needs of patients when required.

Skilled staff to deliver care

- The hospital employed a full range of suitably qualified staff to meet the needs of patients. The clinical team included psychiatrists, an occupational therapist, psychologist, psychology assistant, social workers, mental health, learning disability general nurses and health care assistants.

- The hospital also employed a support services team including: catering, housekeeping, administrative staff and a dedicated maintenance team.
- Clinical supervision was 83% compliant and all staff had an annual appraisal. During supervision and appraisal, staff were set goals and agreed objectives, which the manager reviewed regularly. The provider held monthly team meetings where the team discussed a range of clinical topics
- The provider had an induction programme for all new staff. During their induction, staff were expected to complete their mandatory training and shadow more experienced staff on the wards before working independently. Agency staff were inducted to the ward by experienced staff which was recorded in the induction folder.
- Ward managers and the hospital senior management team used a range of systems to monitor staff performance and if they identified areas of concern, ward managers met with individual staff to address concerns promptly.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team met weekly for individual patient care reviews where clinical staff discussed patients, their needs and reviewed progress made. Records showed patients were encouraged to take part in these meetings.
- Clinical handovers happened at the start of every shift. The handover had a set agenda that staff were familiar with and the appropriate handover sheet was completed to ensure all staff were informed. Topics covered during handover included, current risk, levels of observation, medication and any reported sickness.
- We observed a patient attend the local GP surgery for an appointment, there was a good understanding between the reception staff at the doctor surgery and the escorting staff.

Adherence to the MHA and the MHA Code of Practice

- We found 86% of staff had completed Mental Health Act training. Staff were able to demonstrate a clear understanding of the Act and were able to describe the rights of detained patients.

Wards for people with learning disabilities or autism

- On the day of inspection, 45 patients were detained under Mental Health Act and some had further Ministry of Justice restrictions. The hospital did not admit informal patients.
- All patients were given an admission pack which contained information about their rights under the Act.
- The hospital had a dedicated Mental Health Act administrator who scrutinised Mental Health Act paper work and audited all detention paper work to ensure all patients were detained lawfully.
- Independent mental health advocate (IMHA) visited patients weekly if requested. During the visit, the IMHA would discuss the person's care, support with ward round, describe their wishes and support patients appeal against their detention if requested.
- Patients had their rights explained to them monthly. There was information around the building in different formats such as easy read leaflets explaining patients' rights under the Mental Health Act.
- The multidisciplinary team supported patients to access section 17 community leave by completing thorough risk assessments, which were reviewed regularly. Mental Health Act records were detailed and were stored in each patient's individual file.

Good practice in applying the MCA

- The hospital had a Mental Capacity Act policy that staff were aware of. We found 75% of staff were up to date with their Mental Capacity Act training.
- St Johns House reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection.
- Staff spoken with were able to demonstrate they understood the Act and could describe the five principles.
- Where patients lacked capacity to make significant decisions the hospital completed a mental capacity assessment. The provider used a range of communication methods to help the patient understand what was being assessed. If required the provider referred patients to the local advocacy service for independent advocacy representation. Records evidenced that families and carers were involved in supporting the patient to make decisions if needed.

- We observed staff communicate with patients in a manner that met their communication needs.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- We observed staff interact with patients in a polite and respectful manner. When patients presented with challenging behaviour staff encouraged them to take part in meaningful activities, which diverted the person's focus in a more positive way.
- Ward managers encouraged patients to complete a quarterly patient experience questionnaire. We saw the provider had an action plan in place where areas of improvement needed addressing.
- Patients on Redgrave ward told us they had felt unsafe on the ward at times in the past but since some patients had been discharged the ward was more settled.
- A patient told us that Bure ward was short staffed, however we noted that the patient was receiving enhanced observations from two staff members.
- Carers told us that hospital staff were good at keeping in touch and updating them regarding their family member's care. Staff were welcoming and that the physical health care was good.
- A carer told us that the hospital were no longer issuing travel warrants which made it difficult for them to visit their relative.
- Staff we interviewed had a good understanding of the patient's needs including their communication needs and spoke positively about supporting all of the patients.

The involvement of people in the care they receive

- Newly admitted patients were given a welcome pack on admission that informed them of the service. Staff told us they would support patients settle on to the ward by showing them around the ward and explain where things were.

Wards for people with learning disabilities or autism

- The admission pack contained information in easy read format on how to make a complaint, the multidisciplinary team and how they would support the person, their rights, and advocacy information.
- Care and treatment records evidenced that patients were involved with their care planning process. Patients attended weekly individual care reviews where they could discuss their care with the multidisciplinary team.
- Patients were offered copies of their care plans, risk assessments and activity schedules. The patients we spoke to told us they like having the activity schedules as it helps them remember what their plans are for that day.
- Family and carers were involved in the care planning process for the patient in accordance with the patient's wishes.
- Weekly community meetings were held. Patients were encouraged to attend and participate. Ward staff made reasonable adjustments for patients to participate, such as ensuring a calm environment and using communication methods that met their needs. Whilst these meetings were minuted; outcome actions were not displayed on the ward. However, outcomes from the previous meeting were discussed at the start of the next meeting.
- Each ward had a patient representative who was able to contribute to the hospital's patient council on behalf of patients on the ward. This council met monthly.

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- St Johns House had 49 beds, at the time of inspection 45 patients were admitted. Patients were admitted nationally. The hospital did not admit patients to beds if a patient was on Section 17 leave.
- Patients were assessed before being admitted to the hospital and were placed on the ward that was most

appropriate for their needs. Where a patient's needs had changed the hospital had taken appropriate action. For example, when a patient's mental health had deteriorated and they required a Psychiatric Intensive Care Unit bed the provider had referred the patient appropriately.

- The average length of stay was between 24 and 36 months. The clinical team planned for discharge on admission, however due to the needs of the patients, the hospital and commissioners found it difficult to find appropriate care providers in their local areas at times.
- The Hospital reported one delayed discharge; this was due to a registration delay with the new service

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a full range of rooms and equipment to meet the needs of the patients. For example, activity rooms, dining rooms, clinic rooms, a patient led garden, designated visitor rooms and the stable block (that was located away from the ward area in a separate building) area that contained a gym, a salon and a learning classroom.
- Patients had a personalised activity schedule that they followed. Patients could also join in daily group activity sessions coordinated by the occupational therapist and occupational therapy assistant. We saw activities were on offer seven days a week and into the evening.
- The provider was reducing restrictive practices as appropriate. For example, by allowing patients on Waveney Ward to keep their personal mobile phone on their person at all times. The provider discussed internet safety with patients who had access to the internet.
- Patients who were not able to have their own mobile phones were able to use the portable hospital phones on all wards.
- Patients were able to personalise their bedrooms with decorations and wall art. Each bedroom had a secure lockable cabinet to keep personal possessions safe. Patients could also request staff look after their possessions, which were then stored in a secure cupboard.
- Patients were able to contribute to the hospital's recovery college programme. The recovery college was located in

Wards for people with learning disabilities or autism

the stable block building. Patients were able to build and design a course that met their needs, for example, a patient told us they were learning foundation skills in English and Mathematics. Other sessions held included life skills, cooking and personal timetables, health and wellbeing courses, sign language and looking after your teeth. Practical skills including finance budgeting had received good patient reviews.

- The hospital had two gym areas, one was in the garden area between Redgrave and Walsham ward. The other gym was in the stable blocks. Gym access was risk assessed by clinical staff and supported by qualified gym instructors.
- Healthy snacks and drinks were available throughout the day.

Meeting the needs of all people who use the service

- The hospital multidisciplinary team risk assessed the mobility needs of patients on Bure and Waveney ward as there were bedrooms on the ground floor and first floor. On Redgrave and Walsham ward all bedrooms were on the ground floor.
- Patients had access to information leaflets that detailed local services, independent mental health advocacy and how to make a complaint. The information was available in a variety of ways such as easy read leaflets and was available in different languages.
- The cooks prepared meals that met the dietary, cultural and religious needs of the patient. For example, the cooks could prepare halal meat and vegetarian meals for patients who requested them. There were information boards in the dining room detailing options available for breakfast, lunch and dinner.
- All wards had access to a multi faith room and information leaflets in a variety of languages and easy read.

Listening to and learning from concerns and complaints

- The hospital had received nine formal complaints over the last 12 months. The registered manager and director of clinical services had investigated the complaints and responded in line with the provider's policy. Two of the nine complaints were upheld, four were partially upheld and three were not upheld.

- Informal complaints were logged on the informal complaint tracker and were investigated at local ward level. If a patient raised an informal complaint the ward manager provided patients with a written outcome and explained to the patient in their preferred communication method.
- Patients told us they knew how to raise a complaint.
- Staff were able to describe the process of how to handle a complaint in line with their company policy. Staff received feedback from outcomes and investigations into complaints during team meetings, one to one supervisions and clinical handovers. Learning from complaints were shared across the providers hospitals via monthly newsletters.
- The hospital had received 55 compliments over the last 12 months.

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

Good 

Vision and values

- Staff spoken to were aware of the provider's vision and values of 'putting people first', 'being supportive', 'acting with integrity', 'striving for excellence' and 'being positive'. We observed staff demonstrate these values through person centred and kind interactions with patients.
- The registered manager told us staff were set goals during their annual appraisal that reflected the organisational values.
- Staff and patients told us they were aware who the senior managers were. They had visited each ward over the last 12 months. We observed senior managers interacting with patients and staff in a positive manner during the inspection and staff told us that the senior management team were approachable.

Good governance

- The provider had a system in place to monitor mandatory training. The dashboard highlighted any training that was out of date or was due to expire. The training team emailed staff and ward managers when

Wards for people with learning disabilities or autism

training was due to expire with dates the training sessions were being facilitated. Ward managers arranged staff cover to allow staff time away from the ward to complete the training.

- The provider had a system in place to monitor supervision and annual appraisals. The dashboard evidenced when the person's last supervision was and when the next supervision or appraisal was due.
- Ward managers regularly reviewed the staff duty rota to ensure safe staffing levels. Ward managers participated on a safe staffing call every Wednesday where the staffing needs for all wards were discussed. Ward managers told us they could request bank and agency staff if needed.
- Ward managers told us they felt supported by the hospital's senior management team and had the autonomy to make daily decisions in their role.
- Ward managers and senior managers had oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant that managers could monitor performance over a period of time to ensure continuous improvement.
- Staff were able to contribute to the hospital's risk register at the weekly Friday team meetings.

Leadership, morale and staff engagement

- The provider reported low levels of staff sickness absence, with a 3% average sickness across the hospital.
- The service had a clear organisational structure in place that supported staff in knowing who their line managers were and supervisor were. Staff told us that they felt comfortable and happy working in the service.
- At the time of inspection there were no bullying or harassment cases reported.
- Staff spoken with told us they felt the team's morale was good and they felt supported by their line managers.
- Staff were offered additional training and were encouraged to take part in career development training such as National Vocational Qualifications. The hospital supported the nurses they employed to revalidate their nursing registration.
- There was a whistle blowing process in place. Staff described the process and told us that they felt confident in escalating any concern and were confident the registered manager would take appropriate action.

Commitment to quality improvement and innovation

- The hospital participated in national programmes for example Quality Network for Inpatient Learning Disability Services and learning disability services.
- The hospital had a timetable for clinical audits to improve the patient care experience

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all ligature points are included on their ligature risk assessment.
- The provider should ensure that all patients receive the required physical healthcare checks recommended when prescribed certain medications.