

Healthlinc 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 Heathlinc House as good because:

- Managers discussed staffing levels daily in the morning management meeting and deployed staff to take into account individual patient need and risk. We saw that a qualified nurse was often in the communal areas of the service, although a support worker was present in the communal areas at all times.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. We reviewed eight prescription charts which were completed correctly. Each chart had a "use of as required medication protocol" form which gave direction on when to administer as required medication as well as guidance to staff for reporting issues to the prescriber.
- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients and saw that staff were responsive to patient's needs. We observed support given to patients at meal times. Staff treated patients with dignity and were caring. Staff interacted with patients at a level that was appropriate to individual needs.
- Doctors followed National Institute for Health and Clinical Excellence (NICE) guidelines when prescribing medication. We reviewed eight medication charts which showed that antipsychotic prescribing met with

NICE guidelines. Patients had access to psychological therapies recommended by NICE. These included the use of functional assessments to identify behaviours that challenge, dialectical behaviour therapy and the use of positive behavioural support plans.


- Patients knew how to complain. The hospital displayed pictorial information on how to make complaints. We spoke with eight patients, all of which said they knew how to complain.
- Staff were aware of how to manage complaints. Staff we spoke to knew the complaints process and was able to respond appropriately and support patients to make a complaint if required.

However:

- Staff did not record room temperatures of all clinic rooms. We found several gaps in the recordings for clinic room two. This could have affected the efficacy of the medication stored in the room.
- Managers had not ensured that policies were kept up to date. We reviewed 10 hospital policies, all of which had expired; the date for review was February 2014. We brought this to the attention of the managers who assured us policies were adhered. The manager provided an action plan which highlighted that all policies would be updated by August 2017.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Good 	Wards for people with learning disabilities or autism

Summary of findings

Contents

Summary of this inspection

	Page
Background to Healthlinc House	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	20
Areas for improvement	20

Good 

Healthlinc House

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Healthlinc House

Healthlinc House hospital provides a specialist service for men and women with a learning disability and associated complex conditions in Welton, Lincolnshire.

This service is registered to provide the regulated activities of treatment of disease, disorder or injury, and assessment or medical treatment for persons detained under the Mental Health Act 1983.

Donna Fleming is the registered manager and nominated accountable individual for controlled drugs.

Healthlinc House can accommodate a maximum of 25 patients. The layout of the premises consists of eight apartments providing accommodation for between one and six patients in each. Each apartment provides single sex accommodation. During our inspection, there were 16 patients receiving care and treatment. Twelve patients were detained under the Mental Health Act 1983 and four patients were subject to Deprivation of Liberty Safeguards (part of the Mental Capacity Act 2005, where patients receive care in a way that does not inappropriately restrict their freedom).

Healthlinc House registered with the CQC on 01 October 2010 and has been previously inspected by the CQC on six occasions.

The Care Quality Commission last inspected the hospital in January 2016. Following the inspection, we served requirement notices in relation to breaches of regulations of the Health and Social Care Act (2008) Regulated Activities. The breaches were in relation to:

- lack of a patient risk assessment
- staff had not received regular supervision or annual appraisals
- lack of physical examination on admission
- resuscitation equipment had not been serviced on a regular basis
- missed signatures on prescription charts
- cleaning products not stored correctly

We reviewed the breaches in detail at this inspection and found that the provider had taken the required actions to address these and to improve the care and treatment provided to patients.

Our inspection team

The team that inspected Healthlinc House consisted of three CQC inspectors and one inspection manager.

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 service as part of our ongoing comprehensive mental health inspection programme.

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:

- visited all clinical areas, looked at the quality of the environment and observed how staff were caring for patients
- spoke with eight patients who were using the service

- spoke with five carers of patients who were using the service
- interviewed the registered manager and clinical nurse lead
- spoke with 16 other staff members; including doctors, nurses, occupational therapist, psychologist, support workers, pharmacist, advocate and educational tutor attended and observed one hand-over meeting, one morning management meeting and one multi-disciplinary meeting
- collected feedback from eight patients using comment cards
- inspected six care and treatment records of patients
- carried out a specific check of the medication management at the hospital
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients said that they felt safe in the hospital, and that staff were very nice.

Patients told us they felt listened to and were involved in planning the care offered to them. They said staff helped them in cooking their own food and enjoyed going out shopping to town.

Patients said they were able to personalise their apartments.

Patients told us there was a wide range of activities were available seven days a week and were rarely cancelled.

We spoke with five carers, they were very positive about the care their relative was receiving at Healthlinc House and said staff were very flexible to their needs.

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 safe as good because:

- Managers had completed ligature audits as part of the hospital environmental audit. Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) were identified. Staff mitigated these risks by only allowing patients with a completed risk assessment into these areas with ligature points unsupervised. Staff locked these rooms when not in use.
- Managers discussed staffing levels daily in the morning management meeting and deployed staff to take into account individual patient need and risk. We saw that a qualified nurse was often in the communal areas of the service, although a support worker was present in the communal areas at all times.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. We reviewed eight prescription charts which were completed correctly. Each chart had a "use of as required medication protocol" form which gave direction on when to administer as required medication as well as guidance to staff for reporting issues to the prescriber.
- Staff knew what incidents to report and how to do this. Staff reported incidents using an electronic reporting system. Senior managers discussed incidents daily in the morning managers' meeting. In addition management plans had been agreed and shared with the team to manage any potential risks to patients or staff.

However:

- We found several gaps where the room temperature of clinic room two had not been recorded. It is possible this could have affected the efficacy of the medication stored in the room.

Good



Are services effective?

We rated effective as good because:

- Care records showed that physical examinations had been undertaken and there was on going monitoring of physical health problems for patients.
- We reviewed six care records, each contained a holistic a comprehensive assessment of patients' needs. They covered a

Good



Summary of this inspection

range of needs identified in the assessments. For example, managing challenging behaviour, physical health care, personal care needs, and assessment of capacity. Staff reviewed and updated care plans as part of weekly care reviews.

- Doctors followed National Institute for Health and Clinical Excellence (NICE) guidelines when prescribing medication. We reviewed eight medication charts which showed that antipsychotic prescribing met with NICE guidelines.
- Patients had access to psychological therapies recommended by NICE. These included the use of functional assessments to identify behaviours that challenge, dialectical behaviour therapy and the use of positive behavioural support plans.
- Managers offered staff quarterly supervision. Data showed that 90% of staff had received supervision. Staff said that they had regular supervision and felt that they could ask for additional sessions if they needed. The appraisal rate across the service was 83%.
- One hundred percent of staff had completed their mandatory MHA training. Staff showed awareness of MHA principles and knew where to seek further advice. Staff had received training in the Mental Capacity Act. The compliance rate for this training was 90%.

Are services caring?

We rated caring as good because:

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patient's needs. We observed support given to patients at meal times. Staff treated patients with dignity and were caring. Staff interacted with patients at a level that was appropriate to individual needs.
- We spoke with eight patients who told us that staff were very kind and caring. Staff understood the individual needs of patients and were able to explain the needs of different patients and how they met the needs.
- We attended a multi-disciplinary meeting in which ward staff explained patients' individual needs to the team. We also attended one handover meeting in which staff shared information on the needs of each patient.
- We spoke with five carers. They told us that they felt supported by staff. They said that staff discussed the patients' needs with them regularly and they were involved in review meetings where decisions regarding patients care were discussed wherever possible.

Good



Summary of this inspection

- Patients had access to an advocacy service. Information on the advocacy service displayed around the wards as well as in reception areas. We spoke to five patients who told us they had an advocate who helped them during their care reviews.

Are services responsive?

We rated responsive as good because:

- The hospital offered an environment suitable for care and treatment. The accommodation was spacious, pleasantly decorated and calming.
- Each apartment had a lounge and dining area, bedrooms and bathing facilities. Single bedroom accommodation was available throughout the building.
- Snacks and drinks were available 24 hours a day. Patients were encouraged to make them for themselves wherever possible.
- Patients had personalised their own bedrooms with, for example, pictures of their family and artwork.
- Staff worked with patients to plan meals in advance and supported them to do their shopping and make meals and drinks, taking into account dietary requirements such as soft diets, likes and dislikes.
- Patients knew how to complain. The hospital displayed pictorial information on how to make complaints. We spoke to eight patients, all of which said they knew how to complain, we spoke with the advocate who said she helped patients when they wanted to make a complaint or comment on the service. The advocate also monitored complaints to ensure that patients were responded to appropriately and in a timely manner.
- Staff were aware of how to manage complaints. Staff we spoke to knew the complaints process and was able to respond appropriately should someone make a complaint to them.

Good



Are services well-led?

We rated well-led as good because:

- The staff we spoke with were aware of the hospitals visions and values. These were displayed on posters in office and reception areas, staff were able to refer to them.
- Monthly clinical governance meetings took place, which supported the safe delivery of the service. Attendees included managers, clinical nurse, psychiatrist, psychologist, occupational, therapist and speech and language therapist
- Managers' ensured staff received regular supervision and an annual appraisal.

Good



Summary of this inspection

- Managers had access to key performance indicators to gauge the performance of the hospital this included training, MHA compliance and sickness and absence rates.
- Staff said that they felt supported by senior managers, and they had sufficient authority to make prompt changes. For example increasing staffing levels to meet the enhanced observation needs of patients.

However:

- Managers had not ensured that policies were kept up to date. We reviewed 10 hospital policies, all of which had expired; the date for review was February 2014. We brought this to the attention of the managers' attention who assured us policies were followed appropriately. The manager provided an action plan which highlighted that all relevant policies would be updated by August 2017.

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.

- One hundred percent of staff had completed their mandatory MHA training. Staff showed awareness of MHA principles and knew where to seek further advice.
- An MHA administrator was available to offer support to staff. The MHA administrator carried out audits of MHA papers to ensure detention paperwork was completed correctly, up to date and stored appropriately.
- Consent to treatment and capacity requirements were adhered to, and copies of consent to treatment forms were attached to medication charts where applicable.

We checked the medication charts of eight patients and found that all consent forms were attached to medication charts where appropriate and they were correct

- Staff explained patients their Section 132 rights on admission and routinely thereafter in a way that patients could understand them. Staff recorded this in care records. Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on access to independent Mental Health Act advocates in the reception and clinical areas.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act. The compliance rate for this training was 90%.
- At the time of the inspection four patients were subject to Deprivation of Liberty Safeguards (DoLS). We reviewed documentation and found staff were working within the principles of the Mental Capacity Act Code of Practice.
- The provider had a policy on the Mental Capacity Act, including DoLS. Staff we spoke with were aware of the policy and could refer to this when asked.

- Staff were adhering to the Mental Capacity Act Code of Practice. Patients with impaired capacity had their consent assessed and recorded appropriately. Staff recorded where they had tried to help patients make a specific decision for themselves whenever possible.
- Staff we spoke to knew where to get advice regarding the Mental Capacity Act. Staff told us they would seek advice from senior staff, MHA administrators or management.

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

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

- Patients told us that they usually felt safe.
- Staff could not observe all areas of the clinical areas due to its layout. Managers mitigated this risk by installing mirrors to promote staff's observation, risk assessing individual patients and increased nursing observations where appropriate.
- Managers had completed ligature audits as part of the hospital environmental audit. Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) were identified. Staff mitigated these risks by only allowing patients with a completed risk assessment into these areas unsupervised and locking these rooms when not in use.
- The hospital was visibly clean, had good quality furnishings and handwashing posters were positioned above sinks in clinic areas. However, the hospitals infection control policy was out of date.
- The hospital had two clinic rooms. Clinic room one was fully equipped with accessible resuscitation equipment, emergency drugs and an examination couch. Staff regularly checked and calibrated equipment and kept a record of this. Staff recorded the temperature of the room and the medication fridge on a daily basis and knew what action to take if the temperatures were out of the normal range. Clinic room two was smaller and was used to dispense medication to patients living in

specific apartments. We found six gaps where the temperature of the room had not been recorded. It is possible that this may have affected the efficacy of the medication stored within the clinic room.

- Staff carried personal alarms, which they used to summon help in an emergency. There was a patient call bell system in all clinical areas.

Safe staffing

- The established level of qualified nurses across the hospital was 13 whole time equivalents. At the time of the inspection there were 11 vacancies. The established level of unqualified nurses was 115. There were 16 vacant posts. However, the hospital had employed agency qualified nurses on fixed term contracts to promote consistency of care for patients. Managers had an ongoing recruitment plan in order to fill nursing vacancies.
- Between 1 November 2016 and 31 January 2017, 1378 shifts had been filled by bank or agency staff to cover vacancies or sickness and 203 shifts had not been covered.
- Staff turnover at the hospital between December 2016 and January 2017 was 20%.
- Staff sickness levels between December 2016 and January 2017 was 8.5%.
- Managers discussed staffing levels daily in the morning management meeting and deployed staff to take into account individual patient need and risk.
- We saw that a qualified nurse was often in the communal areas of the service, although a support worker was present in the communal areas at all times.
- Staff said escorted leave and planned activities was rarely cancelled due to staff shortages.

Wards for people with learning disabilities or autism

- We reviewed the duty rotas and saw that there were sufficient levels of trained staff on each shift to be able to carry out physical interventions.
- Staff were able to access medical cover during the day and night. The company had an on call rota. However, the hospital consultant psychiatrist said that he was available for telephone advice at any time as he knew the patient group so well. A local GP visited the hospital to see patients if they were unable to visit the local surgery.
- Ninety seven percent of staff had completed mandatory training requirements. Mandatory training covered several areas, these included moving and handling, basic life support, safeguarding adults and children, The Mental Capacity Act and The Mental Health Act. 94% of staff had completed the hospital's preferred conflict management, conflict resolution, physical intervention and restraint reduction training. The hospital compliance for none mandatory training was 75% for first aid, 73% for positive behaviour support, 82% for transgender training, and 75% for autism and self-harm.
- The hospital had a policy and procedure for carrying out observations. Staff carried out enhanced observations of patients and kept up to date records showing interventions used to engage the patient in meaningful activities.
- Ninety four percent of staff completed safeguarding adults and children as part of the hospital two day mandatory training programme. Staff demonstrated understanding of safeguarding processes. Managers had commissioned an audit into safeguarding which identified some safeguards which had not been reported to the local authority or the Care Quality Commission. An action plan had been completed which rectified this and ensured that safeguards were submitted appropriately.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. We reviewed eight prescription charts which were completed correctly. Each chart had a "use of as required medication protocol" form which gave direction about how to administer as required medication as well as guidance to staff for reporting issues to the prescriber. Each chart had an "all about me" health passport in easy read format which was completed with the patient and identified health and medication needs. A community-based pharmacy provided services and completed medicines management audits. There was evidence that the fridge temperatures were checked daily and recorded.

Assessing and managing risk to patients and staff

- The hospital did not have a seclusion room.
- At the time of the inspection three patients were in long term segregation. We reviewed documentation and found staff were adhering to the principles of the Mental Health Act Code of Practice.
- Between 1 August 2016 and 31 January 2017, there were 472 recorded incidents of restraint used on 17 individual patients none of which were in the prone position. Managers said that the majority of restraint used was low level restrictive standing and seated holds.
- Staff completed individual risk assessments for patients. We reviewed six risk assessments and found they had been updated and reviewed after incidents.
- Staff completed behaviour support plans for all patients. The plans were in easy read format and used pictures to aid patients' involvement and understanding.
- Staff completed contingency plans before patients went on escorted section 17 leave. This meant that staff knew what to do if anything untoward happened.
- Blanket restrictions were not used at Healthlinc House.

Track record on safety

- In the last 12 months, the service had reported 14 serious incidents, eight were hospital attendance or admissions due to self-harm, two were assaults which were reported to the police, two were incidents of patients going missing, one was in relation to a patient choking and one was injury following a fall. Managers had carried out investigations and taken actions to minimise the risk of re-occurrence.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to do this. Staff reported incidents using an electronic reporting system.

Wards for people with learning disabilities or autism

- Senior managers discussed incidents daily in the morning managers' meeting and management plans had been agreed and shared with the team to manage any potential risks to patients or staff.
- Staff received feedback from investigations into incidents and lessons learned. The manager shared the outcome of investigations and lessons learned during staff meetings. We reviewed the minutes of team meetings and saw this is a standard agenda item.
- Debriefs were available to staff and patients following incidents.

Duty of candour

- Staff were able to describe their duty of candour and the need to be open and honest with patients when things go wrong.

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

Good 

Assessment of needs and planning of care

- Staff completed a comprehensive assessment of patients' needs for all patients as part of the admission process. We reviewed six care records, each contained a holistic a comprehensive assessment of patients' needs. They covered a range of needs identified in the assessments such as managing challenging behaviour, physical health care, personal care needs, and assessment of capacity. Staff reviewed and updated care plans as part of weekly care reviews.
- Case records showed that patients received physical health checks upon admission and we found evidence of ongoing physical health care monitoring. However, some patients had refused to have a physical health check; staff had recorded this appropriately and ensured that patients were asked regularly to undertake the examination.
- The information needed to deliver care and treatment effectively was stored securely within computer-based records which were easily accessible. Staff kept paper copies of risk assessments and care plans. These were kept securely in the nurses' office. Bank and agency staff had access to the computer system.

Best practice in treatment and care

- Doctors followed National Institute for Health and Clinical Excellence (NICE) guidelines when prescribing medication. This included regular reviews and physical health monitoring such as electrocardiograms and blood tests. We reviewed eight medication charts which showed that antipsychotic prescribing met with NICE guidelines.
- Patients had access to psychological therapies recommended by NICE. These included the use of functional assessments to identify behaviours that challenge, dialectical behaviour therapy and the use of positive behavioural support plans.
- Staff provided physical health care interventions with the support of the doctors and the patients GP. We saw evidence in the care records that patients were supported to access specialists when needed.
- The speech and language therapist carried out dysphagia assessments for patients that had difficulty in swallowing. Staff then used the assessment to write and implement individualised care plans in order to support patients at meal times. These plans also included specific dietary needs for individualised, for example, soft diets.
- Staff assessed patients nutritional and hydration needs as part of their initial assessment. Patients nutritional and hydration needs were met and recorded on a specific form in the care record.
- Staff used Health of the Nation Outcomes Scales (HoNOS) to assess and record severity and outcomes for patients. We saw copies of HoNOS rating scales in patient's files.
- Clinical staff participated in audits of physical healthcare, management of medication and record keeping the results of which were discussed at the hospital governance meeting and shared with staff at team meetings.

Skilled staff to deliver care

- The team consisted of nurses, an occupational therapist, a speech and language therapist, an educational tutor, psychologists and a psychiatrist.
- The staff we spoke with were experienced and qualified to carry out their duties.

Wards for people with learning disabilities or autism

- Staff received an appropriate induction before starting work on the wards. Support workers completed the Care Certificate as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Managers offered staff quarterly supervision. Data showed that 90% of staff had received supervision. Staff said that they had regular supervision and felt that they could ask for additional sessions if they needed and had access to monthly team meetings.
- The appraisal rate across the service was 83%.
- Staff said there were opportunities within the company for development and training opportunities these included epilepsy, autism, mental health and communication skills.
- Managers had allocated protected time for staff to undertake positive behaviour support training.
- Managers addressed poor staff performance promptly and effectively with the support of human resources.

Multi-disciplinary and inter-agency team work

- Weekly multidisciplinary team meetings took place to discuss patient's care and treatment. Patients were encouraged to attend and were supported by their key worker or advocate as appropriate during the meeting. We observed a meeting and saw there were effective discussions with the patient and they were fully involved.
- The service had employed a speech and language therapist to assess patients' needs and to develop support plans to assist staff in dealing with patients' communication and swallowing difficulties. We spoke with the speech and language therapist who felt their role had been fully embedded within the multi-disciplinary team.
- Staff reported that handovers between shifts were effective. We attended one handover and found the notes taken in handover were comprehensive, and showed that staff had discussed staffing levels and specific nursing duties that needed to be carried out during the shift.
- Managers reported effective working relationships with team outside of the organisation. For example the local authority and commissioning groups. Commissioners attended the service for meetings to discuss patients' progress. Managers also kept in regular contact with

them to ensure they were provided with regular updates. We were told of examples where staff worked jointly with other organisations to effectively plan a patient's discharge from the hospital.

Adherence to the MHA and the MHA Code of Practice

- One hundred percent of staff had completed their mandatory Mental Health Act (MHA) training.
- Staff we spoke with had a good understanding of the MHA, the Code of practice and the guiding principles.
- An MHA administrator was available to offer support to staff. The MHA administrator carried out audits of MHA papers to ensure detention paperwork was completed correctly, up to date and stored appropriately.
- Consent to treatment and capacity requirements were adhered to, and copies of consent to treatment forms were attached to medication charts where applicable. We checked the medication charts of eight patients and found that all consent forms were attached to medication charts where appropriate and were correct.
- Staff explained patients their Section 132 rights on admission and routinely thereafter in a way that patients could understand them using easy read versions and pictures. Staff recorded this in care records. Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on access to independent Mental Health Act advocates in the reception and clinical areas.

Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act. The compliance rate for this training was 90%.
- At the time of the inspection four patients were subject to Deprivation of Liberty Safeguards (DoLS). We reviewed documentation and found staff were working within the principles of DoLS in the Mental Capacity Act Code of Practice.
- The Mental Health Act administrator ensured that they were in regular contact with local authorities and followed up DoLS authorisations when required.
- The provider had a policy on the Mental Capacity Act, including DoLS. Staff we spoke to were aware of the policy and could refer to this when asked.
- Staff were adhering to the Mental Capacity Act Code of Practice. Patients with impaired capacity had their consent assessed and recorded appropriately. Staff

Wards for people with learning disabilities or autism

recorded where they had tried to help patients make a specific decision for themselves whenever possible using easy read and pictorial communication tools. Staff used "social stories" to help patients give consent for treatment. For example one patient had a social story in relation to a course of treatment they required. This showed in pictures the benefits of treatment and consequences on the patient's physical health if they refused. Social Stories are a social learning tool that supports the safe and meaningful exchange of information between parents, professionals, and people with autism of all ages.

- Staff we spoke to knew where to get advice regarding the Mental Capacity Act. Staff told us they would seek advice from senior staff, MHA administrators or management.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw that staff were responsive to patient's needs, discreet and respectful. We observed support given to patients at meal times. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients at a level that was appropriate to individual needs.
- We spoke with eight patients who told us that staff were very kind and caring.
- Patients told us that they felt safe and that staff were responsive to their needs.
- Staff understood the individual needs of patients. Staff were able to explain the needs of different patients, how they met the needs and how they supported patients in jointly developing behaviour support plans. The hospital used social stories in easy read format to obtain patient views on care.

The involvement of people in the care they receive

- Staff ensured the admission process informed and orientated patients to the apartments and the service. Staff explained routines such as medication times and meal times.
- Staff actively involved patients in the planning of their care. We saw evidence that care plans included patient's views and were in easy read format and used pictures to aid communication. Staff used a "my shared care pathway" document to obtain patients views on their care. We looked at eight care records, staff recorded where patients had signed and had been given a copy of their care plan.
- Patients had access to an advocacy service. Information on the advocacy service displayed around the wards as well as in reception areas. We spoke to five patients who told us they had an advocate who helped them during their care reviews.
- We spoke with five carers. They told us that they felt supported by staff. They said that staff discussed the patients' needs with them regularly and they were involved in review meetings where decisions regarding patients care and positive support plans were discussed wherever possible.

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

(for example, to feedback?)

Good 

Access and discharge

- In the 12 months prior to this inspection bed occupancy was 64% this equates to 16 out of the 25 beds being in used. The average length of stay was ten months.
- The multi- disciplinary team at the morning management meeting to assess their suitability for admission discusses referrals to the hospital and a visit to meet the patient is planned wherever possible. The hospital has accepted referrals from 12 clinical commissioning groups across England.
- There were two reported delayed discharges reported between 1 August 2016 and 31 January 2017 both were due to the lack of suitable community provision.

Wards for people with learning disabilities or autism

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital offered an environment suitable for care and treatment. The accommodation was spacious, pleasantly decorated and calming. The hospital had pictorial signage to aid orientation around the building.
- Each apartment had a lounge and dining area, bedrooms and bathing facilities. Single bedroom accommodation was available throughout the building.
- Patients were able to make private telephone calls using either their own mobile telephone or the apartment telephone.
- Patients had access to outside space, a well maintained garden. Patients could smoke outside.
- Each apartment had a kitchen where staff supported patients to make their own meals. Patients we spoke with said staff helped them to do their shopping and make their meals.
- Snacks and drinks were available 24 hours a day. Staff encouraged patients to make them for themselves wherever possible
- Patients had personalised their own bedrooms with, for example, pictures of their family and artwork.
- Activities were available for patients' specific needs. These included, for example, arts and crafts, cooking, big breakfast club and trips out. Patients told us that there was a good amount of activities taking place.

Meeting the needs of all people who use the service

- The service was accessible for people requiring disabled access.
- Accessible information on treatments, medication and how to complain were displayed throughout the hospital. All information was available in easy read format to enhance the patients understanding. For example, easy read medication leaflets. Staff took time to explain things to patients using social stories to aid understanding.
- Patients had access to interpreters and signers. Staff arranged for interpreters to attend clinical meetings where appropriate.
- Staff worked with patients to plan meals in advance and supported them to do their shopping and make meals and drinks, taking into account dietary requirements such as soft diets, likes and dislikes.
- Spiritual care and chaplaincy was provided when requested.

Listening to and learning from concerns and complaints

- In the 12 months preceding this inspection the hospital received 18 complaints. Ten of the complaints were upheld, four were partially upheld and none were referred to the ombudsman. The majority of complaints were in relation to patient on patient assaults and staff attitude.
- Patients knew how to complain. The hospital displayed information on how to make complaints. We spoke to eight patients, all of which said they knew how to complain.
- Staff were aware of how to manage complaints. Staff we spoke to knew the complaints process and were able to respond appropriately should someone make a complaint to them. The advocate also monitored complaints to ensure that patients were responded to appropriately and in a timely manner
- Staff received feedback during team meetings on the outcomes of investigations into complaints. We reviewed team meeting minutes and saw that lessons learned was a standard agenda item.

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

Good 

Vision and values

- The staff we spoke with were aware of the hospital's visions and values. These were displayed on posters in office and reception areas, staff were able to refer to them.
- Staff knew the senior managers that worked regularly within the service. They said that senior managers from across the company did visit occasionally.

Good governance

- Managers held monthly clinical governance meetings, which supported the safe delivery of the service. Attendees included managers, clinical nurse, psychiatrist, psychologist, occupational, therapist and speech and language therapist. We saw minutes of these meetings which showed each action had a lead person who was accountable for completing actions.

Wards for people with learning disabilities or autism

- Managers promoted the use of inclusive strategy by supporting patients to access community based activities.
- Managers ensured that staff received regular supervision and had an annual appraisal.
- Managers had not ensured that policies were kept up to date. We reviewed 10 hospital policies, all of which had expired; the date for review was February 2015. We brought this to the managers' attention who assured us policies were followed appropriately. The manager showed us an action plan which highlighted that all relevant policies would be updated by August 2017.
- Whilst managers staffed shifts to the established levels of nurses, they achieved this by employing agency nurses on fixed term contracts to fill these vacancies whilst they actively sought permanent nurses.
- Managers reviewed and signed off actions from incidents. These actions were feedback to staff at ward meetings.
- Managers had access to key performance indicators to gauge the performance of the hospital this included training, MHA compliance and sickness and absence rates.
- Staff said that they felt supported by senior managers, and they had sufficient authority to make prompt changes. For example, increasing staffing levels to meet the enhanced observation needs of patients.

- Managers had sufficient administrative support to enable them to undertake their role and received good support from the company executive management team.

Leadership, morale and staff engagement

- Sickness rates over the last 12 months were 8.5%.
- Staff said there had been a lot of positive change over the last 18 months and they felt valued.
- The hospital promoted the use of communication support tools to aid patients and carer's involvement and understanding of their care.
- Staff across the service promoted the use of communication support tools and this was embedded into their daily practice.
- There were no reported bullying and harassment cases and staff said they worked well as a team. There were opportunities for staff to engage in further development.
- There had been no cases of whistle blowing in the last 12 months staff said they were able to raise concerns without fear of victimisation.
- Staff were open and transparent and explained to patients when things went wrong. Staff we spoke to were able to explain their duty of candour. We saw evidence in incident reports that staff had informed patients when mistakes were made.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that clinic room temperatures are recorded and action is taken if outside of acceptable temperature range.
- The provider should ensure that policies are reviewed by the timescales agreed in the action plan submitted.