The WoodHouse Independent Hospital

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?	Requires improvement
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 The Woodhouse Independent Hospital as good overall because:

- During this inspection, we found that the provider had addressed most of the issues that made us rate forensic inpatients/secure wards and wards for people with learning disabilities or autism as requires improvement for the safe, effective and well led domains in our last inspection in October 2015.
- All wards had access to emergency equipment such as automated external defibrillators and oxygen cylinders. Staff practised good infection control and food hygiene.
- Wards did not have nurse call systems but the provider had a specific risk assessment that identified the risks and how they mitigated them. This was mainly through designated support levels for each patient, observation and supervised access to high-risk areas.
- Staff received training in, and had a good understanding of, the revised Mental Health Act Code of Practice and the Mental Capacity Act. The hospital had effective and robust arrangements to monitor adherence to the Mental Health Act and Mental Capacity Act.
- The provider had improved its focus on autism and set clear aims and objectives for the service. Wards had autism-friendly features, staff assessed and met patients' individual communication needs, and staff had access to specialist training.
- The provider had developed two clear service pathways - learning disability (incorporating the forensic inpatient/secure ward service), and autism. It had strengthened its leadership with designated operational managers and clinical leads for each service, and recruited a consultant psychiatrist with specialist skills for the autism service.
- The provider had improved its governance systems and processes for monitoring all aspects of care. For example, the provider had robust incident monitoring processes and held regular meetings to review restrictive practices.

However:

- When staff on Moneystone and Highcroft wards gave oral medication for the purposes of rapid tranquillisation, they did not always complete the necessary physical observations.
- The hospital did not have an active clinical lead role (for example, a named nurse) allocated to infection prevention and control.
- There were short periods when there was no qualified nurse present on Moneystone ward, and there were occasions when staffing levels were insufficient to meet patients' observation requirements.
- We found gaps in the checks on the emergency bags on Moneystone and Highcroft wards.
- There were no records that confirmed the cleaning of portable clinical equipment on Moneystone and Highcroft wards.
- There were inconsistencies in the completion of forms used for recording observations of the patient in long-term segregation.

Summary of findings

Contents

Good

The Woodhouse Independent Hospital

Services we looked at
Forensic inpatient/secure wards
Wards for people with learning disabilities or autism

Summary of this inspection

Background to The WoodHouse Independent Hospital

The Woodhouse is an independent mental health hospital provided by Lighthouse Healthcare.

The Woodhouse provides low secure and locked rehabilitation services for up to 46 male patients under 65 years old who have learning disabilities or autism. Patients may have a history of offending behaviour and may be detained under the Mental Health Act 1983 or subject to Deprivation of Liberty Safeguards.

The Woodhouse has a registered manager and is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury.

The Woodhouse hospital has eight units located on a secure site in a rural area. The eight units on the hospital site cover two core services.

The forensic inpatient/secure wards comprises two wards and two cottages:

- Hawksmoor, 8 beds, locked low secure ward
- Lockwood, 10 beds, locked rehabilitation ward
- Farm Cottage, 3 beds, rehabilitation
- Woodhouse Cottage, 3 beds, rehabilitation.

The wards for people with learning disabilities or autism comprise four units:

- Moneystone, 8 beds, complex/challenging behaviour
- Whiston, 6 beds, rehabilitation ward
- Highcroft, 4 beds, rehabilitation ward
- Kingsley, 4 beds, rehabilitation ward.

Our inspection team

Team leader: Si Hussain

The team that inspected the service comprised four CQC inspectors, three specialist professional advisors (an occupational therapist, a learning disabilities nurse and a psychologist), and an expert by experience.

Why we carried out this inspection

We undertook this inspection to find out whether The Woodhouse had made improvements to their wards for forensic inpatient/secure wards and wards for people with learning disabilities or autism since our last inspection in October 2015.

Following our inspection in October 2015, we rated the hospital as 'requires improvement' overall, and for the safe, effective, responsive and well led domains. We asked the provider to take the following actions:

- The provider must ensure that there is enough emergency equipment such as automated external defibrillators and oxygen cylinders, and that it is kept in good working order.
- The provider must ensure that staff practise good infection control and food hygiene.
- The provider must ensure that the units have nurse call systems to allow patients to call for help when needed.
- The provider must ensure that staff are trained in the revised Mental Health Act Code of Practice, and there are effective and robust arrangements to monitor adherence to the Mental Health Act and Mental Capacity Act.
- The provider must ensure that staff have a good understanding of the Mental Capacity Act and adhere to good practice in applying it.
- The provider must ensure that the needs of patients with autism are met through effective communication, an appropriate environment, and access to easy-read information about services.

Summary of this inspection

- The provider must ensure that the leadership is able to support staff with their concerns, offer opportunities for clinical and professional development, and set clear aims and objectives for the autism service.
- The provider must ensure that governance processes are effective to monitor and address all areas of quality and safety.

We issued requirement notices for the following breaches of regulations:

- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 11 HSCA (RA) Regulations 2014 Need for consent
- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.

Since our inspection in October 2015, we have carried out Mental Health Act (MHA) monitoring visits on six of the eight wards, which identified a number of issues. The provider issued action plans that showed how it intended to address the issues. We did not find any specific MHA concerns during the most recent 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all eight wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 12 patients who were using the service, and eight of their relatives
- spoke with the registered manager and the operational managers for each core service
- spoke with 31 staff members including doctors, nurses, support workers, occupational therapists and psychologists
- spoke with five other staff members including the mental health act administrator, the hotel services manager, the cook and a domestic
- reviewed human resources files for four staff
- received feedback about the service from nine care co-ordinators and commissioners
- attended and observed three multidisciplinary team meetings
- collected feedback from three patients using comment cards
- looked at care records for 32 patients and prescription charts for 28 patients
- carried out a specific check of the medication management on all the wards, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection of the two core services, we spoke with 12 patients, eight relatives and reviewed three comments cards completed by patients.

We spoke with nine patients and three relatives about the forensic inpatients/secure wards service. The patients described the main wards (Hawksmoor and Lockwood) as safe, clean and well maintained but noisy at night. The patients living in the cottages (Woodhouse and Farm cottages) spoke highly of their home-like environment and their independent living lifestyles.

The patients spoke positively about the staff and described them as kind and caring. The patients and

Summary of this inspection

relatives felt involved in assessment and care planning. Patients on Hawksmoor and Lockwood wards gave mixed views about the food choices available to them. All the patients expressed frustration at the reduced activity programme while the provider refurbished the activity building and made changes to the activity programme.

We spoke with three patients and five relatives about the wards for people with learning disabilities or autism. Patients and relatives described the wards as safe and clean but sparsely furnished. Some family members said they had not visited their relative's bedroom. Patients and relatives described the staff as kind, polite and dedicated. Family members felt involved in their relative's care and said that staff invited them to multidisciplinary team meetings and kept them informed. Patients had access to some activities but wanted more of them that were tailored to their individual needs and preferences. They said they often experienced cancellation or postponement of their activities.

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?

Requires improvement 

We rated safe as requires improvement because:

- When staff gave oral medication for the purposes of rapid tranquillisation, they did not always complete the necessary physical observations.
- There were inconsistencies in the completion of forms used for recording observations of the patient in long-term segregation.
- There were short periods when there was no qualified nurse present on Moneystone ward, and there were occasions when there were not enough staff to maintain patients' observation requirements.
- The hospital did not have an active clinical lead role (for example, a named nurse) allocated to infection prevention and control.
- There were gaps in the checks on emergency bags on Moneystone and Highcroft wards.
- There were no records to confirm the cleaning of portable clinical equipment on Moneystone and Highcroft wards.
- On Moneystone ward, the sluice room was dirty and the storeroom was cluttered.
- The hospital had a high staff turnover and vacancy levels, which meant they relied heavily on temporary staff to cover shifts. This affected the continuity and consistency of care received by patients.

However:

- The wards had safe environments. Wards with blind spots had mirrors installed to help staff with observation. Each ward had a ligature risk assessment and staff mitigated any identified risks through individual patient risk assessments and observation.
- All clinical staff carried mobile alarms that enabled them to respond to emergency calls for assistance when required.
- Staff completed standard and specialist risk assessments with patients and updated them regularly. The provider had reviewed all its restrictive practices and made changes, where appropriate.
- The hospital had the appropriate emergency equipment on all wards. Medicines were stored safely and checked regularly. Staff completed prescription charts fully and accurately.
- The provider had a visiting policy and safe procedures for children and families who visited the hospital. The hospital had a designated visitors' area away from the wards.

Summary of this inspection

- Staff reported incidents appropriately and managers analysed incidents to identify any patterns and trends and gave staff feedback on any lessons learnt.

Are services effective?

Good

We rated effective as good because:

- All patients received timely and comprehensive assessments of their mental and physical health needs. Patients had up-to-date, recovery-oriented care plans based on 'my shared pathway'.
- The hospital showed a strong commitment to reducing the use of antipsychotic drugs. Five patients did not take any psychotropic medication. Where patients used medication, they were on low doses.
- The hospital had access to a wide range of disciplines that provided input to the wards and patients. All wards had regular, effective and well-coordinated multidisciplinary team meetings and handovers.
- Staff received supervision and annual appraisals. Staff had access to a range of forums that supported clinical practice and encouraged learning and development.
- Mental Health Act (MHA) documentation was up-to-date and completed accurately. There were effective systems and processes in place to ensure compliance and good practice with MHA requirements.
- Most staff had a good understanding of the principles underpinning the Mental Capacity Act (MCA). The hospital applied the MCA appropriately and followed best interests processes for significant decisions, where necessary.
- Staff completed a range of clinical audits regularly from which they identified any issues and made the appropriate changes.
- The hospital addressed poor staff performance promptly and effectively, and in line with the provider's policies and procedures.

However:

- Not all staff supporting the wards for people with autism had received training in autism.

Are services caring?

Good

We rated caring as good because:

- We observed good interactions between staff and patients throughout the hospital.
- Staff knew the patients well and responded to their needs appropriately and sensitively.

Summary of this inspection

- All patients had a transition plan before admission that included visiting the hospital and meeting the staff, and received a welcome pack on admission.
- Patients and their relatives, where appropriate, were involved in assessment and care planning. Patients received copies of their care plans.
- Patients had access to advocacy services.
- Most wards had regular community or house meetings at which patients could raise any issues and concerns.

Are services responsive?

Good

We rated responsive as good because:

- The hospital had ample secure outdoor space and a range of facilities that promoted recovery and comfort.
- The wards for patients with autism had autism-friendly environments and some had facilities such as sensory rooms.
- We saw examples of recovery-focused progress made by patients in both core services.
- Staff made adjustments to meet the specific needs of patients with learning disabilities or autism including easy-read or picture-based information and orientation aids and signage on the wards.
- Patients on the wards had access to a choice of food based on their individual needs and preferences. Patients who lived in the cottages planned and cooked their own meals.
- Staff actively supported patients to develop their independent living skills as part of their recovery-based rehabilitation.
- The newly refurbished occupational therapy suite contained a range of facilities that supported recovery-based activities and rehabilitation.
- Patients knew how to complain and staff took their complaints seriously.

However:

- Staff and patients complained about the temporary reduction in activities onsite while the occupational therapy suite underwent refurbishment.
- There was an absence of robust data on patients' activities.

Are services well-led?

Good

We rated well led as good because:

- Since our last inspection, the hospital had made changes to the leadership structure and developed two clear service pathways (forensic/secure inpatient and learning disability and autism).

Summary of this inspection

- The provider had improved its governance systems and processes for monitoring all aspects of care. For example, it had implemented a programme of audits and had robust incident monitoring processes.
- Managers and staff had access to information that helped them assess service delivery and identify areas for improvement.
- The provider showed commitment to developing autism-focused care. The provider had recruited a specialist psychiatrist and started to offer staff specialist training for their roles.
- The hospital manager had sufficient authority and support to manage the wards effectively, suggest improvements and implement changes to the service.
- The hospital had a risk register that set out risks to the business and service delivery.

However:

- Staff morale varied between the wards and teams and some staff showed a poor understanding of the hospital's vision and values associated with recovery-based care and least restrictive practices.
- The hospital did not have an allocated clinical lead role allocated to infection prevention and control.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings to help reach an overall judgement about the provider.

Since our last inspection in October 2015, we have undertaken Mental Health Act (MHA) monitoring visits on most of the wards. In August 2016, we completed monitoring MHA visits to Lockwood ward, Woodhouse Cottage and Farm Cottage in the forensic inpatient/ secure wards service. In September and October 2016, we completed MHA monitoring visits to Highcroft ward, Whiston ward and Kingsley unit in the autism service. The main issues identified were:

- blanket restrictions such as locked doors to garden areas and limited access to personal mobile phones
- patients' views not consistently recorded in their care records
- inconsistencies in completing physical observations following the administration of oral medication for rapid tranquillisation
- information on making a complaint not readily available to patients
- confusion between seclusion and long-term segregation and their associated requirements.

The provider sent us action plans that showed how they planned to address the issues identified from the visits. At this inspection, we found that the provider had addressed most of the issues.

As of 30 September 2016, 86% of staff had received training in the Mental Health Act (MHA) as part of their mandatory training. Staff had a good understanding of the MHA and the Code of Practice, and knew where to seek advice.

At the time of our inspection, all patients in the forensic inpatient/secure wards service were detained under the MHA. All but four patients in the autism service were detained under the MHA. Patients received their MHA rights on admission to the hospital and routinely thereafter.

We found that detention paperwork was up-to-date, completed accurately and stored appropriately. The hospital had the appropriate treatment certificates for patients detained under the Mental Health Act. The hospital kept clear records of section 17 leave granted to patients.

The provider employed an MHA administrator to support staff and help ensure compliance with the MHA. The MHA administrator completed audits on MHA documentation every three months to help ensure compliance with the MHA.

Patients had access to an independent mental health advocate from a local advocacy service, Asist Advocacy. Staff supported patients to access advocates, where needed.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, there were no patients subject to Deprivation of Liberty Safeguards (DoLS) in the forensic inpatient/secure wards service. There were four patients subject to DoLS patients on Moneystone and Whiston wards.

As of 30 September 2016, 86% of staff had received training in the Mental Capacity Act (MCA) and DoLS as part of their mandatory training. Staff had a good understanding of the principles of the MCA, in particular, the presumption of capacity.

Staff supported patients to make decisions wherever possible, and applied the best interests process where patients lacked the capacity to make specific decisions. The provider's commitment to reducing restrictive practices meant staff reviewed all their assumptions about patients' capacity and capabilities.

The provider had an up-to-date policy on MCA and DoLS that set out how it met its legal obligations. The provider had arrangements in place for monitoring adherence to the MCA.

Detailed findings from this inspection

Patients had access to an independent mental capacity advocate from a local advocacy service, Asist Advocacy.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment

- This core service comprised two wards and two cottages. Both Hawksmoor and Lockwood wards were locked wards for patients with learning disabilities some of whom had a history of offending behaviour. The two cottages were unlocked rehabilitative units that promoted independent living.
- The design and layout of Hawksmoor ward did not allow staff to observe all parts of the ward. However, the ward had mirrors installed that mitigated the risks presented by the blind spots. Both Hawksmoor and Lockwood wards had close circuit television cameras installed in their communal areas. Woodhouse and Farm Cottages had a number of blind spots. They had mirrors installed to help staff with observations.
- The two wards and the two cottages had a number of ligature points on doors, windows and taps. The provider last completed ligature risk assessments for these wards in October 2016. This identified no medium or high-level risks on these units. The hospital mitigated any risks through individual patient risk assessments and close observations. The provider completed environmental risk assessments for all their wards and buildings that patients had access to and managed the risks identified. For example, the provider had assessed the occupational therapy suite for ligature points and items that posed risks. In response to the issues identified, staff kept ligature cutters in the suite, and kept a register of potentially dangerous items and locked them away.
- Hawksmoor ward contained a seclusion room but this was not in use because the hospital did not practise seclusion. There were no seclusion rooms on Lockwood ward or in the cottages.
- Hawksmoor and Lockwood wards had fully equipped clinic rooms that were secure, clean and tidy. They held emergency equipment such as oxygen cylinders, defibrillators and emergency drugs that staff checked regularly. The clinic rooms did not contain examination couches. However, patients used the clinic room on Whiston ward or their own bedrooms, where needed. The cottages did not have clinic rooms and did not hold emergency equipment other than adrenaline injection pens. The cottages had access to the emergency equipment kept on Lockwood ward.
- All wards were clean, well-maintained and had furnishings that were in good condition. Each ward had a domestic who cleaned the ward regularly. We saw completed and up-to-date cleaning charts for each ward.
- All clinical equipment was clean and well maintained. Records showed that staff checked and cleaned them regularly. All electrical items had received the appropriate safety tests.
- Staff adhered to infection control principles such as handwashing and separation of soiled laundry. However, some wards lacked posters and reminders about handwashing.
- The wards did not have call systems fitted in patients' bedrooms. The provider regarded these as undesirable and intrusive. The provider mitigated any risks through designated support levels for each patient, observation and supervised access to high-risk areas. The provider had a specific risk assessment that noted the risks and identified control measures.

- All clinical staff carried mobile alarms that worked in all units and buildings on the site. The administrative staff were based in offices away from the ward areas. Administrative staff did not go onto the wards without support or assurance of their safety.

Safe staffing

- As of October 2016, the hospital had a total staffing establishment (across both core services) of 27 qualified nurses whole time equivalent (WTE) and 145 healthcare assistants WTE. At this time, the provider had eight WTE vacancies for qualified nurses and 32 WTE vacancies for healthcare support workers. The overall staff turnover rate for the year to 30 September 2016 was 24%. The average staff sickness for the whole hospital was 7% for the year to 30 September 2016.
- We asked the hospital manager about the high staff turnover and vacancy levels. The manager told us that a number of local factors affected recruitment and retention such as the hospital's rural location, and competition with local trusts for staff. The manager informed us that staff turnover had improved in recent months and said that three staff who had left The Woodhouse had since returned. The hospital ran a continuous recruitment programme. Managers attended monthly meetings at which they discussed recruitment and retention, and reviewed staff's reasons for leaving.
- The provider had a staffing model that set out the staffing levels required for each ward. As of December 2016, the forensic inpatient/secure wards had an allocation of three qualified nurses and 12.5 healthcare support workers for day time shifts, and two qualified nurses and seven healthcare support workers for night shifts. The hospital manager adjusted staffing levels as needed to meet the individual needs of patients.
- The hospital relied heavily on bank and temporary staff to fill shifts. For example, in the three months to October 2016, across all services, 42 shifts were filled by bank staff and 834 shifts were filled by agency staff. Sixty shifts were left unfilled, which placed the staff team under pressure and occasionally had an impact on patients' activities. Wherever possible, the hospital used temporary staff that were familiar with the hospital. The provider used agencies that trained their staff in physical intervention and safeguarding.
- We reviewed the human resources files for four staff members. The files were in good order. Each employee had files for recruitment and selection information, sickness absence, supervision and appraisal and training. The files contained the appropriate documentation such as references, up-to-date enhanced disclosure and barring service (DBS) checks and evidence of identity checks.
- Clinical staff were available in the communal areas of the two main wards at all times and there was always a qualified nurse nearby (for example, in the nurses' station). The two cottages were close by to one another and shared a nurse. Staff found it easy to access a nurse or other qualified member of staff such as the clinical lead when they needed to. All staff received training in physical interventions. There were enough staff to carry out physical interventions promptly and safely, if required.
- There were enough staff for patients to receive regular one-to-one time with them. However, patients sometimes had their activities or leave postponed because of staffing issues or because the hospital's transport was fully booked. Staff recorded any incidents of cancelled leave on their daily reports and managers discussed these at clinical governance meetings.
- There was adequate medical cover during the day and night, and staff could contact a doctor quickly in an emergency. The psychiatrists shared on-call duties with other psychiatrists who worked for the provider in the same region. This meant that they could not always attend the hospital within an hour. However, the psychiatrist recalled only two occasions in two years when they needed to attend the hospital in person.
- Staff received mandatory and training. The hospital had a 90% target for compliance with mandatory training, which it had yet to achieve for some of its training. As of 30 September 2016, the average compliance rates for training were:
  - Physical intervention, 92%
  - Day 1 mandatory training (infection control, health and safety, basic or intermediate life support, manual handling, fire safety, safeguarding adults and children), 86%
  - Day 2 mandatory training (Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, information governance), 86%
  - First Aid, 81%
  - Food Hygiene, 77%.

Assessing and managing risk to patients and staff

Good

Forensic inpatient/secure wards

- The provider had recently adopted a no-seclusion policy. There were no incidents of seclusion or long-term segregation reported for this core service in the six months to 30 September 2016. The hospital reported no incidents of prone restraint during the six months to 30 September 2016. The hospital reported two incidents of restraint during this period on Hawksmoor and Lockwood wards.
- The provider had introduced a conflict and violence reduction programme that aimed to increase specialist knowledge and skills and provided targeted care. As part of this, the provider had adopted a positive behavioural support model, which had a positive impact on the use of, and need for, restraint. Staff completed 'antecedent, behaviour, consequence' (known as ABC) charts that helped identify patterns in patients' behaviours and inform preventative risk management strategies. Staff used supervision and observation to support positive risk-taking strategies, for example, providing additional escorts for community visits. Staff only used restraint as a last resort when de-escalation techniques had failed. Staff received training in physical intervention and used the correct techniques.
- We reviewed risk assessments for 19 patients. In all cases, staff completed standard risk assessments with patients on admission and updated them regularly and after each incident. Staff completed specific risk assessments for patients with health conditions such as epilepsy and diabetes. Psychologists completed detailed risk management plans for some patients who had high risk factors. They used the historical, clinical, risk (HCR-20) management tool to assess patients with a history of aggression, and the sexual violence risk (SVR-20) checklist for patients with a history of sexual violence. Staff completed additional risk assessments for section 17 leave and kitchen access. The occupational therapy service planned to develop a risk assessment for access to the occupational therapy department.
- The hospital had made a commitment to reduce its restrictive practices including blanket restrictions. We saw an action plan that identified and assessed restrictive practices such as supervised access to ward kitchens and activity rooms by patients. Staff and managers discussed the existing restrictions and risks at designated restrictive practice meetings, and determined if they still needed them. Where appropriate, they removed the restrictions, for example, patients on Hawksmoor ward had freer access to the kitchen and activities room. Staff assessed risks and restrictions on an individual patient basis, for example, to determine access to a mobile phone or to a fob for the locked doors.
- The provider had an up-to-date observation policy that staff applied appropriately to manage environmental risks and patient safety. The provider had search policy. Staff on Hawksmoor ward conducted searches on patients when they returned from leave. Otherwise, staff conducted searches only when there were risks that justified them.
- Staff rarely used intramuscular rapid tranquillisation. Staff gave patients oral medication for the purpose of rapid tranquillisation, where appropriate. The provider had a policy that explained rapid tranquillisation and set out the monitoring and observation requirements in line with the Mental Health Act Code of Practice. Each clinic room held a copy of the policy and each patient's medication file had a copy of a physical observation monitoring chart.
- Staff knew how to recognise and report safeguarding concerns. Staff received training in safeguarding as part of their mandatory training. Staff explained the safeguarding procedures to patients on admission and patients had access to easy read information.
- The hospital had good medicines management practice. We reviewed 17 prescription charts and found that staff had completed them fully and accurately. Staff completed regular fridge and room temperature checks on Hawksmoor and Lockwood wards to ensure the safe storage of medicines. The clinic rooms contained a copy of the British National Formulary and a folder of relevant policies and guidelines for reference.
- The provider commissioned pharmacy support from a specialist mental health pharmacy. The pharmacist visited the hospital every three months to provide training and undertake audits on prescribing and medicines charts. Staff had 24-hour access to the pharmacy service for any queries or issues. The hospital had a medication error database, which showed errors, remedial action taken and lessons learnt. All errors were reported as incidents.
- The cottages had locked medicines cupboards that staff checked daily. All six patients in the cottages managed

their own medication as part of their rehabilitation, supported by staff in line with the provider's self-medication policy. Each patient had a medicines safe in his bedroom.
- The provider had a visiting policy and safe procedures for children and families who visited the hospital. The hospital had a designated visitors' area away from the wards.

Track record on safety

- The provider reported one serious incident for this core service in the year to September 2016. A patient absconded from Hawksmoor ward, which is a locked secure unit. Staff and managers reviewed the incident to identify any lessons learnt and make any changes required.

Reporting incidents and learning from when things go wrong

- All staff recognised incidents and knew they had to report them on the provider's electronic incident reporting system. However, the provider had recently changed from a manual to electronic incident reporting system, which had resulted in a temporary reduction in the reporting of incidents as staff became used to the system.
- The provider produced incident analysis reports and held weekly incident review meetings to encourage reflection and learn lessons. The reports showed data on incidents (including restraints) by quantity, type and times for each ward, and highlighted any obvious patterns. Managers and staff used these reports to assess their success with their least restrictive practices programme. We reviewed the hospital's incident analysis report for October to December 2016. This showed 102 incidents reported for this core service. Lockwood ward had the highest number of incidents with 64 followed by Hawksmoor ward with 31 incidents. There were six incidents reported for the cottages. The report showed a reduction in the severity of incidents and an increased use of non-physical techniques to manage them.
- Psychology staff also analysed incidents reports for specific patients to identify their behaviour patterns. These informed multidisciplinary team discussions and patients' positive behaviour support plans.
- Although some staff did not know about the duty of candour, they were familiar with the concepts of openness and transparency when things went wrong. The provider issued a new policy on the duty of candour in February 2017.
- Staff received feedback from the investigation of incidents. Most incidents and lessons learnt related to individual patients and resulted in a better understanding of their behaviour, triggers and warning signs. This led to changes in patients' risk management and intervention strategies. Staff discussed incidents, feedback and any lessons learnt at handovers, one-to-one supervision sessions and team meetings. Managers also shared feedback and learning by email and in notices, where appropriate.
- Staff received debriefs and support following serious incidents. Psychologists offered specific support to staff following traumatic events.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed care records for 19 patients in this core service. Records showed that patients received comprehensive and timely assessments after admission. Patients with unclear presentations received ongoing assessments from the care team. Staff used specialist assessments for specific needs, for example, the Rivermead behavioural memory test for patients with memory issues, and the Wechsler adult intelligence scale adult intelligence scale (WAIS-IV) for measuring cognitive ability. Patients received speech and language therapy assessments, where needed.
- Patients received physical health checks on admission and ongoing monitoring of their physical health thereafter. Patients had care plans for specific health conditions such as diabetes and epilepsy.
- Care records contained up-to-date, detailed and recovery-oriented care plans based on 'my shared pathway'. Psychologists took a lead role in positive

behavioural support planning. The multidisciplinary care team routinely reviewed new patients' positive behavioural plans monthly and all other plans every four-to-six months or when needs changed.
- The core service used electronic records. All records were in good order, coordinated and set out clearly. All staff had access to the secure electronic files although healthcare support workers had limited access.

Best practice in treatment and care

- The hospital followed national institute for health and care excellence (NICE) guidance when prescribing medication, and complied with the recommended prescribing limits set out in the British National Formulary. Staff monitored the effects of medication. There was no inappropriate or unnecessary use of medicines to control patients' behaviour. The multidisciplinary team expressed a strong commitment to reducing reliance on medical treatments and increasing psychological interventions. For example, five of the patients living in the cottages did not take any psychotropic medication.
- Staff offered patients a range of psychological therapies recognised by the national institute of health and care excellence. Psychological therapies included the sex offender treatment, anger management, cognitive skills, relationship work and positive behavioural support. The psychology team used a range of approaches and techniques in their group and one-to-one work with patients including cognitive behavioural therapy, problem-solving, emotional recognition and management, and schema therapy. Psychologists completed emotional processing scales every six months for patients they worked with.
- Patients had good access to physical healthcare and all patients had health passports. Staff supported patients with healthcare needs specific to any medical conditions associated with learning disability, for example epilepsy and dysphagia. Staff involved patients in developing their individual health action plans.
- The provider had contracted a local GP practice to provide physical healthcare services. Patients received routine dental and eye checks, and annual physical health checks. Access to specialist secondary care services was through a GP referral. The provider had an eating and drinking pathway to help address risks associated with swallowing. The provider used the Lester tool to assess and monitor patients' physical health. The provider had recently bought an electrocardiogram (ECG) machine and in the process of training staff on its use.
- The provider had strengthened its recovery-based model of care by developing robust discharge pathways, and focusing on patients' strengths and outcomes. For example, the provider had a clear pathway for its onsite low secure service. This comprised a low secure ward, a locked rehabilitation ward and independent living units. We saw evidence of patients moving through the pathway.
- The hospital used recognised tools to help assess patients' needs and deliver recovery-based care. For example, the provider had adopted 'my shared pathway' to help provide individualised, person-centred care that focused upon patient's strengths, habits, preferences and areas of independence. The hospital had adopted a positive behavioural support (PBS) approach and had a dedicated PBS nurse. Staff had received training on PBS from the British Institute of Learning Disabilities (BILD). Staff completed the health of the national outcome scale for learning disability (HoNOS-LD) to monitor patients' progress and recovery outcomes. The occupational therapy service used the relevant model of human occupation screening tool (MOHOST) for secure services. The provider was developing a 'recovery college', which was a new model for therapeutic activity and skills development.
- Staff completed a range of clinical audits regularly to help ensure good practice. These included monthly audits of medicines, healthcare records, fridge temperatures, oxygen checks, checks on emergency equipment, and cleanliness and infection control. Pharmacy staff completed audits of medicines charts every three months. The hospital manager completed checks on controlled drugs. Staff completed regular clinical audits and managers shared the outcomes at the senior clinicians' meetings. Staff identified any issues and took action to address them. For example, checks on the prescribing of antipsychotic medication showed that some patients had not received all the associated blood tests. We saw copies of action plans, which showed actions required and taken.

Skilled staff to deliver care

- The hospital had a range of disciplines that provided input to the wards. These included doctors, nurses,

psychologists, occupational therapist and speech and language therapist. The hospital had access to a pharmacist for advice. At the time of our inspection, the provider did not have a medical director designated to provide leadership and oversee medical practice and development.

- Staff were suitably qualified and experienced for their roles. The hospital had learning disability and mental health nurses to reflect the needs of the patient group. The hospital had healthcare support workers who had the appropriate training for their roles, for example, the care certificate, national vocational qualifications. The hospital had a highly skilled and experienced team of psychologists. This comprised one psychologist (shared across three locations) and four assistant psychologists. The hospital had a newly recruited occupational therapy team of skilled and experienced staff who worked across the two core services. The team comprised one occupational therapist and five therapy assistants. However, the manager was in the process of changing the five therapy assistant roles to four roles at a higher grade and skill level. At the time of our inspection, there were two vacancies for occupational therapy assistants.
- All staff received induction that included mandatory training. In addition, staff had access to a range of specialist training related to their roles, for example, positive behaviour support. Some staff chose to undertake training privately; where the course was relevant to the role, the provider supported staff with time off and opportunities to practice. For example, the provider had supported a psychologist to complete training in forensic psychology. Psychologists had access to training on 'psychologically informed environments', delivered on the provider's other sites.
- All staff received supervision regularly and had access to team meetings. As of 30 September 2016, 90% of staff had received supervision and 98% of staff had received their annual appraisals. The supervision records we reviewed showed that nurses received supervision at least every three months, and healthcare support workers every one or two months. The psychologist ran fortnightly reflective practice sessions open to all members of staff. The psychiatrist had access to peer supervision every two months with his colleague, and one-to-one supervision with another psychiatrist. A senior clinicians' meeting took place every two months. An assistant psychologist received weekly supervision as part of her professional training. The occupational therapist attended peer supervision monthly, and gave supervision to the occupational therapy assistants on a monthly basis. The hospital held nurse forums monthly, healthcare support worker forums monthly and autism unit meetings monthly. The lead nurses for Hawksmoor and Lockwood wards had 'open door' meetings weekly for staff.
- The hospital addressed poor staff performance promptly and effectively, and in line with the provider's policies and procedures with support from the human resources department. The hospital manager gave us examples of incidents that had resulted in disciplinary action.

Multidisciplinary and inter-agency team work

- The core service had regular, effective and well-coordinated multidisciplinary team meetings. The disciplines represented included psychiatry, psychology, nursing (qualified nurses and healthcare support workers), occupational therapy and speech and language therapy. Social workers and commissioners attended specific meetings such as care programme approach and care and treatment reviews. We attended a multidisciplinary team meeting on Hawksmoor ward. We saw that all staff present had the opportunity to share their views on patients from their respective disciplines. The meeting involved a thorough discussion about each patient's physical and mental health, progress, treatment options and therapeutic interventions. Discharge arrangements took into account existing and potential risks so that patients could move into the community safely.
- There were effective handovers between shifts. The discussions involved a brief update on each patient on the ward including their presentation, concerns and risks, and activities undertaken. Staff took notes of the discussions.
- Staff worked closely with other healthcare professionals such as GPs, practice nurses and district nurses, to help ensure that patients received appropriate, effective and timely care. Staff shared information with other healthcare professionals, as appropriate. Staff had good links with the local safeguarding team. The provider maintained contact with their patients' commissioners and care coordinators, and invited them to

multidisciplinary team and care programme approach reviews. However, some of the commissioners we spoke with reported delays in staff responding to any information requests they made.

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

- Qualified staff received and checked all Mental Health Act (MHA) paperwork on a patient's admission. The provider employed a Mental Health Act administrator to support staff and help ensure compliance with the MHA.
- At the time of our inspection, we found that detention paperwork was up-to-date, completed accurately and stored appropriately. Staff kept a clear record of leave granted to patients. They used a specific form to record details about the leave including how it went.
- As of 30 September 2016, 86% of staff had received training in the Mental Health Act as part of their mandatory training. Staff had a good understanding of the MHA and the Code of Practice. Staff knew who the MHA administrator was and how to contact them.
- The hospital had the appropriate treatment certificates for patients detained under the Mental Health Act. Staff kept these with the prescription charts so they could check that the medicines they needed to administer were legally authorised.
- Patients received their MHA rights on admission to the hospital and routinely thereafter.
- The MHA administrator completed audits on MHA documentation every three months to help ensure compliance with the MHA. These included audits of section renewal papers, section 17 leave forms and treatment certificates.
- Patients had access to an independent mental health advocate from a local advocacy service, Asist Advocacy. Patients had access to a firm of solicitors, if required. Staff supported patients to access advocates, where needed.

Good practice in applying the Mental Capacity Act

- As of 30 September 2016, 86% of staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training. Staff had a good understanding of the principles of the MCA, in particular, the presumption of capacity. Staff assumed their patients had the capacity to make decisions but sought advice if they were unsure. At the time of our inspection, there were no patients subject to DoLS in this core service.
- The multidisciplinary team identified and discussed any capacity issues. The psychiatrist assessed capacity, for example, to consent to or refuse treatment. They involved other professionals such as occupational therapists or social workers on some issues, for example, handling money and managing finances. Staff noted capacity issues and discussions in patients' care records.
- The provider had an up-to-date policy on MCA and DoLS that set out how it met its legal obligations. The provider had arrangements in place for monitoring adherence to the MCA. The MHA administrator oversaw systems and processes associated with the MCA. The administrator undertook audits and dealt with any issues identified.
- Patients had access to an independent mental capacity advocate from a local advocacy service, Asist Advocacy.

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- We observed good interactions between staff and patients on Hawksmoor and Lockwood wards and in the cottages. Our observation of a multidisciplinary team meeting and a therapy session showed that staff treated patients with dignity and respect.
- Staff knew the patients well and responded to their needs appropriately and sensitively.
- Patients spoke highly of the staff saying they were kind and caring. Patients in the cottages liked that staff knocked on their bedroom door and awaited a response before they entered.

The involvement of people in the care they receive

- All patients referred received an initial assessment to determine if the hospital could meet their needs. Before their admission, all patients had a transition plan that

included visiting the hospital and meeting the staff. Staff responded to any individual patient requests such as changes to the décor and gave patients a welcome pack on admission.

- Care records showed patients' involvement in assessment and care planning. Patients attended their multidisciplinary team meetings and reviews if they wished to. Staff supported and encouraged patients to contribute. Staff offered patients copies of their care plans.
- The provider encouraged involvement and participation from patients and relatives in assessment and care planning. The mental health act administrator maintained regular contact with patients' families.
- Patients had access to a local independent advocacy service provided by Asist Advocacy.
- All wards in this core service had regular community meetings. The patients living in Woodhouse and Farm cottages had regular house meetings that promoted living together.
- The provider conducted separate carers and patients surveys annually and drew up action plans to address any issues. The hospital had an 'involvement plan' that set out ways of involving patients and carers in decisions about the service. For example, two patients had participated in the recruitment of staff. Additional suggestions included a six-monthly family event and a carers' newsletter. The provider recognised that most relatives lived some distance away from the local area and found it difficult to visit the hospital.
- Staff consulted with patients about their wishes for their care during a crisis. Staff included patients' preferences in their care plans.

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The average bed occupancy for the six months to 30 September 2016 was 75% for the whole hospital.
- The average length of stay for patients discharged in the 12 months to 30 September 2016 was two years and nine months for the whole hospital. The average length of stay of patients in the hospital at the time of our inspection was three years.
- Patients on section 17 leave always returned to their ward and bedroom. Patients moved between wards as they made progress, and in line with the care pathway. For example, patients generally moved from Hawksmoor ward to the step-down ward (Lockwood) and then to the cottages.
- The hospital reported no delayed discharges for the six months to 30 September 2016. Discharge planning commenced soon after admission and involved the patients and their relatives, as appropriate. Discharge planning also included the patients' commissioners and care coordinators to help ensure consideration of section 117 aftercare services. Generally, discharge planning was a long-term process because it depended on the availability of a suitable alternative placement and/or permission from the Home Office for patients on restricted Mental Health Act orders.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was set in a rural location with ample secure outdoor space. The core service comprised four units, Hawksmoor ward, Lockwood ward, Woodhouse Cottage and Farm Cottage. Hawksmoor ward had been newly decorated and the furniture was in good condition. The ward had eight ensuite bedrooms and a range of spacious facilities including a lounge, a dining room, an activities room and a kitchen. Patients had supervised access to the kitchen. The ward had a quiet room. Patients met visitors in the designated visitors' room away from the ward, in another building. Lockwood ward had ten bedrooms with ensuite bathrooms. The ward had a large conservatory, a quiet area and access to a secure garden. The ward had limited space but at the time of our inspection, there were only six patients on the ward. Each ward had a clinic room. All patients had access to a clinic room that contained an examination couch on Whiston ward, if needed.
- Woodhouse and Farm Cottages were self-contained three bedroomed houses. The cottages had fully equipped kitchens, lounges and dining areas. The accommodation was modern, well-furnished and very

clean. The cottages had a homely feel that promoted comfort and recovery. The three bedrooms in Woodhouse Cottage had ensuite bathrooms. Farm Cottage had one bedroom with an ensuite bathroom and two shared bathrooms. The cottages had their own garden area. The patients who lived in the cottages liked their environment.

- Patients personalised their bedrooms if they wished. Patients had access to secure storage for their personal items.
- Most patients had their own mobile phones and could make phone calls in private. Staff supported patients who did not have their own phone to make calls in private, for example, from the office or another room.
- The hospital received a food hygiene rating of five (very good) from Staffordshire Moorlands Council in November 2016. Patients gave mixed views about the food on the wards. Some liked the food while others complained about the portion sizes. The hospital had catering staff that provided lunch and evening meals for the wards. The catering staff offered a menu that was rotated every two weeks. The menu included a choice of hot or cold food at lunchtime and a choice of hot evening meals. Fruit and snacks were available on the wards at all times. The catering staff catered for patients' specific dietary needs and preferences. The hospital invited feedback from patients about the food using an easy-read form. Patients in the cottages planned their own menus, did their own shopping and cooked their own food. Patients had 24-hour access to hot drinks and snacks on the wards and in the cottages.
- Patients had access to a range of social, leisure and work-related activities. For example, three patients had voluntary work placements as gardeners in a local park. Ten patients had membership of a gym in the local community. Some patients went horse riding at a local stable. Every year, during April to August, interested patients had access to a football course with a local football club. However, staff and patients complained about the reduced access to activities onsite while the hospital refurbished its facilities and implemented a new recovery-based model of therapeutic activity. This had led to a temporary reduction in the activities available onsite.
- During our inspection, we visited the occupational therapy department, (which re-opened in February 2017). It contained a kitchen of activities of daily living, a group room, a laundry, an information technology suite, a shop and an office. However, it lacked toilet facilities for the staff and patients. This meant staff and patients would have to leave the department to visit the toilet.
- At the time of our inspection, the provider did not collate activity data robustly, which meant that we could not fully assess whether staff offered patients at least 25 hours of structured activity each week. The occupational therapist had developed a new activity recording form that was not yet in place. Nursing staff made some notes of activities in patients' care notes although these were incomplete. We reviewed the activity records of two patients on Lockwood and Hawksmoor wards. These records showed that patients had seven-day access to activities, and received between seven and 16 hours of meaningful and structured activity each week. This was less than the 25 hours recommended for low secure mental health services. However, there were gaps for some days. Also, at the time of our inspection, patients experienced a temporary reduction in activities during the refurbishment of the occupational therapy suite and the implementation of a revised, recovery-based activity programme. The occupational therapy suite opened in February 2017.

Meeting the needs of all people who use the service

- The wards had some facilities to meet the needs of people with mobility difficulties such as lifts, wide corridors on some wards, disabled toilets, and shower rooms with chairs. The provider assessed whether it had the facilities to meet an individual patient's needs prior to admission.
- Staff made adjustments to meet the specific needs of its patients. For example, most of the patients had a learning disability so the hospital produced a range of easy-read information on how to complain, patients' rights, and treatments. Staff used pictorial formats where needed, for example, when conducting surveys. Patients who needed them had communication passports that addressed their specific needs. Each ward had noticeboards that displayed a range of useful information.
- The hospital had an administrative officer who operated the 'bank' and helped manage patients' finances. The worker kept patients' monies in a safe. The worker dealt with appointeeship and deputyship arrangements.

Good

Forensic inpatient/secure wards

- The patients we spoke with said they could practise their religion. Staff supported them to attend church. The hospital planned to create a multi-faith room onsite.

Listening to and learning from concerns and complaints

- The core service received 16 complaints in the 12 months to October 2016. These were mainly from patients on Hawksmoor and Lockwood wards. The complaints were about a range of issues such as noise levels on the ward (Lockwood), behaviours of other patients and comments made by staff. Seven complaints were upheld, six were not upheld, and three were under investigation or had other actions taken. There were no complaints referred to the Ombudsman.
- Patients knew how to complain. Staff took their complaints seriously and patients received outcomes to their complaints.
- Staff knew how to handle complaints in line with the provider's complaints policies and procedures. Staff tried to address patients' complaints informally, where appropriate. The ward managers dealt with formal complaints. The provider analysed complaints to identify themes and trends and discussed them at clinical governance meetings.
- Staff received feedback on the outcome of patients' complaints and acted on any findings. In most cases, this involved supporting individual patients with specific issues such as smoking restrictions. In one case, where a patient complained about the décor on a ward, the ward was redecorated.

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- Following our last inspection, the hospital made changes to its leadership and governance structure. It developed two clear service pathways (learning disability and autism), and created operational manager and clinical lead posts for each pathway. The learning disability pathway incorporated the forensic inpatient/ secure wards service. At the same time, the provider reiterated its vision of 'recovery aims and objectives' to staff as part of its change programme. Staff knew and understood the organisation's vision and values but managers recognised that they needed to embed these further.
- Team objectives for the core service reflected the service's recovery-based vision and pathways. The clearly defined service pathway helped increase staff's understanding of recovery and rehabilitation for their patient group.
- Staff knew the hospital managers well and saw them regularly on the hospital site and wards. Staff were less familiar with the senior managers and did not recall them visiting the wards.

Good governance

- The provider had effective governance systems and processes for monitoring all aspects of care. The hospital held regular meetings in which they shared issues and concerns, identified actions and monitored progress. As well as routine clinical governance and health and safety meetings, the hospital held meetings to discuss specific issues such as recruitment and retention and restrictive practices, and new developments such as the recovery college.
- Managers and staff had access to a range of information that helped them assess service delivery and identify areas for improvement. For example, the provider had indicators and targets that helped monitor performance on training compliance and staffing levels. The hospital manager reviewed compliance with training and any associated issues.
- The provider ensured that staff received mandatory training, regular supervision and their annual appraisals. Most shifts had enough staff but there was a high reliance on bank and agency staff, which some staff found stressful and some patients found disruptive to their care and recovery. Staff maximised their time on direct care activities. However, patients and staff felt the impact of the temporary reduction in onsite activities during refurbishment works. Staff identified and reported incidents appropriately and received feedback on serious incidents. Staff understood and followed procedures for safeguarding, assessing capacity and complied with the Mental Health Act.
- Staff participated in clinical audits, as appropriate. Staff complied with good infection control practices, and ward audits captured cleanliness and infection control

issues. However, the hospital did not have a clinical lead for infection prevention and control as recommended in the NICE quality standard for infection prevention and control (QS61).

- The hospital manager had sufficient authority and support to manage the service. The manager had access to operational managers and clinical leads for each service pathway as well as a team of administrative staff.
- The hospital had a risk register that set out risks to the business and service delivery, and described the contingency plans. The manager submitted items to the risk register, where appropriate.

Leadership, morale and staff engagement

- The hospital ran a staff survey in 2016, which helped managers understand staff's concerns and develop an action plan. We saw the action plan that managers updated regularly. Issues raised included the lack of support worker involvement in patients' reviews, staff felt unable to voice their concerns, and poor access to information. The hospital had implemented changes to address all these issues, for example, weekly 'open door' meetings, a bi-monthly newsletter, monthly role-specific forums and inclusion of all staff involved in a patient's care at their care planning and review meetings.
- Staff knew how to use the whistle blowing process. Most staff we spoke with felt confident to raise concerns and complaints with their managers.
- Staff morale varied between the wards and teams. Staff on all wards showed commitment to patient care. Staff on Hawksmoor ward spoke highly of the clinical lead and described a supportive and stable staff team. Staff who worked in the cottages showed good morale and job satisfaction, enhanced by the progress made by patients. However, staff on all wards expressed concern about the impact of the vacancy levels and the reliance on temporary staff. Some staff on Lockwood ward described low morale associated with the changes that managers had introduced. Managers were aware that some staff struggled to understand and embrace the changes associated with reducing restrictive practices and adopting a recovery-focused model of care. However, they also found that staff learned through experience and practice and soon embraced the changes. Some of the commissioners we spoke with commented on the poor staff culture and attitudes they experienced when contacting or visiting the hospital. Managers recognised there was a need to improve staff culture and morale.
- Staff had access to a wide range of training and development. The hospital had a number of staff who had advanced their careers by taking up opportunities available to them. For example, a support worker had qualified as a nurse and become a clinical lead for one of the service pathways.
- Although some staff did not know about the duty of candour, they were familiar with the concepts of openness and transparency when things went wrong. The provider issued a new policy on the duty of candour in February 2017.

Commitment to quality improvement and innovation

- The provider participated in the Quality Network for Forensic Mental Health Services. The core service had participated in peer reviews in the past three years and developed action plans to address any issues.
- The provider had two commissioning for quality and innovation goals (known as CQUINs) set by NHS England for low secure services. The CQUINs related to a reduction in restrictive practices and development of a recovery college. The provider had made good progress towards these goals.
- The provider took part in the national learning disability audit on restraint led by the NHS Benchmarking Network.

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement

Safe and clean environment

- This core service had two wards, Moneystone and Whiston, and two smaller units, Highcroft and Kingsley. These wards supported patients with autism.
- The design and layout of Moneystone, Whiston and Highcroft wards allowed staff to observe most parts of the ward. The wards had close circuit television cameras and mirrors installed to aid observation. The design and layout of Kingsley unit meant that it had a number of blind spots but there were mirrors installed throughout the ward to help mitigate the risks. Furthermore, all patients on this ward received high levels of support and observation.
- The provider last completed ligature risk assessments on the wards in this core service in October 2016. This identified no medium or high-level risks on these units. All the wards with the exception of Kingsley unit had some ligature points, for example, on wardrobe doors. Staff mitigated the risks through individual patient risk assessments and observation. All wards had easily accessible ligature cutters. The provider had recently refurbished Kingsley unit. It had anti-ligature fittings and fixed furniture.
- Whiston ward had well equipped clinic room that was secure, clean and tidy. It contained a separate area with an examination couch. The clinic room had emergency equipment such as oxygen cylinders, defibrillators and emergency drugs that staff checked regularly. The other wards had clinic rooms with limited facilities and equipment. All wards had emergency grab bags. However, we found gaps in the checks on the emergency bag on Moneystone and Highcroft wards. Moneystone and Highcroft wards had access to the oxygen cylinder and defibrillator on Whiston ward, and Kingsley unit used the equipment on Hawksmoor ward. There were clear signs on the wards that advised staff where to find emergency equipment and was easily accessible.
- Whiston ward was on the ground floor, and Moneystone ward on the first floor of the same building. All patients on Moneystone ward had individual evacuation plans because of the ward's location on the first floor. Moneystone ward contained a long-term segregation suite.
- Highcroft ward contained a seclusion room but this was not in use because the hospital had decided not to practise seclusion. There were no seclusion rooms on the other wards.
- All wards were clean and had furnishings that were in reasonably good condition although Moneystone ward had tired décor and looked well used. Each ward had a domestic who cleaned the ward regularly. We saw completed and up-to-date cleaning charts for each ward. Some wards had regular deep cleans. For example, the long-term segregation suite on Moneystone ward received a thorough clean when the patient went on leave and staff sent his toys to the laundry. Kingsley unit received a deep clean twice a week. This reflected the needs presented by the patient group.
- However, Moneystone ward had a sluice room that was in a poor state of cleanliness with badly stained walls and ripped flooring. The room held cleaning supplies for

the long-term segregation suite. Moneystone ward also had a storeroom that was cluttered. It had cleaning supplies, bedding, rubbish bags, patients' possessions and staff's coat and bags. The office on the ward was small and staff told us there was no other staff area on the ward.

- All electrical items had received the appropriate safety tests. All portable clinical equipment such as blood pressure monitors, thermometers and scales was clean and well maintained. Records on most wards showed that staff checked and cleaned them regularly. However, we could find no records for the cleaning of clinical equipment on Moneystone and Highcroft wards.
- Staff adhered to infection control principles such as handwashing and separation of soiled laundry. Hand gel was available throughout the wards. However, there were no posters on handwashing or infection control displayed in Moneystone, Whiston and Highcroft clinic rooms.
- The wards did not have call systems fitted in patients' bedrooms. The provider regarded these as inappropriate for an environment for people with autism. The provider mitigated any risks through staff presence and observations. The provider had a specific risk assessment that noted the risks and identified control measures.
- All staff carried mobile alarms that worked in all units and buildings on the site.

Safe staffing

- As of October 2016, the hospital had a total staffing establishment (across both core services) of 27 qualified nurses whole time equivalent (WTE) and 145 healthcare assistants (WTE). At this time, the provider had 8 WTE vacancies for qualified nurses and 32 WTE vacancies for healthcare support workers. The overall staff turnover rate for the year to 30 September 2016 was 24%. The average staff sickness for the whole hospital was 7% for the year to 30 September 2016.
- We asked the hospital manager about the high staff turnover and vacancy levels. The manager told us that a number of local factors affected recruitment and retention such as the hospital's rural location, and competition with local trusts for staff. However, the provider had a continuous recruitment programme and planned to visit colleges to give talks to student nurses. Managers attended monthly meetings at which they discussed recruitment and retention, and reviewed staff's reasons for leaving.
- The provider had a staffing model that set out the staffing levels required for each ward. As of December 2016, this core service had an allocation of four qualified nurses and 21 healthcare support workers for day shifts, and three qualified nurses and 20 healthcare support workers for night shifts. The hospital manager adjusted staffing levels as needed to meet the individual needs of patients.
- Kingsley unit had patients with very high levels of need and behaviour that challenged and therefore had a high level of staffing compared to the other three wards. Each patient had two staff allocated to them on admission, which staff reviewed over time. Since early January 2017, the provider had allocated specific nurses to the unit, which had helped provide continuity, leadership and stability to a challenging service.
- The hospital relied heavily on bank and temporary staff to fill shifts. In the three months to October 2016, across all services, 42 shifts were filled by bank staff and 834 shifts were filled by agency staff. Sixty shifts were left unfilled. Staff and managers were aware of the impact changes to staffing had on patients with autism as well as the impact on the continuity of care. Wherever possible, they used bank staff or temporary staff who were familiar with the hospital and patients. For example, the provider had block booked an agency nurse for Kingsley unit to cover for a nurse who was on sick leave.
- Clinical staff were available in the communal areas of all the wards at all times and there was always a qualified nurse nearby (for example, in the nurses' office). Many of the patients in this core service received one-to-one or two-to-one care and supervision. This meant there were enough staff for patients to receive regular one-to-one time, and patients rarely had their activities or leave cancelled. However, on Moneystone ward, which held the long-term segregation suite, there were occasions when the qualified staff member left the ward to take a break, which left the ward without nursing cover. All staff had mobile alarms so they could request urgent assistance, if needed. Staff on Moneystone ward

commented that there were occasions when they struggled to maintain patients' individual observation levels, for example, when staff left the ward to support patients' leave or when patients' needs increased.

- There was adequate medical cover during the day and night, and staff could contact a doctor quickly in an emergency.
- Staff received mandatory training. The hospital had a 90% target for compliance with mandatory training, which it had yet to achieve for some training courses. As of 30 September 2016, the average compliance rates for training were:
  - Physical intervention, 92%
  - Day 1 mandatory training (infection control, health and safety, basic or intermediate life support, manual handling, fire safety, safeguarding adults and children), 86%
  - Day 2 mandatory training (Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, information governance), 86%
  - First Aid, 81%
  - Food Hygiene, 77%.

Assessing and managing risk to patients and staff

- The hospital had recently adopted a no-seclusion policy. The hospital reported no incidents of seclusion in the six months to 30 September 2016. The hospital reported three incidents of long-term segregation in the six months to 30 September 2016. However, the hospital had re-assessed the need for long-term segregation throughout the hospital, and by the time of our inspection, only one patient remained in long-term segregation on Moneystone ward. This was a long-term arrangement agreed with commissioners. The patient received weekly reviews from his care team and an independent review in December 2016, as required by the MHA Code of Practice.
- Staff kept a paper folder in the long-term segregation to record key information such as observations and the patient's behaviour. Staff entered the information on to the electronic system at a later time. We reviewed the paper records for the patient in long-term segregation. These included notes of hourly observations, food and fluid charts, body maps and behaviour monitoring forms. Staff completed most of the forms accurately. However, the folder was in a poor state, there was more than one form used for the same purpose, there were dates missing from some of the forms and there were inconsistencies in how staff completed the forms.
- The incident analysis reports we reviewed showed an overall decrease in the number of incidents and restraints. Moneystone ward had the highest number of restraints with five in October 2016 and five in November 2016. However, there were none in December 2016.
- We reviewed care records for 13 patients in this core service. Staff completed standard risk assessments with patients on admission and updated them regularly. Staff completed additional risk assessments for section 17 leave and kitchen access. Psychologists completed detailed risk management plans for some patients who had high risk factors using the historical, clinical, risk (HCR-20) management tool. The occupational therapist offered sensory assessments as part of a patient's positive behavioural support plan, and help develop positive risk-taking strategies. The occupational therapist planned to develop a risk assessment for access to the occupational therapy department.
- The provider had introduced a conflict and violence reduction programme that aimed to increase specialist knowledge and skills and provided targeted care. As part of this, the provider had adopted a positive behavioural support model, which had a positive impact on the use of, and need for, restraint. Staff completed 'antecedent, behaviour, consequence' (known as ABC) charts that helped identify patterns in patients' behaviours and inform preventative risk management strategies. Staff were encouraged to get to know their patients' well, recognise triggers and warning signs, and respond appropriately. Staff used supervision and observation to support positive risk-taking strategies, for example, providing additional escorts for community visits. Staff only used restraint as a last resort when de-escalation techniques had failed. Staff received training in physical intervention and used the correct techniques.
- The hospital had made a commitment to reduce its restrictive practices. We saw an action plan that identified and assessed restrictive practices such as supervised access only to ward kitchens. Staff and managers discussed any existing restrictions and risks at designated restrictive practice meetings, and determined if they still needed them. This led to a reduction in the number of restrictions, for example, the use of plastic plates and cutlery only on Whiston ward.

Good

Wards for people with learning disabilities or autism

- The provider had made major changes to the Kingsley unit, which had previously operated as a long-term segregation environment because patients could not move freely around the ward. The provider had removed restrictions such as limited access to communal areas in Kingsley unit, which had proved effective. The provider had re-assessed restrictions placed on individual patients based on risk, and tried positive risk-taking alternatives. For example, a patient who wished to make his own drinks but had never done so before was free to do so, with staff observing from a distance. These initiatives had reduced the level of the patient's agitation and the number of incidents.
- Staff used and followed the observation policy appropriately to manage environmental risks and patient safety. Most of the patients in this core service received high levels of observations due to their needs. For example, two staff supported the patient in long-term segregation on Moneystone ward and each patient in Kingsley unit had two staff allocated to them. Staff rotated observations on a two-hourly basis. However, this did not always happen for the patient on long-term segregation on Moneystone ward because of the need for at least one of the allocated staff to know the patient very well. Staff on Moneystone ward struggled to maintain observations when patients needed additional help or when staff supported other patients with leave.
- Staff rarely used intramuscular rapid tranquillisation. Staff used oral medication to help patients calm down, if needed. Sometimes the medication used was prescribed for the patient as PRN medication ('pro re nata' – as needed). However, staff did not always complete the required observations in line with the Mental Health Act Code of Practice. We reviewed care notes for two patients on Highcroft unit and two patients on Moneystone unit and found gaps in the recording of observations following the administration of oral medication for the purpose of rapid tranquillisation.
- Staff knew how to recognise and report safeguarding concerns. Staff received training in safeguarding as part of their mandatory training.
- The hospital had good medicines management practice. We reviewed 11 prescription charts and found that staff had completed them fully and accurately. Staff completed regular fridge and room temperature checks on all wards to ensure the safe storage of medicines. On Highcroft ward, staff temporarily stored medicines in another room on advice from the pharmacist after the room temperature exceeded safe levels. The hospital had a medication error database, which showed errors, remedial action taken and lessons learnt. The clinic rooms contained a copy of the British National Formulary and a folder of relevant policies and guidelines for reference. Patients in receipt of PRN (pro re nata – as needed) medication had PRN protocols. However, on Moneystone ward, the responsible clinician had not signed them.
- The provider commissioned pharmacy support from a specialist mental health pharmacy. The pharmacist routinely visited the hospital every three months to provide training and undertake audits on prescribing and medicines charts. Staff had 24-hour access to the pharmacy service for any queries or issues.
- The provider had a visiting policy and safe procedures for children and families who visited the hospital. The hospital had a designated visitors' area away from the wards.

Track record on safety

- The provider reported one serious incident for this core service in the 12 months to September 2016. A patient received a serious head injury during an episode of violent self-harming behaviour. Staff updated the patient's risk assessment and care plans, and increased his observation levels and monitoring of his physical vital signs.

Reporting incidents and learning from when things go wrong

- All staff recognised incidents and knew they had to report them on the provider's electronic incident reporting system. However, the provider had recently changed from a manual to electronic incident reporting system, which had resulted in a temporary reduction in the reporting of incidents as staff became used to the system.
- The provider produced incident analysis reports and held weekly incident review meetings to encourage reflection and learn lessons. The report showed data on incidents (including restraints) by quantity, type and times for each ward, and highlighted any obvious patterns. We reviewed the incident report for October to December 2016. This showed 138 incidents reported for this core service. Kingsley unit had the highest number

Good

Wards for people with learning disabilities or autism

of incidents with 61 (44%), followed by Highcroft with 36 (27%), Moneystone with 34 (25%) and Whiston with seven incidents (0.05%). The report showed that most incidents were of low severity and dealt with by non-physical techniques.

- Psychology staff also analysed incidents reports for specific patients to identify their behaviour patterns. These informed multidisciplinary team discussions and patients' positive behaviour support plans.
- Although some staff did not know about the duty of candour, they were familiar with the concepts of openness and transparency when things went wrong. The provider issued a new policy on the duty of candour in February 2017.
- Staff received feedback from the investigation of incidents. Staff discussed incidents, feedback and any lessons learnt at handovers, one-to-one supervisions sessions and team meetings. Managers also shared feedback and learning by email and in notices, where appropriate. Most lessons learnt and associated changes related to individual patients. In one case, staff increased a patient's individual staff support levels at evening time on discovering that most of his incidents occurred at that time.
- Staff received debriefs and support following serious incidents. Psychologists offered specific support to staff following traumatic events.

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 care records for 13 patients in this core service. Records showed that patients received comprehensive and timely assessments after admission. Patients with unclear presentations received ongoing assessments from the care team. Staff used specialist assessments for specific needs, for example, speech and language therapy assessments for patients with eating and swallowing issues, the Rivermead behavioural memory test for patients with memory issues, and the Wechsler adult intelligence scale adult intelligence scale (WAIS-IV) for measuring cognitive ability.
- Patients received physical health checks on admission and ongoing monitoring of their physical health thereafter.
- Care records contained up-to-date, detailed and recovery-oriented care plans based on 'my shared pathway'. Patients had specific care plans that addressed issues such as epilepsy, swallowing, and smoking. Psychologists took a lead role in positive behavioural support planning. The multidisciplinary care team routinely reviewed new patients' positive behavioural plans monthly and all other plans every four to six months or when needs changed.
- The hospital mainly used electronic records. Staff occasionally used paper records where necessary, for example, when monitoring patients in long-term segregation. The electronic records were in good order, coordinated and set out clearly. All staff had access to the secure electronic files although healthcare support workers had limited access.

Best practice in treatment and care

- The hospital followed national institute for health and care excellence (NICE) guidance when prescribing medication, and complied with the recommended prescribing limits set out in the British National Formulary (BNF). Staff monitored the effects of medication. All prescriptions were within BNF levels and monitored for side effects. The multidisciplinary team expressed a strong commitment to reducing reliance on medical treatments and increasing psychological interventions.
- Patients had access to a range of psychological therapies recognised by the national institute of health and care excellence. The psychology team actively supported the staff in the Kingsley unit, which had patients with very high levels of need. They gave staff advice on positive behaviour support, risk management and appropriate interventions. They visited the unit frequently and held weekly meetings with staff.
- Patients had good access to physical healthcare and all patients had health passports. The provider had contracted a local GP practice to provide physical healthcare services. Patients received routine dental and eye checks and annual physical health checks.

Access to specialist secondary care services was through a GP referral. The provider had an eating and drinking pathway to help address risks associated with swallowing. The provider used the Lester tool to assess and monitor their patients' physical health. The provider had recently bought an electrocardiogram (known as ECG) machine and in the process of training staff on its use.

- Since our last inspection, the hospital had made changes towards autism-focused care. The hospital had adapted a recovery-focused model of care to patients with autism. For example, staff were aware that patients with autism did not recover from their condition but they were also aware that each patient had the potential to learn new skills. The hospital had a learning disability strategy that included the structure, positive approaches and expectations, empathy, low arousal, links (SPELL) framework for autism. The SPELL framework is the National Autistic Society's framework for understanding and responding to people with autism.
- The hospital used recognised tools to help assess patients' needs and deliver recovery-based care. For example, the provider had adopted 'my shared pathway' to help provide individualised, person-centred care. The hospital had adopted a positive behavioural support (PBS) approach and had a designated PBS nurse. Staff had received training on PBS from the British Institute of Learning Disabilities. Staff used the health of the national outcome scale (HoNOS) to monitor patients' progress and recovery outcomes. We also saw examples of autism-specific outcome measures such as STAR used in the service. The occupational therapy service used standardised assessment tools and outcome measures in line with best practice, for example, the model of creative ability, the sensory profile and the sensory integration inventory.
- Staff completed a range of clinical audits regularly to help ensure good practice. These included monthly audits of medicines, healthcare records, fridge temperatures, oxygen cylinder checks, checks on emergency equipment, and cleanliness and infection control. Pharmacy staff completed audits of medicines charts every three months. The hospital manager completed checks on controlled drugs. Managers shared the outcomes at the senior clinicians' meetings. Staff identified any issues and took action to address them.

Skilled staff to deliver care

- The hospital had a full range of mental health disciplines that provided input to the wards. These included psychiatry, nursing, psychology and occupational therapy. The psychiatrist was a specialist in autism. The hospital had recently employed a part-time speech and language therapist and retained the services of another speech and language therapist for clinical supervision and reflective practice sessions.
- Staff were suitably experienced and qualified for their roles. The hospital had learning disability and mental health nurses to reflect the needs of the patient group. The hospital had healthcare support workers who had the appropriate training for their roles, for example, the care certificate, national vocational qualifications. The hospital had a skilled and experienced occupational therapy team that worked across the two core services. The team comprised one occupational therapist and four occupational therapy assistants. The occupational therapist was highly qualified and had achieved level four sensory integration training. There were two vacancies for occupational therapy assistants at the time of our inspection. The hospital had a highly skilled and experienced team of psychologists.
- Staff received an induction programme that comprised mandatory training, induction to the wards, introduction to staff and patients and shadowing opportunities.
- Since our last inspection, the provider had arranged for specialist training for staff who worked in the autism service. Staff received level one training in autism ran by an external provider. Senior staff had access to level two training in autism. At the time of our inspection, 57% of staff had received level one training in autism, and there were a further three sessions scheduled for the remaining staff (February, June and September 2017). The provider offered Makaton training, which 32% of staff had completed, and there were a further four sessions scheduled throughout the year. The provider offered all staff training in positive behavioural support. At the time of our inspection, 16 staff had completed positive behavioural support training and two cohorts of 16 staff were booked on courses in January 2017 and

March 2017. The provider had plans to run additional sessions throughout the year for the remaining 64 staff. Staff had access to training in the picture exchange communication system (PECS). Staff we spoke with said they benefited from the training and had an improved understanding of autism.

- Staff had access to a range of development opportunities. For example, a nurse was undertaking a non-medical prescribing course. An occupational therapy assistant had expressed interest in sensory training. A healthcare support worker had completed a level three national vocational qualification in healthcare.
- All staff received supervision regularly and had access to team meetings. As of 30 September 2016, 90% of staff had received supervision and 98% of staff had received their annual appraisals. The supervision records we reviewed showed that nurses received supervision at least every three months, and healthcare support workers every one or two months. On Kingsley unit, the nurse-in-charge had informal one-to-one supervision sessions with staff on a daily basis in recognition of the highly intense and demanding work environment.
- The provider addressed poor staff performance and conduct promptly and effectively. The manager gave an example of an incident in which they had disciplined and dismissed staff for inappropriate behaviour towards a patient.

Multidisciplinary and inter-agency team work

- Each ward had regular and effective multidisciplinary team meetings structured around the 'my shared pathway' recovery and outcomes model. Social workers and commissioners attended specific meetings such as care programme approach and care and treatment reviews.
- We attended a multidisciplinary team meeting on Highcroft ward. The meeting included the consultant psychiatrist for autism, an assistant psychologist, the occupational therapist, the clinical lead nurse for autism, a staff nurse and the patient. The psychiatrist led the meeting and encouraged all other members to contribute from their respective disciplines. The meeting involved a thorough discussion about each patient's physical and mental health, progress, treatment options and therapeutic interventions.
- There were effective handovers between shifts. The discussions involved a brief update on each patient on the ward including their presentation, concerns and risks, and activities undertaken. Staff took notes of the discussions.
- Staff worked closely with other healthcare services such as GPs and specialist nurses to help ensure that patients received appropriate, effective and timely care. Staff shared information with other healthcare professionals, as appropriate. Staff had good links with the local safeguarding team. The provider maintained contact with their patients' commissioners and care coordinators, and invited them to multidisciplinary team and care programme approach reviews.
- We spoke with nine care coordinators and commissioners. Some commissioners had expressed concerns about the restrictions placed on the patients in Kingsley unit. The provider had reviewed the restrictions and made significant changes to the model of care in the unit. This involved a commitment to least restrictive practices, positive behaviour support, and managed risk-taking. Commissioners also reported delays in staff responding to any information requests they made.

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

- Qualified staff received and checked all Mental Health Act (MHA) paperwork on a patient's admission. The provider employed a Mental Health Act administrator who worked closely with the psychiatrist and helped ensure he completed MHA paperwork promptly and accurately. At the time of our inspection, we found that detention paperwork was up-to-date, completed accurately and stored appropriately. Staff kept a clear record of leave granted to patients. They used a specific form to record details about the leave including how it went.
- As of 30 September 2016, 86% of staff had received training in the Mental Health Act as part of their mandatory training. Staff had a good understanding of the MHA and the Code of Practice. Staff knew who the MHA administrator was and how to contact them.
- The hospital had the appropriate treatment certificates for patients detained under the Mental Health Act. Staff kept these with the prescription charts so they could check that the medicines they needed to administer were legally authorised.

Good

Wards for people with learning disabilities or autism

- Patients received their MHA rights on admission to the hospital and routinely thereafter. Staff used communication tools and methods such as Makaton, pictures and easy-read leaflets, as appropriate, to communicate with patients with cognitive impairments or limited verbal communication or their specific communication.
- The patient placed in long-term segregation on Moneystone ward received weekly reviews from his care team, and independent reviews, as required by the MHA Code of Practice.
- The MHA administrator completed audits on MHA documentation every three months to help ensure compliance with the MHA. These included audits of section renewal papers, section 17 leave forms and treatment certificates.
- Patients had access to an independent mental health advocate from a local advocacy service, Asist Advocacy. Patients had access to a firm of solicitors, if required. Staff supported patients to access advocates, where needed.

Good practice in applying the Mental Capacity Act

- As of 30 September 2016, 86% of staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training. Staff had a good understanding of the principles of the MCA, in particular, the presumption of capacity.
- There were four DoLS applications made in the six months to 30 September 2016, for patients on Moneystone and Whiston wards.
- Staff supported patients to make decisions wherever possible. Staff took into account their knowledge of individual patients and patients' feelings and preferences. They applied the best interests process where patients lacked the capacity to make specific decisions. The provider's commitment to reducing restrictive practices meant staff reviewed their assumptions about patients' capacity and capabilities generally. We saw examples of discussions about the need for consent from a patient, and a patient's capacity at multidisciplinary team meetings.
- The provider had an up-to-date policy on MCA and DoLS that set out how they met legal obligations. The provider had arrangements in place for monitoring adherence to the MCA. The MHA administrator oversaw systems and processes associated with the MCA. The administrator undertook audits and dealt with any issues identified.
- Patients had access to an independent mental capacity advocate from a local advocacy service, Asist Advocacy.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- We observed kind and caring interactions between staff and patients on all the wards. At the multidisciplinary team meeting we attended on Highcroft ward, we saw that staff treated patients with patience and understanding. The psychiatrist walked around the wards daily, which made him visible and accessible to patients and staff.
- Patients and relatives described the staff as kind, polite and dedicated. Most patients preferred to see regular staff around and found it difficult when there were unfamiliar temporary staff.
- Staff knew the patients well and responded to their needs appropriately and sensitively. Staff understood the different interpretations of their patients' moods and behaviours, and recognising their warning signs and triggers so they get involved quickly to prevent unnecessary distress and agitation. On Kingsley unit, we noticed how carefully and discreetly staff observed patients.

The involvement of people in the care they receive

- All patients referred received an initial assessment to determine if the hospital could meet their needs. All patients had a transition plan that included visiting the hospital and meeting the staff. Staff responded to any individual patient requests such as changes to the décor and gave patients a welcome pack on admission.
- The patients we spoke with said they felt involved in their care plans. Most care records showed patients' involvement in assessment and care planning. This was less evident in the notes we reviewed on Whiston ward.

Good

Wards for people with learning disabilities or autism

Patients attended their multidisciplinary team meetings and reviews if they wished to. Staff supported and encouraged patients to contribute. Staff offered patients easy-read copies of their care plans.

- Family members felt involved in their relative's care and said that staff invited them to multidisciplinary meetings and kept them informed. The Mental Health Act administrator maintained regular contact with patients' families.
- Patients had access to a local independent advocacy service provided by Asist Advocacy. The patients we spoke with knew about advocacy services and how to access them.
- There were weekly community meetings on Whiston and Moneystone wards but not on Highcroft ward. Patients on Kingsley unit did not meet together because of their individual needs and presentations so staff had monthly meetings with each patient on a one-to-one basis.
- The provider conducted separate carers and patients surveys annually and drew up action plans to address any issues. The hospital had an 'involvement plan' that set out ways of involving patients and carers in decisions about the service. For example, two patients had participated in the recruitment of staff. Additional suggestions included a six-monthly family event and a carers' newsletter. The provider recognised that most relatives lived some distance away from the local area and found it difficult to visit the hospital.
- Staff consulted with patients about their wishes for their care during a crisis. Staff included patients' preferences in their care plans.

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

Good

Access and discharge

- The average bed occupancy for the six months to 30 September 2016 was 75% for the whole hospital.
- The average length of stay for patients discharged in the 12 months to 30 September 2016 was two years and nine months for the whole hospital. The average length of stay of patients in the hospital at the time of our inspection was three years.
- Patients on section 17 leave always returned to their ward and bedroom. Patients occasionally moved between the wards for clinical reasons. For example, patients who needed rehabilitation in a step-down unit moved to Highcroft unit.
- The hospital reported no delayed discharges for the six months to 30 September 2016.
- Discharge planning commenced soon after admission and was often a long-term process because it depended on the availability of a suitable alternative placement. Discharge planning included patients' commissioners and care coordinators to help ensure consideration of section 117 aftercare services. Staff discussed and reviewed patients' discharge plans at multidisciplinary team meetings.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was set in a rural location with ample secure outdoor space. The core service comprised four units, Moneystone ward, Whiston ward, Highcroft unit and Kingsley unit. The wards had a range of facilities to meet the needs of patients and promote recovery. In particular, the wards had autism-friendly facilities that met the specific needs of the people with autism.
- Moneystone ward was a spacious ward located on the first floor. The ward had tired décor and looked well used. It had eight bedrooms with ensuite shower rooms. The ward had a separate bathroom that patients used under supervision. The ward had a kitchen, lounge and dining room. The ward had a sensory room that was accessible at all times. There was signage on the ward to help patents orientation. There were signs on all the doors and rooms were clearly labelled. An orientation board showed the date, time and weather and mealtimes. However,
- Whiston ward was a spacious ward located on the ground floor below Moneystone ward. It had pleasant décor and the furniture was in good condition. It had six bedrooms with ensuite shower rooms, a bathroom, a lounge, a kitchen, a dining room and an activity room. It

also had a well-equipped sensory room and access to a secure garden area. Whiston ward had a clinic room with an examination couch that was available for use by any patient in the hospital.

- Highcroft ward had pleasant décor. It had four bedrooms with ensuite bathrooms. It had a kitchen, lounge and dining area. Patients could receive visitors in the communal areas.
- Since our last inspection, Kingsley unit had undergone refurbishment and re-opened as a purpose built, autism-friendly unit of four apartments across two floors. The unit contained a fully self-contained apartment on the first floor, and three apartments on the ground floor. The ground floor apartments contained a bedroom, a bathroom and living room. Patients shared the kitchen and dining room. Two patients had private gardens attached to their apartments. The unit also had a secure communal garden. The unit was sparsely furnished and had plain décor in order to create a low stimulus environment for the patient group. However, all patients had the option to personalise their rooms including changing the décor.
- Patients personalised their bedrooms if they wished. However, some of the patients with severe autism preferred uncluttered, sparsely furnished living spaces with bare walls. Patients had access to secure storage for their personal items.
- Some patients had their own mobile phones and could make phone calls in private. Staff supported patients who did not have their own phone to make calls in private, for example, from the office or another room.
- The hospital received a food hygiene rating of five (very good) from Staffordshire Moorlands Council in November 2016. The hospital had catering staff that provided lunch and evening meals for the wards. The menu included a choice of hot cold or food at lunchtime and a choice of hot evening meals. Fruit and snacks were available on the wards at all times. The catering staff catered for patients' specific dietary needs and preferences, which was a key consideration for the patient group. Patients in this core service liked the food. They made specific requests that the catering staff met.
- The catering staff offered a menu that they rotated every two weeks. Catering staff held tasting sessions when reviewing the menu and invited feedback from patients about the food using an easy-read form. Patients had 24-hour access to hot drinks and snacks on the wards. Patients' access to ward kitchens was subject to an individual risk assessment. This meant that some patients had supervised access to the kitchen.
- Patients had access to a range of social, leisure and work-related activities seven days a week. Patients completed an activity checklist, which informed their activity timetable. We reviewed the activity plan of a patient on Highcroft ward. It showed a range of activities that included baking, singing, playing dominoes, and community outings, as well as range of activities of daily living to support rehabilitation. We reviewed the activity record of a patient on Moneystone ward. We saw that the range of activities offered included foot spas, skills development such as drink making, and therapy such as anxiety management.
- The provider supported the development of recovery-focused occupational therapy as part of its commitment to developing a 'recovery college' and offering patients a range of meaningful activities including onsite employment opportunities for therapeutic earnings. As part of this plan, the provider had decided to refurbish the occupational therapy suite. However, in the meantime, patients experienced reduced access to activities onsite.
- We visited the occupational therapy department, (which re-opened in February 2017). It contained an activities of daily living kitchen, a group room, a laundry, an information technology suite, a shop and an office. The occupational therapy service had access to a budget of £400 per month to support this work.

Meeting the needs of all people who use the service

- The wards had some facilities to meet the needs of people with mobility difficulties such as lifts, wide corridors on some wards, disabled toilets, and shower rooms with chairs. However, the provider assessed whether it had the facilities to meet an individual patient's needs prior to admission.
- The hospital had made improvements to meet the needs of patients with autism. Staff used visual displays to communicate information and there was improved signage across the site. Patients had access to easy-read materials such as their rights. Patients had activity timetables and care plans with symbols and pictures to help them understand them. Staff used 'now and next' cards to help patients understand what would happen

next, and help reduce any anxieties. Patients had up-to-date communication passports. At the time of our inspection, one patient used Makaton. There were at least 20 staff trained to use Makaton in this core service.

- In addition, the hospital had a range of easy-read information on how to complain, patients' rights, and treatments. Staff used pictorial formats where needed, for example, when conducting surveys. Each ward had noticeboards that displayed a range of useful information such as the opening times of the local swimming pool and healthy eating advice. However, there was little information displayed on the noticeboard on Highcroft ward.
- The hospital had an administrative officer who operated the 'bank' and helped manage patients' finances. The worker kept patients' monies in a safe. The worker dealt with appointeeship and deputyship arrangements.
- Staff supported patients to practise their religion and attend a local church if they wished.

Listening to and learning from concerns and complaints

- The core service received three complaints in the 12 months to October 2016. One complaint was upheld, one was not upheld and one was under investigation. There were no complaints referred to the Ombudsman.
- The provider analysed complaints to identify themes and trends and discussed them at clinical governance meetings.
- Patients knew how to complain. Staff took their complaints seriously and patients received outcomes to their complaints.
- Staff knew how to handle complaints in line with the provider's complaints policies and procedures. Staff tried to address patients' complaints informally, where appropriate. The ward managers dealt with formal complaints.
- Staff received feedback on the outcome of complaints and acted on any findings. For example, staff changed the laundry system following complaints from patients about damage to their clothes.

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

Good

Vision and values

- Following our last inspection, the hospital made changes to its leadership and governance structure. It developed two clear service pathways (learning disability and autism), and created operational manager and clinical lead posts for each pathway. In addition, the provider recruited a specialist consultant psychiatrist for the autism pathway. At the same time, the provider reiterated its vision of 'recovery aims and objectives' to staff as part of its change programme. Staff knew and understood the organisation's vision and values but managers recognised that they needed to embed these further.
- Team objectives for the core service reflected the service's recovery-based vision and pathways. The stronger focus on autism-focused care and associated training helped increase staff's understanding of care, treatment and recovery for their patient group.
- Staff described the hospital and operational managers as visible and proactive. Staff often saw the regional manager visit the hospital.

Good governance

- The provider had effective governance systems and processes for monitoring all aspects of care. The hospital held regular meetings in which they shared issues and concerns, identified actions and monitored progress. As well as routine clinical governance and health and safety meetings, the hospital held meetings to discuss specific issues such as recruitment and retention and restrictive practices, and new developments such as the recovery college.
- Managers and staff had access to a range of information that helped them assess service delivery and identify areas for improvement. For example, the provider had indicators and targets that helped monitor performance on training compliance and staffing levels. The hospital manager reviewed compliance with training and any associated issues.
- The provider ensured that staff received mandatory training, regular supervision and their annual

appraisals. However, not all staff had received specialist training for their roles (for example, autism) at the time of our inspection. Most shifts had enough staff but there was a high reliance on bank and agency staff, which some staff found stressful and some patients found disruptive to their care and recovery. Staff maximised their time on direct care activities. Staff identified and reported incidents appropriately and received feedback on serious incidents. Staff understood and followed procedures for safeguarding, assessing capacity and complied with the Mental Health Act. Staff had started to receive specialist training for their roles.

- Staff participated in clinical audits, as appropriate. Staff complied with good infection control practices, and ward audits captured cleanliness and infection control issues. However, there was no clinical lead for infection control as recommended in the NICE quality standard for infection prevention and control.
- The hospital manager had sufficient authority and support to manage the wards effectively, suggest improvements and implement changes to the service. The manager had access to operational managers and clinical leads for each service pathway as well as a team of administrative staff.
- The hospital had a risk register that set out risks to the business and service delivery, and described the contingency plans. The manager submitted items to the risk register, where appropriate.

Leadership, morale and staff engagement

- The hospital ran a staff survey in 2016, which helped managers understand staff's concerns and developed an action plan. We saw the action plan that managers updated regularly. Issues raised included the lack of support worker involvement in patients' reviews, staff felt unable to voice their concerns, and poor access to information. The hospital had implemented changes to address all these issues, for example, weekly 'open door' meetings, a bi-monthly newsletter, monthly role-specific forums and inclusion of all staff involved in a patient's care at their care planning and review meetings.
- Staff knew how to use the whistle blowing process. Most staff we spoke with felt confident to raise concerns and complaints with their managers.
- Staff morale varied between the wards and teams. Staff on all wards showed commitment to patient care and felt motivated by the progress patients made, however small. This was particularly evident on Kingsley unit, which had highly complex patients with severe autism and behaviour that challenged. All staff spoke positively about their teams and found them supportive. Staff on Kingsley unit described a significant improvement in morale and job satisfaction since the hospital manager allocated a dedicated nurse to the unit. Staff described the ward as more structured and stable. However, staff on Moneystone ward described morale as low and said they often struggled to take breaks. This was because of staffing levels, the reliance on temporary staff and the complexity of patients' needs. Some of the commissioners we spoke with commented on the poor staff culture and attitudes they experienced when contacting or visiting the hospital. Managers recognised there was a need to improve their staff culture and morale further.
- Some staff commented on a wide range of improvements they had seen in the autism service in the past year, for example, closer multidisciplinary team working, regular contact with the psychiatrist, a better understanding of autism, a reduction in violent incidents and positive outcomes for patients.
- The occupational therapy staff spoke highly of their manager. Occupational therapy staff spoke positively about their roles and the opportunities to contribute significantly to the recovery and rehabilitative focus of the hospital.
- Staff had access to a wide range of training and development. The hospital had a number of staff who had advanced their careers by taking up opportunities available to them. For example, a support worker had qualified as a nurse and become a clinical lead for one of the service pathways.
- Although some staff did not know about the duty of candour, they were familiar with the concepts of openness and transparency when things went wrong. The provider issued a new policy on the duty of candour in February 2017.

Commitment to quality improvement and innovation

- The provider had rolled out the initiatives associated with the commissioning for quality and innovation goals (known as CQUINs) set by NHS England across all services. The initiatives related to a reduction in restrictive practices and the development of a recovery college. The provider had made good progress towards these goals.

Good

Wards for people with learning disabilities or autism

- The provider took part in the national learning disability audit on restraint led by the NHS Benchmarking Network.

Outstanding practice and areas for improvement

Outstanding practice

The hospital was actively committed to reducing the use of psychotropic medicines. For example, five patients residing in the cottages did not take any psychotropic medicines.The effects of medication were monitored and there was no inappropriate or unnecessary use of medicines to control patients' behaviour. The service promoted and advocated for self-administering of medicines where possible.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure it has a clinical lead for infection prevention and control.
- The provider must ensure there are records that show the staff clean clinic rooms and portable clinical equipment on all wards.
- The provider must ensure there is adequate qualified nursing cover and staffing levels on Moneystone ward.
- The provider must improve the quality of the paper records for the patient in long-term segregation, and ensure forms are completed consistently.
- The provider must ensure that staff comply fully with guidelines for rapid tranquillisation when giving oral medicine for this purpose.

Action the provider SHOULD take to improve

- The provider should ensure that rooms such as sluice rooms and storerooms are clean, and fit for their intended purpose.
- The provider should continue to address staffing recruitment and retention issues across the hospital.
- The provider should ensure that staff receive the appropriate specialist training for their roles.
- The provider should ensure that patients are offered at least 25 hours of structured activity each week and that staff record patients' activities consistently.
- The provider should address issues contributing to poor staff morale and poor staff engagement with service improvement developments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • When staff gave oral medication for the purposes of rapid tranquillisation, they did not consistently complete the necessary physical observations. **This was a breach of regulation 12(2)(b).** • There were gaps in checks of the emergency bag on Moneystone and Highcroft wards, and there were no records confirming the cleaning of portable equipment on Moneystone and Highcroft wards. **This was a breach of regulation 12(2)(e).** • The hospital did not have an active clinical lead role (for example, a named nurse) allocated to infection prevention and control. **This was a breach of regulation 12(2)(h).**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • There were inconsistencies in the completion of forms used for recording observations of the patient in long-term segregation. **This was a breach of regulation 17(2)(c).**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

- There were short periods when there was no qualified nurse present on Moneystone ward.
- On Moneystone ward, there were occasions when there were not enough staff to meet patients' individual observation requirements adequately.

This was a breach of regulation 18(1).