Requires improvement

Berkshire Healthcare NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWXL4	Campion Unit	Campion Unit	RG30 4EJ
RWX54	Little House	Little House	RG12 9RA

This report describes our judgement of the quality of care provided within this core service by Berkshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Berkshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Berkshire Healthcare NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Inadequate** 
Are services caring?	**Requires improvement** 
Are services responsive?	**Requires improvement** 
Are services well-led?	**Requires improvement** 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for people with learning disabilities or autism as requires improvement because:

- Patients' privacy, dignity and safety were compromised as a result of a breach of same-sex accommodation.
- Wards were not always safe and patients' were not always protected from risk of unsafe or unsuitable premises due to inadequate management plans for ligature risks.
- Staff did not always effectively monitor or review patients' physical health needs.
- Staff did not always involve patients in their care planning and did not complete regular reviews to ensure the information was up-to-date.
- Staff did not have knowledge or training in specialised areas relevant to the needs of the patient group.
- There was limited access to outside space at Campion Unit.
- There was a shortage of weekend activity provision at Campion Unit.
- There was a lack of written information on display around the wards, which was provided in an accessible form for the patient group.
- Absence of most supervision and appraisal records on staff files impacted on the ability of managers to effectively monitor and manage individual performance of team members.

However, the ward environments were clean and tidy and clinic rooms were properly equipped. The use of physical restraint was minimised by the use of proactive de-escalation techniques. There was no record of any serious incidents occurring within the last six months. Some care plans, specifically devised to help staff, were of a high quality. Staff used person centred planning tools in relation to supporting patients to prepare for discharge.

Staff treated patients with kindness, dignity and respect. Most staff had a good understanding of the individual personality traits and emotional support needs of their patients.

The service participated in accreditation schemes and quality improvement programs. Multidisciplinary Team (MDT) members have been involved in conducting and supporting research.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Requires improvement

We rated safe as requires improvement because

- The trust had identified numerous potential ligature points, and proposed an action plan to mitigate each. However, staff did not maintain the required level of patient observation; there were an insufficient number of ligature cutters given the physical layout of the ward; and, staff had not received training in the use of ligature cutters.
- There was a lack of appropriate gender segregation. There were no day lounges for use by women only. There was sharing of toilet and bathroom facilities at Little House. Female patients at Campion Unit did not have their privacy and dignity safeguarded at the time of our site vist.
- The seclusion room on Campion unit did not meet all the requirements for the Mental Health Act Code of Practice. There was no facility for two-way communication, and the walls had some solid, exposed corners. The location of the seclusion room did not safeguard the privacy and dignity of a patient being nursed in the seclusion room or ensuite area.
- On Campion Unit we observed staff left patients who were designated constant one-to-one supervision for short periods of time. We were told by a carer that staff leave their relative unattended in the bathroom for long periods of time, even though they had been diagnosed as with a medical condition that could put them at risk. These practices could put patients at risk of harm.
- On Little House unit, staff decanted fabric softener into an unlabelled jug, which was then left on the window sill of the laundry room.

However,

The ward environments were clean and clinic rooms were properly equipped.

The use of physical restraint was minimised by the use of proactive de-escalation techniques. There was a policy of not using either prone restraint or rapid tranquilisation.

There was no record of any serious incidents occurring within the last six months.

Are services effective?

Inadequate

We rated effective as inadequate because:

Summary of findings

- There was insufficient evidence to suggest that appropriate monitoring and reviewing of patient physical health was taking place. Regular medical checks did not always happen.
- Some care plans failed to provide sufficient information to properly guide staff. There was a lack of evidence that staff regularly reviewed and updated care plans.
- Staff did not have sufficient knowledge or training in specialised areas relevant to the patient group, such as: choking risks, epilepsy, alternative methods of communication (such as Makaton), the Mental Health Act and Mental Capacity Act.

However, some care plans specifically devised to help staff were of a good quality. They contained a wide range of useful information, such as techniques and interventions specific to that individual patient.

The person centred planning tools, were effective in providing structure throughout each patient's journey from pre-admission, through to discharge. Support given to patients in preparation for discharge was good.

Are services caring?

Requires improvement

We rated caring as requires improvement because:

- Staff treated patients with kindness, dignity and respect. Patients told us that they were happy and staff treated them well. Most staff had a good understanding of the individual personality traits and emotional support needs of their patients. Patients had appropriate access to advocacy services. Some patients were involved in planning, shopping for and cooking their meals.
- However, we did observe some instances where unqualified staff failed to interact with patients and displayed a level of disinterest in them. There was a lack of evidence that patients had been sufficiently involved in planning their care, or in making decisions about the service.

Are services responsive to people's needs?

Requires improvement

We rated responsive as requires improvement because:

- Staff were unable to communicate with patients using alternative methods, such as Makaton signing.
- There was a poor level of access to outside space at Campion Unit, particularly for patients from the first floor.

Summary of findings

- There was a shortage of weekend activity provision at Campion Unit.
- Some patient bedrooms were not personalised, even though three patients had periods of admission lasting longer than twelve months.
- The majority of information on display around the wards was not in an accessible format.

However,

- There was access to appropriate spiritual support via a chaplaincy service and a multi faith support group. Patients could visit a multi faith room and make use of resources for prayer and meditation.
- Patients were able to access beds, both upon admission and on return from leave.

Are services well-led?

Requires improvement

We rated well led as requires improvement because:

- Management were not aware of gaps in the collective knowledge of their teams (such as Makaton, choking risks, epilepsy, MHA/Code of Practice and, MCA/DoLS). There was a lack of senior staff presence on shifts.
- Missing staff records (such as minuties from supervision and appraisal sessions) had a negative impact on the ability of the ward managers to effectively govern the performance of individual team members.
- Staff were not sufficiently involved in (or given feedback on) strategic discussions affecting the service, such as plans to reduce the total number of inpatient beds. Their feeling of being disconnected from the decision making process had led to anxiety about the future of the service and the safety of their jobs.

However, the service participated in accreditation schemes and quality improvement programs. MDT members have been involved in conducting and supporting research.

Summary of findings

Information about the service

Berkshire Healthcare NHS Foundation Trust have two inpatient wards for people with learning disabilities or autism.

Campion Unit is a nine bedded short to medium term assessment and treatment unit for people with challenging behaviours/mental health needs, when a learning disability is the primary diagnosis and is based in the grounds of Prospect Park Hospital in Reading. Some people who use this service will be adults who have been detained under the Mental Health Act 1983.

Little House isa seven bedded community-based short to medium term assessment and treatment unit for adults with behaviours that challenge and/or mental health needs, when learning disability is the primary diagnosis. Although it operates as a hospital service, accommodation at Little House is provided in a domestic style dwelling.

We have not previously inspected Campion Unit.

The most recent inspection of Little House was carried out in November 2011. There were no outstanding breaches of regulations, now known as fundamental standards.

Our inspection team

The team was comprised of seven people; two inspectors; a psychologist; a nurse; a Mental Health Act reviewer; a medicines inspector (specialist advisor pharmacist); and an expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team:

- visited both inpatient wards and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with six patients who were using the service;
- spoke with five carers/relatives;
- spoke with both ward managers;
- spoke with 15 other staff members; including doctors, nurses, psychologists, support workers and an occupational therapist;
- attended and observed two hand-over meetings and one multi-disciplinary meeting.

We also:

- Looked at treatment records of patients;

Summary of findings

- carried out a specific check of the medicines management on one ward;
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with patients who were using the services. They told us that they felt safe and that they were happy with the way staff treated them. They were positive about the food provided.

However, some carers we spoke with raised concerns about the level of staff understanding into the individual needs of patients. They told us that staff can sometimes leave their relatives to struggle with tasks, and failed to provide the appropriate level of support they require. They also voiced anxieties about physical healthcare provision.

Good practice

- The service had reduced the use of restraint through the use of proactive de-escalation techniques.
- The level of pre-discharge support given to patients was good, encompassing the use of the 'placement planning matrix' element of the 'planning live' system of person centred planning.
- There was good spiritual support available to patients, via a chaplaincy service and a multi faith support group. Patients at Campion Unit had access to the 'Sanctuary' multi faith room on the main Prospect Park Hospital site and spiritual care resources for prayer and meditation.

Areas for improvement

Action the provider MUST take to improve

- The trust must improve mitigation against identified ligature risks, to safeguard patients.
- The trust must improve assessment, monitoring, reviewing and recording of patients' physical health needs on Campion Unit.
- The trust must take action to ensure patients' privacy, dignity and safety are not compromised as a result of a breach of same-sex accommodation guidelines.
- The trust must review the seclusion facilities on Campion Unit, to ensure they are safe and meet current guidelines.
- The trust must ensure that where patients require constant observation this is provided.

Action the provider SHOULD take to improve

- The trust should ensure that all domestic cleaning materials are stored in a manner that complies with Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- The trust should review the consistency and quality of patients' care plans.
- The trust should ensure that, where possible,patients and/or their carers are involved in the planning and reviewing of their care. Patients should have access to, and offered a copy of their care plan.
- The trust should ensure that all staff are trained in the use of the Mental Health Act (MHA) (including the 2015 Code of Practice), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- The trust should ensure that all staff receive the specialist training they require to effectively care for the patient group, to cover topics such as epilepsy and Makaton.
- The trust should improve their provision of information in accessible forms for their patient group.
- The trust should ensure that evidence of explaining patient rights under the MHA (per s132) is uploaded to patient electronic systems, and that they repeat an explanation of rights when patients fail to understand.

Summary of findings

- The trust should improve access to outside space for all Campion Unit patients.
- The trust should improve weekend activity provision at Campion Unit.
- The trust should review the quality and consistency of records, particularly in relation to the recording and retention of minutes of: supervision meetings, staff appraisals and staff meetings.
- The trust should improve staff involvement in strategic discussions affecting the service.

Berkshire Healthcare NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Campion Unit	Campion Unit
Little House	Little House

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The use of the Mental Health Act (MHA) 1983 was variable in the services. Mental health documentation reviewed was found to be compliant with the MHA and its Code of Practice.

However, there was a lack of evidence that an explanation of individual rights under the MHA (per s132) had been repeated to patients, when they failed to understand.

Capacity and consent to treatment was not always recorded prior to commencement of treatment.

6% of Little House staff and 21% of Campion Unit staff had received up to date in the MHA and Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

33% of Little House staff and 100% of Campion Unit staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, staff understanding of the legislation and how it should inform everyday clinical practice was limited on both units.

During the period February to August 2015 five DoLS applications were made. Two were authorised, two were declined and one decision (for a patient on Campion Unit) was pending.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The ward layout at Little House was that of a home environment. Staff could move easily around the unit in order to observe patients. On Campion Unit staff could see around some corners using the installed convex mirrors. However, there were several blind spots around the ward.
- At the time of our inspection Campion Unit was part way through a programme of works which included installing vision panels into bedroom doors. However, at the time of our visit these works were not yet completed throughout the building. This meant that while patients were in their bedrooms, where observations were required, staff had to open the bedroom door to observe the patient.
- We observed multiple ligature points on both wards, in communal and non-communal areas. The trust conducted ligature audits in November 2015. They compiled a comprehensive list of ligature points, categorising them as presenting either a low or a medium level of risk. The action plan was to mitigate the identified risks via operational management with measures such as the use of staff observation and installation of viewing panels in bedroom doors. However, our observations, and the feedback we received, confirmed that staff did not maintain appropriate levels of observation.
- There was only one set of ligature cutters on Campion Unit. They were stored in the first floor clinic room. Some members of staff we spoke to did not know the location of the ligature cutters. Staff told us they not been trained to correctly use the ligature cutters which meant that patients could be at risk in the event of such incident. Following our visit, the trust informed us that they had obtained a second set of ligature cutters for Campion Unit.
- Campion Unit's split-level layout, together with the locking of internal doors, meant that a single set of ligature cutters was insufficient to uphold the safety of every patient. If a ligature-based emergency occurred on the ground floor, the above factors would be further exacerbated by another problem we observed. This was that staff persistently experienced difficulty in unlocking one particular door that served as an entry point into the ground floor corridor.
- Both wards provided mixed gender accommodation to patients. There was no day lounge for use by women only in either ward. We observed no gender segregation at Little House. Males and females shared toilet and bathroom facilities. However, staff, patients and carers told us that there had been no incidents connected with the mixed-gender nature of the environment. The manager of Little House told us that she managed the environment in response to the characteristics of the patients admitted to the unit. Following our visit, the trust informed us that they have developed a protocol for managing the mixed gender environment at Little House, which served to mitigate some issues such as the provision of a female only lounge when required.
- At the time of our visit, there was only one female patient at Campion Unit. Their bedroom was in a relatively central part of the ground floor level of the ward and there was a bathroom for their sole use, which was immediately adjacent to their bedroom. However, this was in a central part on the ground floor of the ward. There was also a gap of approximately 2cm in width, between the sections of her bathroom door, when it was closed. This made it possible to view a portion of the bathroom from the corridor outside. This negatively impacted upon their level of privacy and dignity. Following our visit, the trust informed us that they had developed a protocol for managing the mixed gender environment on Campion Unit and that they had installed new seals to this bathroom door, to maintain patients' privacy and dignity.
- Both wards had a clean and fully equipped clinic room. There was evidence that staff carried out appropriate checks on a regular basis.
- There were no seclusion facilities at Little House. There was a seclusion room on the ground floor of Campion Unit.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- The seclusion room on Campion unit did not meet all the requirements for the Mental Health Act Code of Practice. A sufficient amount of natural light could enter the seclusion room and two convex mirrors enabled staff to view all parts of the main room. There was an ensuite toilet and wash basin and a clock was visible from inside the room. However, there was no facility for two-way communication, and the walls had some solid, exposed corners. The location of the seclusion room did not safeguard the privacy and dignity of a patient being nursed in the seclusion room or ensuite area.
- Staff told us that the room had not been used for seclusion for over six months and that there were plans to decommission this. However, staff could not give a timescale for the decommissioning of the seclusion facilities. Following the inspection the trust provided information that there were no longer plans to decommission the seclusion room and this would be re-furbished for use over the coming weeks. They informed us that the room would not be used for seclusion during this time.
- Both wards were clean and tidy. The furnishings were generally in good condition and equipment appeared well maintained. Redecoration and refurbishment work was occurring on both wards at the time of our visit.
- Prospect Park Hospital (including Campion Unit) scored higher than the England average in the most recent patient-led assessments for cleanliness in the environment (PLACE) survey – 97.1% for 'condition, appearance and maintenance'; and 99.8% for 'cleanliness'.
- There was evidence of appropriate environmental risk assessment and ward audits taking place on both wards. We also looked at the learning disability service's risk register, which comprehensively listed and categorised potential risks to patients, staff and the service. We observed nursing staff following good practice with regards to hand hygiene, prior to and during a medicine round. Management of clinical and domestic waste was appropriate to minimise risks of cross infection.
- At Little House, we discovered an unlabelled kitchen measuring jug on the window sill of the laundry room that had had a blue liquid decanted into it. Staff informed us that the liquid was fabric conditioner and that it had been decanted to make it easier for patients to pour into the washing machine when they were carrying out personal laundry. On several occasions during the course of our visit, we noted that the door to the laundry room was unlocked, contrary to what staff had previously told us. This exposed patients to risks associated with potentially harmful chemicals.
- We observed cleaning records on both wards. The systems in place for kitchen hygiene and food safety minimised risks to patients. For example, staff conducted a daily check of all cutlery and sharp kitchen utensils. Staff stored cutlery and sharp items in locked drawers. In the relevant records file, there was a photograph of every sharp item, with a key letter, linking it to its row on the checklist.
- On Campion Unit, although cutlery was stored in a locked drawer in the kitchen, we discovered several loose items of cutlery in the set of drawers in the first floor dining room. We spoke to staff that were unable to explain why those items were in that place. Security checks were not completed to ensure that all cutlery and sharp items on the ward could be accounted for.
- Personal alarms were available for use on Campion Ward. During our visit, we witnessed staff responding appropriately to an activated alarm. Little House did not make use of personal alarms.
- Doors remained locked on Campion Unit at all times. Staff locked the front door of Little House only at night. An audible alarm sounded when the door was opened during the daytime. We observed that staff responded promptly to investigate whenever the alarm sounded during our visit.
- During our visit to Campion Unit, we noticed that one of the fire alarm points in the first floor corridor was contained within had a clear plastic housing that had been screwed down, meaning that the fire point was inaccessible. Staff told us they screwed the case shut due to the behaviour of a patient, however this patient had been discharged some weeks previously. We requested that staff urgently remove the screws and this had been carried out when we visited Campion Unit the following day.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Safe staffing

- Staffing requirements on both wards were assessed using safer staffing tools and joint professional agreement between managers and clinicians. On both wards, the manager was supernumerary.
- The stated minimum staffing levels at Little House were a total of four staff on each early shift, four on each late shift and two waking night staff. On Campion Unit, those totals were six, six and three respectively.
- On both wards, it had been determined that there should be at least two qualified nurses on each day shift. According to information provided by the trust, during September 2015 there were a total of seven day shifts where there had been only one nurse on duty for part of the shift (seven on Little House and none on Campion Unit).
- The wards reported that when the patient mix changed or risks increased the staffing levels were adapted to match the assessed needs of either unit.
- There was regular use of bank and agency staff on both wards. However, it was rare for either ward to use bank or agency workers who were unfamiliar with the ward or its patients. Both ward managers reported difficulties in recruiting qualified nursing staff.
- Campion Unit had one vacancy for a full time Band 6 nursing post; 4.24 vacancies for full time Band 5 nursing posts; and, 3.80 vacancies for full time Band 3 support worker posts.
- Agency workers were used on both wards. However, shifts were filled by individuals who were familiar with the ward and it's patients.
- The sickness rate at Campion Unit for the previous12 months was 5.82%. The staff turnover rate at Campion Unit for the last 12 months was 25.5%.
- Little House had 0.2 vacancies for full time Band 5 nursing posts; and, 2.83 vacancies for full time Band 3 support worker posts.
- The sickness rate at Little House for the last 12 months was 3.69%. The staff turnover rate at Little House for the last 12 months was 10.9%.
- At Little House the cancellation of escorted leave and activities due to staff shortages only happened very occasionally. However, at Campion Unit escorted leave, activities and 1:1 time with patients was sometimes cancelled when staff were needed to deal with incidents on the ward.
- On-call medical cover was provided to Campion Unit via the main Prospect Park Hospital site.
- Staff on both wards had received adequate mandatory training. There were no areas in which completion rates were less than 75%.
- We viewed copies of induction processes followed with new bank and agency workers.

Assessing and managing risk to patients and staff

- In the six month period from February to July 2015, there were 4 instances of seclusion (4 at Campion Unit and 0 at Little House). There were 91 instances of restraint (78 at Campion Unit (with nine different patients) and 13 at Little House (with four different patients)). There were no instances of restraint in the prone position and no use of rapid tranquilisation. There had been no further episodes of seclusion at Campion since May 2015 to the time our inspection.
- We examined the care records of eight patients. Each set of care records contained risk assessments conducted upon admission. However, the quality of their content was inconsistent and there was a lack of evidence that staff had regularly reviewed and updated them.
- Informal patients at Little House were able to leave via the unlocked front door during the day (at night they need to ask a member of staff to unlock the door). On Campion Unit, informal patients needed to ask a member of staff to unlock the internal and external doors before they could leave the ward and this would be facilitated.
- At Little House we observed staff maintained appropriate observation levels for each patient, based on their identified needs. However on Campion Unit we observed that staff left a patient who was designated constant one-to-one supervision for short periods of time. We were told by a carer that staff leave their relative unattended in the bathroom for long periods of time, even though they had been diagnosed as with a medical condition that could put them at risk. These practices could put patients at risk of harm. Following

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

our visit, the trust informed us that they were providing ongoing support to staff, to highlight the need for consistent patient observation levels in order to effectively manage risks.

- Staff on both wards received training in safeguarding vulnerable adults. However, some staff we spoke to had a limited knowledge of relevant safeguarding processes.
- Both wards had policies to avoid the use of restraint wherever possible. Staff received training in the PROACT-SCIPr-UK® system (positive range of options to avoid crisis and use therapy strategies for crisis intervention and prevention), this is a British Institutute of Learning Disabilities (BILD) acceditated proactive approach to the use of physical interventions. The staff at both Campion and Little House receive training which provided by the Trust's inhouse PROACT-SCIPr-UK® licenced trainers. Staff reported that the system had helped them to reduce the instance of physical restraint considerably, via the proactive use of de-escalation techniques. During our visit, we observed staff successfully utilising these techniques in their interactions patients.
- On Campion Unit we noted one area of concern relating to medicines management practice. One patient who was on high dose antipsychotic therapy did not have a note to state that fact on the front of their prescription chart, contrary to trust policy.
- A policy was in place not to allow child visitors onto either ward. Patients on Campion Unit were able to have contact with child visitors within the grounds of the main Prospect Park Hospital site. Patients of Little House were required to have contact with child visitors away from the unit.

Track record on safety

- There was no record of serious incidents occurring on either ward within the last six months.

Reporting incidents and learning from when things go wrong

- Staff reported incidents via an electronic recording system. Staff we spoke with about incidents demonstrated a good knowledge of what incidents required reporting and how to do this.
- We examined a report relating to a recent incident at Little House. The report was factual and sufficiently thorough to give the reader a clear understanding of what had occurred. The report outlined the support given to both the patient and the staff member involved.
- We observed a handover session at Little House, during which staff discussed updates on recent events, including incidents so that staff were aware of these.
- Staff from both wards told us that they discussed incidents in team meetings. We looked at minutes from six recent staff meetings (three from each ward). Whilst there was no evidence of discussions about recent incidents, there was evidence of a reminder given to Campion Unit staff in their meeting on 04/12/2015 of the importance of completing incident forms as comprehensively, as well as the "importance of incident reporting to enable learning/support".
- We reviewed the minutes from the four most recent learning disability operational leadership meetings. There was evidence of a discussion that took place during the meeting on 04/08/2015 regarding a recent assault on a member of staff. The minutes provided a brief outline of the short-term support provided to the worker and learning from this to prevent recurrence.
- We reviewed the minutes from the four most recent learning disability governance meetings. There was a standing agenda item entitled 'Learning from Serious Incidents, Action Plans & Safeguarding'. The minutes for the meeting on 18/09/2015, contained a link to an embedded document, which was a quarterly report detailing serious incident trends and learning within the trust.

Are services effective?

Inadequate

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We examined the care records of eight patients. Each set of care records contained a care plan, showing that staff had carried out an assessment of needs at the time of admission. However, the quality of the content was inconsistent and there was a lack of evidence that staff had regularly reviewed and updated them. The written care plans at Little House were brief and failed to provide sufficient information to properly guide staff to meet patient needs (for example, relating to specific medical conditions). We did not find evidence that staff on either ward consistently conducted regular reviews and updates to the care plans, which could put patients at risk of inappropriate care and treatment.
- The care plans used by staff at Campion Unit were divided into two parts - one for the use of staff and one for collaborative use with the patient. The care plans exclusively for staff use were of a good quality. Qualified staff had included a wide range of useful information, such as techniques and interventions specific to that individual patient. However, the care plans intended for patient co-use were generally of a poor quality. They lacked personalisation and relevant information and did not always present information in an accessible form (i.e. the use of pictures, 'easy read' format).
- There was evidence that staff had carried out some physical heath checks. However, staff had left some sections of the physical health plans blank, whilst others contained vague or inaccurate information that meant they were ineffective. For example, we noted issues where two patients with a long term medical condition did not have appropriate plans in place for that specific condition. We also saw instances where staff had identified that a given patient required certain regular physical observations and/or checks. There was a lack of evidence that this monitoring was consistently taking place. Following our visit, the trust informed us that they have arranged twice weekly GP visits to Campion Unit, in order to improve the monitoring of patient physical health.

Best practice in treatment and care

- The National Institute of Health and Clinical Excellence (NICE) guidelines were followed in relation to the safe and effective use of medicines to enable the best possible outcomes.
- Both wards had an appropriate level of access to psychological input. Psychologists took part in regular multi-disciplinary (MDT) meetings and facilitate both individual and group therapy sessions on both wards.
- Patients on both wards received annual care and treatment reviews carried out by the clinical commissioning group.
- Patients' care was planned and organised using the 'planning live' system. The approach utilised a range of person centred planning (PCP) tools. It commenced prior to admission to hospital and continued post-discharge. One component of the system is the 'placement planning matrix', which was used by the MDT to identify the most suitable form of ongoing placement and assist the patient to prepare for discharge.
- The MDT used the health of the nation outcome scale for people with learning disabilities (HoNOS-LD) and patient experience surveys (PES) to assess and monitor the performance of the inpatient service. These scales covered 12 health and social care domains and enabled the clinicians to build up a picture over time of their patients' responses to interventions.
- Clinical staff participated in a wide range of clinical audits to monitor the effectiveness of services provided. The areas covered included restrictive physical interventions, psychological interventions and the care pathway for behaviours described as challenging (CPBC).

Skilled staff to deliver care

- Both wards benefitted from a shared MDT that provided an appropriate level of input. However, the occupational therapist (OT) who had sole responsibility for both wards spent much of their time coordinating and facilitating activities on Campion ward without support from a designated activities officer or ward staff.
- Little House benefitted from a relatively stable staff team who had an excellent knowledge of the individual

Are services effective?

Inadequate

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

characteristics of their patients. Qualified staff at Campion Unit also had a thorough understanding of the needs of their patients. However, unqualified staff on Campion Unit lacked the necessary knowledge of their patients and relevant specific issues such as communication techniques, epilepsy awareness and choking risks, to provide effective care and support, as they did not receive training in these areas. During our visit to Campion Unit, we observed several interactions between different members of staff and the same patient, who was known to rely upon Makaton signing. In all but one instance, staff failed to use Makaton signs, and the experience for the patient was clearly not a positive one. Conversely, in the instance where a member of staff (the occupational therapist) did use Makaton signs, the patient was noticeably more engaged and enthused.

- Ward managers told us they had appraised every member of staff (except new starters) between April and July 2015. However, there was no evidence of this on staff files at Little House as the ward manager had given the only copy of the appraisal form to the employee. This meant they did not have this to refer to in their ongoing support and monitoring of staff performance.
- The ward managers told us that they aimed to provide individual supervision to staff every 4-6 weeks, but that it actually took place every 6-8 weeks. Staff we spoke with confirmed the frequency, but we were unable to corroborate it upon looking at staff files, as supervisors gave the only copy of minutes to their supervisee. This meant they did not have these to refer to at subsequent supervision meetings.The supervision minutes we examined at Little House were very brief and did not demonstrate that adequate supervision was being provided.
- Both wards hold regular staff meetings. We looked at seven sets of meeting minutes, which contained evidence of discussions about patients, staffing issues and service updates.

Multi-disciplinary and inter-agency team work

- Both wards held MDT meetings each week. We observed an MDT during our visit to Little House, which focused upon three patients. Attendees covered a comprehensive range of disciplines. The team discussed a variety of topics were discussed effectively, with contributions from all present.
- Medical staff we spoke with reported having strong links with community services for people with learning disabilities and between the two inpatient wards.
- We observed a handover on each ward. The handover at Little House was well structured. The team discussed a range of pertinent issues, with interaction from all present, in a pleasant and informative atmosphere. However, the handover at Campion Unit was unstructured, brief and there was no opportunity given for staff to ask questions or voice concerns, which meant that important information could be missed.
- We viewed examples of positive work taking place to prepare patients for their upcoming move to new accommodation. There was effective liaison with other agencies, to provide the best possible chance of a successful ongoing placement.

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

- Members of the MDT had a good understanding of the MHA, the Code of Practice and the guiding principles. However, ward staff had a variable level of knowledge. Some staff demonstrated a good understanding, whereas other staff that spoke with us did not. Some of the staff from the two teams had not received recent training in either the MHA or the new Code of Practice.
- At Campion Unit, we were unable to find evidence that staff had recorded capacity and consent to treatment prior to commencement of treatment for mental health.
- At Little House, we had difficulty in accessing information on electronic patient records, but did find evidence of an assessment for consent and capacity to treatment on a set of patient's notes. However, we were unable to identify a recent recording of an assessment following that patient's recent detention under Section 3 of the MHA.
- There was a lack of evidence that staff uploaded section 132 rights to patient electronic systems. There was also a failure to repeat explanation of rights when patients did not understand.

Are services effective?

Inadequate

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Both wards had access to centralised MHA administrative support and legal advice.
- All paperwork relating to peoples detention under the Mental Health Act 1983 appeared to be in order.
- There was no evidence that regular audits on the correct application of the MHA took place.
- Patients on both wards had appropriate access to independent mental health advocacy services.

Good practice in applying the Mental Capacity Act

- Members of the MDT had a good understanding of the Mental Capacity Act (MCA). However, staff working the shifts displayed a general lack of knowledge of the MCA and Deprivation of Liberty Safeguards (DoLS). Only a few members of staff team had received recent training in the MCA and DoLS.
- At Little House the ward manager told us that a patient was being treated under the MCA. However, on examination of their notes, we established that the patient had a DoLS assessment in February 2015, which was declined because they were deemed to have capacity. Therefore the patient was informal and not subject to any legislation under either the MHA or MCA.
- During the period February to August 2015, there were two DoLS applications at Little House (one authorised and one declined) and three DoLS applications at Campion Unit (one authorised, one declined and one pending).
- We observed good practice of staff assisting patients to make informed decisions about their care during Little House MDT meetings. For example where the MDT listened to and took note of a patient's views, and provided reassurance to them.
- There was no regular audits to monitor adherence to the MCA.

Requires improvement

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- The Little House patients we spoke with told us that they were happy with the way staff treated them. Staff we spoke with at Little House demonstrated a good understanding of the individual needs of their patients. We observed consistently high quality interactions between staff and patients on the unit and the way in which members of the MDT spoke about and to patients during three MDT meetings.
- Prospect Park Hospital (including Campion Unit) scored slightly lower than the England average of 93.90% in the most recent PLACE survey – 93.8% for 'Privacy, Dignity and Wellbeing'.
- Staff knowledge of their patients was variable at Campion Unit. Qualified staff we spoke with were passionate about their work and were able to display a high level of understanding of the individual needs of the patients. However, some unqualified staff displayed a lack of insight into the needs of patients. This was evident in what they told us and how they interacted with patients. We observed several situations where staff failed to interact with patients and one instance of a member of staff speaking to a patient in a disrespectful manner.
- We observed two instances of positive working practice conducted by staff on Campion Unit. We observed a qualified nurse carrying out the lunch time medicine round. They displayed a notably responsive, caring manner when interacting with a patient who had spent much of the morning in a severely distressed emotional state. We also observed the positive manner in which the ward occupational therapist consistently interacted with patients in a responsive and supportive manner.
- Carers of two patients at Campion Unit raised concerns with us about the care given to their relatives. They reported concerns about the level of staff understanding into the individual needs of their family members. They also told us that staff can sometimes leave their relatives to 'struggle' with tasks and fail to provide the appropriate level of support they require. However, we did see evidence of four logged instances of recent positive feedback from carers at Campion Unit, all within the past six months.

The involvement of people in the care that they receive

- Carers we spoke with gave mixed feedback regarding information given to them and their relatives at the time of admission. Some felt that they had received adequate information on the ward and the service, while others did not. They reported similar experiences with regards to ongoing involvement with the care of their family member. Some told us that they received regular updates, whilst others did not receive as much information as they would have liked from the ward.
- Patients at Little House told us that they were involved in care planning. Staff invited patients to attend their MDT meeting during our visit to Little House. One patient choose to attend. We observed that they contributed to the discussion and the MDT members consulted them for their opinions. However, there was a lack of written evidence on both wards of patient involvement in care plans and risk assessments. Similarly, there was little evidence to demonstrate that staff gave patients a copy of their care plan.
- Patients at Little House were supported by staff to have an integral role in menu planning, food shopping and cooking their meals.
- Patients from both wards could access Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services when necessary.
- Patients and their carers were able to give feedback on the service received via patient experience surveys (PES). We looked at the minutes of three recent community meetings from each ward, which gave patients with verbal ability the opportunity to voice their opinions.
- Some carers told us that they felt confident about being able to give positive and negative feedback to the ward and had done in the past. Although the trust stated that they provide information on how to provide feedback (e.g. included within their welcome pack, issued at the time of admission), some carers told us they did not know how to give feedback.
- Staff at Little House had involved patients in making some decisions about their care. Patients at Little House

Requires improvement

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

helped to make decisions in their MDT meetings. One patient told us that staff had asked him what colour he would like to have his bedroom redecorated and patients were also involved in menu planning.

- We did not see evidence of patient involvement in decisions affecting the service provision and development

Requires improvement

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The bed occupancy rate for the period February to July 2015 was 88.46% at Little House and 69.96% at Campion Unit.
- Patients' beds remained open for them to return to following leave from the ward.
- Patients were not moved between wards during an admission episode unless they needed to be transferred on clinical grounds and it was deemed to be in the patient's best interests.
- During the period February to July 2015, there were no delayed discharges at Little House. There were three at Campion Unit, primarily due to lack of access to appropriate ongoing placements.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards had multipurpose rooms and equipment available for therapeutic activities, meetings and treatment.
- Little House had a second lounge area that was available for patients to meet with their visitors. However, carers of patients at Campion Unit told us that they were concerned at the lack of a family room on the unit, within which patients could meet with privately with visitors.
- There was no payphone available on the wards. Staff and patients told us that they used a cordless telephone to make and receive calls when needed.
- Patients at Little House had free access to the large rear garden and patio areas. However, patients at Campion Unit had restricted access to outside space. This issue had additional impact on patients from the first floor, since they were unable to access the ward's garden at all times.
- Patients had input into the meal choices offered at Little House. Patients at Little House told us that they were happy with the quality of the food served to them. However, patients at Campion Unit were dependent on food supplied from the main Prospect Park Hospital site.
- The food served at Prospect Park Hospital scored 100% on the most recent PLACE survey which meant that this was of good quality for the patients.
- Patients on both wards had access to hot drinks and snacks throughout the day and evening.
- There was limited personalisation of patients' bedrooms on the wards, a lack of lockable space in some bedrooms, despite some patients staying for longer than 12 months.
- During weekday office hours, the occupational therapist OT based at Campion Unit acted as the primary activity coordinator and facilitator for that unit. Nursing staff had responsibility for facilitating activities at Campion Unit during evenings and at weekends. There was a lack of evidence that activity provision was consistent across all seven days of the week.

Meeting the needs of all people who use the service

- The environment within Campion Unit was suitable for people with restricted mobility. Each floor level of the building had level access, and there was a lift between the two floors. Little House provided a domestic style dwelling. The environment had some adaptions for people with limited mobility, but it was appropriate to meet the needs of the current patient group.
- Both wards had notice boards sited in communal areas, displaying information on a wide variety of topics, including details of how to complain, patients' rights and advocacy services available. However, of the information on display, there was a lack of provision in an accessible and easy to read format for the patients. The trust does provide a welcome pack and has a range of information leaflets that are written in an accessible form.
- Staff did not offer menu choices to patients at Campion Unit in an accessible or easy to read format. Menu sheets were not in pictorial format and were printed in small wording Staff on Campion Unit told us that they are required to ask the patients are requested to make meal choices a day in advance, to fit in with the kitchen systems on the main Prospect Park Hospital site. This system caused confusion for some Campion Unit patients, who were unable to retain that information until the following day.

Requires improvement

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- On Campion Unit not all staff were able to communicate with a patient who used Makaton sign language. We observed two members of qualified staff interacting well with the patient using Makaton, however unqualified staff told us that they had not received sufficient training to meet these communication needs.
- Patients at Little House benefitted from a flexible approach to meeting their dietary requirements and there was evidence that staff provided meals from different cultural and ethnic backgrounds. Patients were able to request specific meals and participated in the food shopping and cooking for the ward.
- Patients on both wards had access to appropriate spiritual support, via a chaplaincy service and a multi faith support group. Patients at Campion Unit had access to the 'Sanctuary' which was a multi faith room on the main Prospect Park Hospital site. Campion Unit had spiritual care resources for prayer and meditation which the patients could request access to.

Listening to and learning from concerns and complaints

- During the previous 12 months, there were a total of three formal complaints across both wards. Of those complaints, one was upheld. There were no complaints referred to Ombudsman. Staff received feedback on the outcome of complaints through regular staff meetings, to support learning from these.
- Carers of patients we spoke with told us that they felt able to make complaints. However, they reported they did not always receive feedback on concerns raised.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and these were clearly displayed on the wards.
- Ward managers had contact with the service manager and attended regular operational management meetings.
- Staff knew who the senior managers were in the trust.

Good governance

- Staff received appropriate mandatory training. However, managers did not not ensure that all staff had the specialist skills and knowledge relevant to care for their patient group. For example, staff did not all receive training in specialised areas such as choking risks, epilepsy or alternative methods of communication, such as Makaton.
- Staff told us they received regular supervision and appraisals and they actively participated in regular staff meetings. However, copies of minutes from supervision and appraisal meetings were missing from staff files, which negatively impacted upon the manager's ability to effectively monitor aand manage staff performance. The minutes for team meetings were available, but they were too brief and lacked an appropriate level of detail.
- Staff reported incidents appropriately. However, managers did not ensure that adequate feedback on investigations into incidents was communicated to staff, in order to ensure that necessary improvements could be made to the service.
- The trust uses a range of outcome measures to monitor the performance of the service. There was evidence of a discussion of those measures at operational management meetings, however these were not always disseminated to ward staff.
- The ward managers told us they were encouraged and supported to manage the wards autonomously. They said that where they had concerns these could be raised and were appropriately placed on the trust's risk register.

Leadership, morale and staff engagement

- There was a high level of morale within the multidisciplinary team.
- Staff of both wards told us that they felt able to approach their ward manager to raise any concerns, and were aware of the whistle blowing process.
- Staff from both wards told us that they were happy in their roles. Morale within the MDT was high. Staff at Little House reported that they felt part of a stable and supportive team. However, some staff told us that they did not feel empowered, as they felt they did not have an insufficient level of input into the planning of care for patients.
- Staff from both wards told us that they had received insufficient information on planned reductions to the total number of inpatient beds. They stated that they felt disconnected from service level decisions, which led to anxiety about the future of the service and the safety of their jobs. Lack of staff involvement in strategic decisions was evidenced in the absence of a clear message relating to the possible decommissioning of the seclusion facilities at Campion Unit.
- The ward managers and deputy managers had participated in a six day specialist leadership training programme to support them in their role.

Commitment to quality improvement and innovation

- Both wards participated in the Quality Network for Inpatient Learning Disability Services (QNLD) accreditation scheme. They had a peer review visit in November 2015, and were awaiting their final reports.
- The learning disability inpatient service participated in the 'Topic 9c' supplementary audit of the Prescribing Observatory for Mental Health-UK (POMH-UK) during 2015. This is a quality improvement programme relating to antipsychotic prescribing in people with learning disabilities, conducted by the Royal College of Psychiatrists.
- There was evidence that psychologists associated with the learning disability service had recently conducted a study of the effectiveness of the 'planning live' system. Their report is currently under review with the British Journal of Learning Disabilities.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- There was evidence of psychologists associated with the learning disability inpatient service named as supervisors for a proposed doctoral study in clinical psychology (dated November 2015).

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 · The trust had not ensured that patients were protected against ligature risks. They had identified numerous potential ligature points, and proposed an action plan to mitigate each identified risk. However, staff did not maintain the required level of patient observation; there were an insufficient number of ligature cutters given the physical layout of the ward; and, staff had not received training in the use of ligature cutters. · The physical health of patients on Campion Unit was not being adequately protected. Appropriate monitoring and reviewing of patient physical health was not taking place. Physical health care plans were inconsistent, with some blank sections and others containing vague or inaccurate information. · The seclusion facilities at Campion Unit did not meet the requirements for the Mental Health Act Code of Practice. · On Campion Unit we observed that staff left patients who were designated constant one-to-one supervision for short periods of time. We were told by a carer that staff leave their relative unattended in the bathroom for long periods of time, even though they had been diagnosed as with a medical condition that could put them at risk. These practices could put patients at risk of harm.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect · Female patients did not have their privacy and dignity adequately safeguarded due to a lack of appropriate gender segregation. There were no day lounges for use by women only. At Little House there was sharing of toilet and bathroom facilities for both sexes. · On Campion unit the female bedroom was in a central location within the ward. There was a gap in the bathroom door, which meant that male patients would have the ability to look inside the bathroom when in use. This is a breach of Regulation 10(1) and (2)(a)
	· On Campion Unit a significant number of staff did not have the skills required to effectively communicate with patients with limited verbal ability. This is a breach of Regulation 12(1), (2)(b), (2)(c) and (2)(d)