We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Learning Disability Assessment and Treatment Unit

Learning Disability Services, 220 Badsley Moor Lane, Rotherham, S65 2QU

Date of Inspection: 02 December 2013  
Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<td>Respecting and involving people who use services</td>
<td>✓</td>
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<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
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<tr>
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<td>✓</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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<table>
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<th>Details about this location</th>
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<tr>
<th>Registered Provider</th>
<th>Rotherham Doncaster and South Humber NHS Foundation Trust</th>
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<td>Overview of the service</td>
<td>The Learning Disability Assessment and Treatment Unit is a service provided in Rotherham, by Rotherham Doncaster and South Humber NHS Foundation Trust (&quot;the trust&quot;). It is an eight bedded unit for people with a primary diagnosis of learning disabilities who also have associated healthcare needs. There were five people resident on the unit at the time of our visit.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</td>
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| Regulated activities      | Assessment or medical treatment for persons detained under the Mental Health Act 1983
                          Diagnostic and screening procedures
                          Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 2 December 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

This inspection was undertaken by a compliance inspector and a specialist advisor. Due to their complex needs people who used the service were not able to share their views with us. We therefore observed the interaction of staff with people who used the service.

A person who used the service told us they were aware of their care plans. We also observed staff interacting with people in a supportive and caring manner. We found people expressed their views and were involved in making decisions about their care. We also found that people were treated with privacy, dignity and respect.

A person who used the service told us they felt the food was "Nice." They also told us they were provided with a choice of what food they wished to eat. We found that people were protected from the risks of inadequate nutrition and dehydration.

A person who used the service told us that staff always "Treated them well." We found that people were protected from abuse or the risk of abuse.

We found that people were cared for by staff who received appropriate levels of training, supervision and appraisal.

We found that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

People's privacy, dignity and independence was respected.

Reasons for our judgement

People who used the service were given appropriate information and support about their care. We found there was a welcome pack which was given to the people who used the service and their relatives on admission to the unit. This consisted of a full description of the work of the unit, the services available and details of the staff team. There was also a description of people's rights whilst staying on the unit. It was written in an 'easy read' format to help people understand its contents. Where people do not understand written language due to their complex needs written documents should be provided in an 'easy read' format.

People who used the service understood the care and treatment choices available to them. We reviewed people's care records and found that explanations concerning their care and treatment were given to them. These included support plans for personal care, maintaining a safe environment, and capacity for admission, which were all produced in an 'easy read' format. We also found that people were provided with independent advocates to help them when weekly reviews of their care took place.

In one person's records we reviewed a document which explained that their rights had been read to them under the Mental Health Act 1983. This document included comments by the person who used the service saying they had read and understood the form. Where people are detained under the Mental Health Act their rights must be read to them, and a record kept of this process.

People's privacy and dignity was respected. We spoke with staff who explained that they would ensure windows, curtains and blinds were closed when people received personal care. They also told us they would knock on people's doors before entering. We were also shown a room which staff told us was used as a female only lounge.
People were promoted in supporting their independence and community involvement. We found that during the day people would be taken by minibus to local authority day centres and educational facilities. Staff told us that when they attended the day centres they would take part in activities such as playing football. However, during our visit we observed that the people who used the service watched the television rather than taking part in any structured activities. We also reviewed the daily activity charts for two people who used the service. These contained references to them ‘watching TV’ and ‘listening to music’. When we discussed this with the matron they explained that the structured activities took place at the day centres and educational facilities. The provider may find it useful to note that when at the unit people did not always take part in structured activities.

We spoke with a person who used the service who told us they were aware of their care plans and where they would be going when they were discharged from the unit. They also told us that staff treated them well.

During our visit we observed staff interacting with people who used the service in a supportive and caring manner.
Meeting nutritional needs
Met this standard

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We found that people were protected from the risks of inadequate nutrition and dehydration. The ward manager told us how they ensured people were supported to eat and drink sufficient amounts to meet their needs. They told us that if people gave their consent they were weighed. This was recorded in the care record and if the person needed help with their diet they were seen by a dietician.

If people were found to be overweight they were also seen by a dietician. Advice was given to the person and in liaison with the service’s catering manager they were provided with an appropriate diet. However, people who had the capacity to choose what they ate were not prevented from eating food they liked even if it was likely to increase their weight.

We reviewed a risk assessment undertaken by a speech and language therapist which had been completed on a person who was at risk of choking. It gave instructions to staff on how to ensure this person did not choke when they were eating. This showed that the service kept people safe when they were eating.

We found that people were provided with a special diet if they required one for medical, cultural or religious reasons. The ward manager told us that people were assessed by an outreach team before they came to the unit. If it was identified that the person had special dietary needs the catering manager ensured the appropriate food and refreshments were made available.

People were provided with a choice of suitable and nutritious food and drink. We reviewed a written choice of menu options which had a tick list so that people could choose the food they wished to eat. However, there were no pictures of the food being offered to assist people who could not understand written language due to their complex needs. We discussed this with the assistant director for the service who told us they had stopped the use of pictures whilst they brought in a new food preparation system. Although the intention was to bring in pictures this had not yet happened. They told us that they would now ensure that picture guides of food were brought in.

Staff we spoke with told us that people who used the service could prepare their own food and drink in the kitchen if a risk assessment had been undertaken.
We spoke with a person who used the service who told us that the food was "Nice." They also told us they had chosen what they wanted to eat for lunch.
Safeguarding people who use services from abuse   ✔️ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that the provider had a policy on safeguarding people from abuse that covered all relevant areas. They also had a system for the investigation of safeguarding alerts in cooperation with the relevant local safeguarding authority. The policy and the appropriate forms were available on the provider's staff intranet.

We spoke with the ward manager who told us that when people were admitted they were physically examined and a 'body map' was done. This was to identify whether there were any marks or bruises which may have resulted from physical abuse. They would also speak with relatives to see if there were any concerns. In order to protect people from financial abuse a record of any money they had on them was recorded.

We spoke with a person who used the service who told us that staff always "Treated them well".

We spoke with staff who showed a good understanding of safeguarding and were aware of how to report any safeguarding issues. They also told us they felt people were treated well on the unit and they had not witnessed any abuse. During our visit we observed staff behaving in an appropriate manner to people who used the service.

Staff told us they had undertaken safeguarding training. We also reviewed training records which showed that all staff had received recent safeguarding training.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The ward manager told us they had started to use a new system of restraint called 'Respect'. They said that after restraint was used an incident form was filled in, as well as a designated form that detailed the restraint undertaken. We reviewed a form used to record the restraint of one person where a section called 'check for injuries' had not been filled in. As people are at risk of harm during restraint any injuries should be recorded. If there were no injuries this should also be recorded. We discussed this with the ward manager and the matron who agreed that the form should have been fully completed.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Members of staff we spoke with told us they received regular training which enabled them to perform their duties effectively. They told us they had recently had training in food hygiene, safeguarding people from abuse, dementia awareness and restraint. They also told us they had received training in Makaton, which is a system where signs and symbols are used to help people communicate. We also reviewed the training records for the unit which showed that all staff undertook training in essential areas on a regular basis.

Staff told us they received supervision on a regular basis. They said this took the form of individual and group supervision. We reviewed the records for supervision and appraisal which showed that as well as having regular supervision all staff had a yearly appraisal.

Staff were able, from time to time, to obtain relevant qualifications. The ward manager told us that staff could access specialist and advanced training if a need was identified at their appraisals. The most appropriate courses were identified by staff themselves, or by their manager.

We spoke with a staff nurse who had recently started on the unit. They told us they had undertaken an induction to the unit, which had included training in essential areas, including safeguarding people.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

We found that the unit did not have a service user forum for people who used the service to express their opinions. However, the assistant director explained that there were other forums within the trust where people with a learning disability were represented. They told us they would ensure that a forum for people who used the service would be set up on the unit.

Although people’s views were not sought in a collective representative forum people’s views as to their care were recorded at weekly review meetings. At these meetings we found that people were represented by independent advocates and their relatives.

We found that there was no evidence of learning from surveys of people who used the service, or their friends and relatives. We found that discharge questionnaires were previously undertaken when people were discharged from the service. These were then placed in people’s care records but no analysis had been made of the results of these questionnaires. We were told by the assistant director that these had been replaced by trust wide surveys of people who used the service and their relatives. However, these changes had recently occurred and there were no results from these surveys which could be used as a learning tool by the unit. The provider may find it useful to note there was no evidence of learning from discharge questionnaires or surveys completed by people who used the service, and their relatives.

There was evidence that learning from incidents and investigations took place and appropriate changes were made. We found that in one case a medication error was reported on an incident form. This identified a need for template medication forms to be changed so that they gave the safe upper limits for certain drug doses. This change was then communicated to staff at a unit team meeting.

We reviewed minutes of meetings which had taken place in September and October 2013. This showed that information was communicated to staff and their views on the service were sought.
We reviewed audits that had taken place into care records, pressure ulcers and mixed sex accommodation. This showed that information was communicated to staff and their views on the service were sought.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
### Glossary of terms we use in this report

#### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<td>Care and welfare of people who use services - Outcome 4</td>
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<td>Meeting Nutritional Needs - Outcome 5</td>
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<td>Safety, availability and suitability of equipment - Outcome 11</td>
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#### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

#### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

#### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

#### Responsive inspection

This is carried out at any time in relation to identified concerns.

#### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

#### Themed inspection

This is targeted to look at specific standards, sectors or types of care.