CareQuality Commission

Good 🟢

Tees,Esk & Wear Valleys NHS Foundation Trust
Wards for people with learning disabilities or autism
Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Bankfields Court	RX3NT	2 Bankfields Court (respite service) 3 Bankfields Court (assessment and treatment unit) 4 Bankfields Court(assessment and treatment unit) The Flats Bankfields Court (assessment and treatment unit) The Lodge Bankfields Court (assessment and treatment unit)	TS6 0NP
Lanchester Road	RX3CL	Talbot (assessment and treatment unit) Ramsey(assessment and treatment unit)	DH1 5RD

Summary of findings

		Bek(assessment and treatment unit)	
163 Durham Road	RX3WE	The Dales(assessment and treatment unit) Aysgarth (respite service)	TS19 0EA

This report describes our judgement of the quality of care provided within this core service by Tees,Esk & Wear Valleys 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 Tees,Esk & Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees,Esk & Wear Valleys 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 Wards for people with learning disabilities or autism	Good	●
Are Wards for people with learning disabilities or autism safe?	**Outstanding**	☆
Are Wards for people with learning disabilities or autism effective?	**Good**	●
Are Wards for people with learning disabilities or autism caring?	**Good**	●
Are Wards for people with learning disabilities or autism responsive?	**Requires Improvement**	●
Are Wards for people with learning disabilities or autism well-led?	**Good**	●

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 learning disability and autism services as good because:

- The design and layout of wards minimised risk of harm to patients and also promoted recovery, independence and safety.
- Medicines were stored safely and administered in adherence to the prescriber's instructions. Where errors had occurred there had been learning from incidents and staff were given additional training and supervision.
- Safeguarding patients from abuse was a priority and steps had been taken to ensure incident recording was detailed and effective as well as staff given the opportunity to learn from incidents.
- Patients had full assessments of their needs and treatment was planned and delivered in accordance with their identified needs.
- Staff were qualified and had the skills to meet patient needs and were also given specialist training in positive behaviour support. Staff were also encouraged to take part in additional learning with some staff taking up Masters courses at university in autism. Staff received regular supervision and appraisals which helped to give them a clear focus of the service provided.
- Patients and relatives told us the care was good and they were involved in the planning and delivery of care.

- Staff were aware of the vision and values of the trust and the expectations of them to provide high quality care.
- The service had developed an award system to recognise good practice. Staff were recognised when they had introduced something to improve the quality of care for patients with learning disabilities and/or autism.

However we found the following areas for improvement.

- The trust philosophy was to develop person-centred holistic care plans soon after admission that focused on discharge. The service did not always work in this way which meant patient's wider needs preparing them to leave hospital were not always met.
- When patients had complex needs and required additional support they should have had routine access to Psychology, SALT and Occupational Therapy. These professionals should have formulated as part of the MDT team.
- Patients communication needs should have been adequately assessed to enhance their abilities.
- Patients should have been encouraged to participate in age appropriate activities to reduce the possibility of stigmatisation in people with learning disabilities and/or autism.

Summary of findings

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

Are services safe?

We rated safe as outstanding because:

Patients were protected by a comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

There was a genuine open culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement.

Staff were open and transparent, and fully committed to reporting incidents.

Learning was based on a thorough analysis and investigation of things that went wrong. Staff were encouraged to participate in learning to improve safety as much as possible, including participating in local programmes.

There was a proactive approach to anticipating and managing risks to patients. Patients and those close to them were actively involved in managing their own risks.

Outstanding ☆

Are services effective?

We rated effective as good because:

Patient care and treatment was planned and delivered in line with current evidence based guidance, standards and best practice.

Patients had a comprehensive assessment of their needs, which include clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was regularly reviewed and updated.

Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice.

Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice.

The learning needs of staff were identified and training was provided to meet their learning needs. Staff were supported to maintain and further develop their professional skills and experience.

Staff were supported to deliver effective care and treatment. They received thorough meaningful and timely supervision and appraisal. Relevant staff were supported through the process of revalidation. There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Good ●

Summary of findings

Are services caring?	**Good**	🟢

We rated caring as good because:

Feedback from patients who used the service, and those who were close to them was continually positive about the way staff treated patients.

There was a strong person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients who used the service, those close to them and staff were strong, caring and supportive.

Patient's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

Are services responsive to people's needs?	**Requires Improvement**	🟠

We rated responsive as Requires Improvement because:

The trust philosophy was to develop person-centred, holistic care plans soon after admission that focused on discharge. The service did not always work in this way which meant patients wider needs preparing them to leave hospital were not always met.

When patients had complex needs and required additional support they should have had routine access to Psychology, SALT and Occupational Therapy. These professionals should have formulated as part of the MDT team.

Patients communication needs should have been adequately assessed to enhance abilities.

Patients should have been encouraged to participate in age appropriate activities to reduce the possibility of stigmatisation in people with learning disabilities and/or autism.

The service admitted patients only when inpatient care was the best way to meet patients' needs.

Wards optimised recovery, comfort and dignity. There was opportunities for patients to develop and learn new skills.

Patients concerns and complaints were listened too and improvements were made.

Are services well-led?	**Good**	🟢

We rated well-led as good because:

Summary of findings

There was clear statement of vision and values, driven by quality and safety. It had been translated into a credible strategy and well-defined objectives that were regularly reviewed to ensure that they remained achievable and relevant.

The vision, values and strategy have been developed through a structured planning process with regular engagement from internal and external stakeholders, including people who used the service, staff, commissioners and others.

There was an effective and comprehensive process in place to identify, understand, monitor and address risk. Performance issues were escalated. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.

There was a strong focus on continuous learning and improvement at all levels of the organisation. Safe innovation was supported and staff had objectives focused on improvement and learning. Staff were encouraged to regularly take time out to review performance and make improvements.

Summary of findings

Background to the service

The service provides inpatient assessment and treatment and respite care to patients with learning disabilities and/or autism. Bankfields Court was last inspected on 4 December 2013. Lanchester Road was last inspected on 6 and 7 March 2014. Both of these locations were meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities Regulations 2010).

163 Durham Road was inspected on 17 and 20th March and 3 April 2014. It was identified during that inspection there was a breach of Regulation 9 (Regulated Activities Regulation 2010) in relation to the care and welfare of patients. We checked during the inspection of 27,28 and 29 January 2015 on whether the location had made improvements. The service was meeting the required standards.

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive South West London and St Georges.

Team Leader: Patti Boden, Care Quality Commission

Head of Inspection: Jenny Wilkes, Care Quality Commission

The team included a CQC inspector, a consultant psychiatrist, an expert by experience, a mental health act reviewer, two nurses, a psychologist and a speech and language therapist.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of 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?

Prior to the inspection we reviewed a range of information we held about wards for patients with learning disabilities and/or autism and asked other organisations to share what they knew.

We carried out an announced visit on 27 and 28 and 29 January 2015 to the following wards:

Unit 2

Unit 3

Unit 4

The flats

The Lodge

Talbot

Bek

Ramsey

The Dales

Aysgarth

During the inspection visit, the inspection team

- spoke with 15 patients,
- spoke with the managers for each of the wards visited,
- spoke with 27 other staff members including consultant psychiatrists, psychologists, qualified nurses, health care assistants and domestic staff.

Summary of findings

- attended and observed multi-disciplinary, and daily report out meetings

We also:

• Looked at 20 treatment records of people.

• carried out a specific check of the medication management.

• looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 15 patients and several of their relatives. Everyone spoke positively about the service. Patients told us that staff were kind, caring and worked hard to ensure their safety and well-being.

Patients' relatives described the service very positively, they believed the services on offer were the very best available. They expressed real worry and concern regarding their relatives leaving hospital because they believed no other care provider could be as good.

Good practice

Each location had a daily report out meeting. We observed two of these meetings. These meetings were an opportunity for staff to discuss patient incidents, health and well-being and any other ward issues. This enabled staff to plan patients treatment and care effectively.

The service had a steering group and champions for positive behaviour support. The role and purpose of the group and champions was to embed effectively teaching and learning across the locations to ensure positive behaviour support was an effective tool to manage complex behaviours which challenged.

They completed audits in relation to NICE CG142 – Autism: Recognition, referral, diagnosis and management of adults on the autism spectrum so the service could develop and effective pathway for people with autistic spectrum conditions.

Each patient had a Health Action Plan which was in line with Department of Health guidance because it considered patients physical, psychological ,social and financial well-being.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The provider must take steps to ensure each patient has a comprehensive discharge plan which is holistic and person-centred.

The provider should take steps to ensure where patients have complex needs and require additional support they have routine access to Psychology, SALT and Occupational Therapy and these should formulate as part of the MDT team.

The provider should ensure patients communication needs are adequately assessed to enhance patients skills and abilities.

The provider should take steps to ensure patients are encouraged to participate in age appropriate activities to reduce the possibility of stigmatisation in people with learning disabilities and/or autism.

Tees,Esk & Wear Valley 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
Unit 2 (Respite Service) Unit 3 (assessment and treatment unit) Unit 4 (assessment and treatment unit) The Flats (assessment and treatment unit) The Lodge (assessment and treatment unit)	Bankfields Court
Talbot (assessment and treatment unit) Bek (assessment and treatment unit) Ramsey (assessment and treatment unit)	Lanchester Road
The Dales (assessment and treatment unit) Aysgarth (respite service)	163 Durham Road

Mental Health Act responsibilities

A Mental Health Act reviewer visited both Bankfields Court and Lanchester Road and reviewed the documentation for detained patients.

Most of the Mental Health Act 1983 documentation was in order with the exception of one patient who had an administration error on their detention papers . The issue was rectified immediately by the patient's consultant psychiatrist once it had been brought to their attention.

Patients were routinely made aware of their rights under the MHA 1983. Where patient's had been granted section 17 leave, the forms were all present and correct.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw good examples of how the service regularly considered the use of Mental Capacity Act and Deprivation of Liberty Safeguards to protect patients from risk of harm or where they required treatment but were unable to consent. Staff carried out best interest assessments and capacity assessments where they considered a patients safety and well-being.

Are services safe?

Outstanding ☆

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

Summary of findings

We rated safe as outstanding because:

Patients were protected by a comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

There was a genuine open culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement.

Staff were open and transparent, and fully committed to reporting incidents.

Learning was based on a thorough analysis and investigation of things that went wrong. Staff were encouraged to participate in learning to improve safety as much as possible, including participating in local programmes.

There was a proactive approach to anticipating and managing risks to patients. Patients and those close to them were actively involved in managing their own risks.

Our findings

Safe and clean ward environment

All wards we visited were safe, clean and free from clutter.

- Bankfields Court (the flats) consisted of 6 separate flats which lead off from a central corridor. Staff were able to observe patients leaving the flats and entering communal areas. There was a CCTV system which was controlled and could be observed in a central staff area. The CCTV did not invade privacy and was not within individual flats. Each patient using the flats received staff support and was under general observations ensuring patient safety at all times.
- Lanchester Road and 163 Durham Road also used CCTV to observe patients in a non-intrusive manner. Where CCTV was not available staff were allocated to areas of the wards to ensure that patients were safe. We did not observe any occasions where patients were not in the presence of a staff member other than when they were spending time in their rooms.

All wards visited had completed ligature risk assessments.

All staff we spoke with were aware that ligature cutters were kept in the blue emergency equipment bag in the clinic room. This was shown to us and cutters were visible.

The wards were mixed sex wards and complied with the Mental Health Act code of practice for mixed sex accommodation.

Each clinic room had emergency resuscitation equipment and drugs which were all checked. Records kept demonstrated that all equipment had been checked.

Wards operated a waste reduction methodology as part of a quality improvement system that they referred to as 5s. The philosophy behind the approach was to ensure clinic areas have no unnecessary waste, supplies are kept to a minimum and replenished where required. Each night a clear sweep was carried out where all equipment supplies were put back where they belong.

The last infection control audit was carried out in December 2014. There were some superficial issues identified which had been completed prior to our inspection. A staff member described an incident last year where there had been a vomiting bug. The service sought advise from an infection control lead and a deep clean of the patient accommodation was carried out to minimise the risk of spreading infection.

The service had sufficient staff on duty to meet the needs of patients. We looked at staffing rotas which confirmed the staffing levels described to us. Managers confirmed they were able to increase staffing levels when additional support was required so people could attend appointments and also ensure their leave was granted and not cancelled due to insufficient staffing levels. Staff told us that no leave or appointments had been cancelled due to insufficient staffing in the last three months. This was confirmed from the quality and monitoring reports produced on a monthly basis for senior managers that we reviewed.

Are services safe?

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

Outstanding ☆

There was appropriate use of bank staff. The service had an electronic system for managing bank staff. Prior to each shift staff were offered the opportunity to work on the wards on a supernumerary basis to ensure they understood the care needs of patients. They were given an induction where they attended the ward handover, familiarised themselves with patient care plans and risk assessments prior to commencing work .

We observed there were qualified nurses present in communal areas of the wards at all times to offer support to staff and patients. This increased the safety of patients because staff could continually seek support from qualified members of staff when they required.

We looked at the care plans of patients where physical interventions may have been used to ensure safety of patients and others. All regular and bank staff were trained in physical restraint. We were told it was rarely used and always a last resort. Staff used positive behaviour support. Prone restraint was not used routinely. We saw evidence here that care plans were shared and agreed by the MDT where prone restraint was required.

Ward teams had developed data analysis using graphs for each patient where incidents of any kind had occurred and the response by staff to those incidents. The data was discussed daily at team meetings. The graphs we looked at showed it was easy to see at a glance if a patient was deteriorating in their presentation or improving.

Staff told us they actively discussed and reflected on any physical intervention used and helped the patient evaluate what had happened and how it could be avoided in future.

All patients had a named nurse and were allocated 1:1 time to discuss their care and well-being. This ensured patients were fully involved in their care and treatment. This gave staff the opportunity to continually assess and manage risks.

Patients had access to the hospital medical doctors during the day. However at night patients accessed medical services through local out of hours services. In an emergency staff used the 999 service or took patients to the local acute hospital. The trust had developed good relationships with local health services. This had allowed the development of a pathway where people could be taken to accident and emergency and seen immediately to minimise distress.

Assessing and managing risk to patients and staff

Where patients were able to tell us their experience of care, they told us they felt safe using the service and knew who to report any concerns to. Family members spoke highly of the services and equally told us they felt their relative was safe and would report concerns to the ward manager.

On admission each patient had an assessment of risk using the SAMURAI risk assessment tool. This was updated on a monthly basis, or where there had been any changes, following deterioration of health or following an incident. Risk assessments had been updated where patients risk levels had improved.

We did not identify any blanket restrictions in place and staff told us since they had started applying the method of Positive Behavioural support there was less reason to use any blanket restrictions. Where people had individual restrictions in place, to manage safety and risk, these were considered on a daily basis. The staff team and patients worked together to look at alternative ways to reduce the need for any restrictions imposed.

There were two respite services where all of the patients were informal. One of the assessment and treatment wards had a a mix of informal and detained patients. Staff told us they would always consider the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in order to protect patients and keep them safe when and if they chose to leave. We were told no incidents had occurred where patients wanted to leave.

We toured the environment of each ward and did not identify any ligature points. The service carried out ligature risk assessments which we looked at and no identified ligature points had been noted. Where patients were at risk of harm they were under close observation. The service had a policy which we saw specifically for the use of observation.

Where patients required the use of restraint there was a restraint care plan in place, which had been agreed by the MDT. Incident records were detailed and contained clear information about what led to the use of restraint, who had been involved and why it had been used . Seclusion was not used within the service.

All staff completed level 1 safeguarding e- learning. All registered nurses complete level 2 face to face training and Band 7 staff complete safeguarding children training.

Are services safe?

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

One staff member told us they do not keep a central log of the safeguarding referrals that were made but they did have access to the local authority database if required. They also reported incidents through the governance structure and this information was gathered on a monthly basis.

Staff we spoke with were aware of the whistleblowing policy and told us they would use it should they need to and felt they would be supported for doing so.

There was good medicines management practice. Each ward had a separate clinic area where medication was stored and administered from. At Lanchester Road hospital all medication was individually stored in patients' locked metal drug boxes, which were kept in the clinic. Patients went to the clinic room to be given their medication. All medication charts were present and correct. Medication checked was all in date and matched what was on the medication chart.

Pharmacy carried out weekly checks to ensure safe handling and administration of medication and this was recorded. Medication was checked at handover by the nurse in charge and there was a process for recording this. .

At Lanchester Road hospital there had been nine drug errors in total in the last six months. These had been a combination of pharmacy errors and drugs not signed for but given to patients. Where incidents had occurred additional training and supervision was given to ensure mistakes were minimised in future.

Track record on safety

In the past 12 months we were told there had been one serious untoward incident (SUI) as a result, staffing levels were increased and debriefing was provided to staff.

There was a daily meeting called "report out". This was an opportunity to discuss any incidents which had occurred and how changes could be made to improve patients' care .

One incident had occurred where a patient had received an apology from the service. . The patient also had changes made to their care plan. A full team discussion took place to ensure that any future episodes of distress could be managed according to the patient's wishes.

Reporting incidents and learning from when things go wrong

The service used "Datix". This is an electronic system to record incidents. Staff were trained in the use of this system. All incidents were recorded and discussed at critical incident analysis (CIA) meetings to identify themes, clusters and trends. This is shared with the team and services in other locations.

Patient on patient incidents were reported on the same system and safeguarding alerts were made. All safeguarding alerts were logged using a centralised system. The outcome is recorded.

The service had introduced a restraint reduction programme to minimise the use of prone restraint following the Department of Health Guidance: Positive and Safe. Monthly meetings took place with the governance team and staff to monitor progress of the programme and to learn lessons for how the service can minimise the number of incidents in the future. .

Are services effective?

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.

Summary of findings

We rated effective as good because:

Patient care and treatment was planned and delivered in line with current evidence based guidance, standards and best practice.

Patients had a comprehensive assessment of their needs, which include clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was regularly reviewed and updated.

Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice.

Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was provided to meet their learning needs. Staff were supported to maintain and further develop their professional skills and experience.

Staff were supported to deliver effective care and treatment.They received thorough meaningful and timely supervision and appraisal. Relevant staff were supported through the process of revalidation. There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Our findings

Assessment of needs and planning of care

Patients were assessed during admission and received further continued assessments as part of the care planning process. Care plans were reviewed on a monthly basis and covered areas such as risks, interventions and strategies on managing complex behaviours, diet and nutrition as well as assessments of patients likes/dislikes and skills and capabilities.

When patients displayed behaviours which challenged, a functional assessment of the patient had been completed. This meant staff understood the target behaviour and

could put plans in place to support the patient effectively. We also found patients had positive behaviour support plans to aid the development of managing complex behaviours.

Care plans were up to date, holistic and recovery focused but did require some improvements. For example care records we looked at did not contain discharge plans. Staff we spoke with explained the difficulties they experienced with local authority teams in identifying placements and contributing to the discharge process. Care records we looked at did not focus on aspirations of individuals through seeking employment or education. There was also a lack of detail in care records demonstrating how people were encouraged to develop new skills and how these were measured for being successful.

When some patients had a diagnosis on the autism spectrum there were no clear support plans in place to identify how they could communicate. There was no evidence that staff were supporting patients to improve and/or expand their method of communication for some patients. However we did see good examples of where patients had clear communication methods in place such as social stories, objects by reference and visual scheduling.

There was also an absence of sensory assessments for some patients who were on the autistic spectrum . Care was therefore not always planned taking into account sensory impairments, which meant staff were not always able to gauge how the environment impacted on a patient's ability to cope.

The service had no clear pathway for treatment and management of autism but had been carrying out audits against the National Institute for Health and Care Excellence (NICE) Autism: recognition, referral, diagnosis and management of adults on the autism spectrum to ensure a pathway was developed and staff had a clear understanding.

Nursing staff could all describe in detail each patients care plan, history and behavioural support plan. Their verbal reports were consistent and staff came across as compassionate and caring.

Patients had a health action plan which was comprehensive and included information regarding patients physical and psychological well-being. Patients had annual health checks and records we checked

Are services effective?

Good ●

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.

confirmed this. We were told where patients were required to see a GP they would have an appointment made with their local service and transport was provided to ensure they could attend the appointment.

When patients had health related illnesses staff received training and information on supporting and managing the treatment. Some of the positive behaviour support plans specified that staff must not use physical interventions where the safety of the patient could be compromised because of a health related illness."

When patients' were prescribed medication which could affect their health and well-being, care records showed physical checks of blood and heart were taking place. It was also apparent in records where antipsychotic medication was prescribed there was a clearly written rational and also details of how the medication would be assessed for its effectiveness.

Care plans and risk assessments were in a computerised format and were accessible by professionals and staff working in the service. When patients moved between services they had hospital passports which contained a comprehensive overview of the person so staff could respond and be aware of the needs of the individual.

Best practice in treatment and care

The service was committed to providing high quality care to patients who had learning disabilities and/or autistic spectrum conditions.

The service had followed the guidance set out in the Department of Health Guidance Positive and Proactive Care: Reducing the need for physical intervention. Each patient had a positive behaviour support plan. The service had introduced an audit to measure how successful it was working within the service.

Medication was prescribed in line with the Royal College of Psychiatrists and British Psychological Society expectations of managing complex and challenging behaviour (Royal College of Psychiatrists (2007) Challenging Behaviour: A unified approach and Clinical and service guidelines College Report CR 144)

The service was carrying out internal audits against National Institute for Health and Care Excellence (NICE) Autism: recognition, referral, diagnosis and management of adults on the autism spectrum in order to improve care for patients on the spectrum.

Skilled staff to deliver care

The service had access to psychologists, occupational therapists and speech and language therapists .This was only provided when staff made a referral requesting support and help.

Professionals such as occupational therapists and speech and language therapists were not integrated into the staff team. Staff we spoke with told us that they experienced no difficulty in accessing these services. However the absence of such professionals meant staff were not always aware of how they could have enhanced patient skills and abilities through input from those professionals.

Staff were experienced and qualified. They received mandatory training, and were supervised and appraised. Training records showed 99% of staff had received safeguarding training, 96% had received training in equality and diversity and 95% has received training in infection control. The service had a range of mandatory training modules which staff had to complete and training across all locations had a good uptake. This meant most staff had completed all their mandatory training. Where staff had not completed this training it was because of sickness or long term leave.

Staff received appropriate supervision. Records confirmed 99% of staff had received up to date clinical supervision. Where staff had not received supervision it was because of sickness or long term leave. We were told that support staff received supervision from the nursing team. Records we saw locally confirmed that staff received monthly supervisions which they found to be beneficial. Staff told us that they were given the opportunity to discuss learning and development as well as any concerns regarding work. Some staff had been enrolled on courses at University of Teesside to learn and develop practice in positive behaviour support whilst other staff were engaging in postgraduate studies in autism.

Staff did not receive training in dementia care and there were patients who had learning disabilities and/or autism who also had a diagnosis of dementia. Staff were able to tell us how they had accessed the dementia team which had been involved and made suggestions on the care of someone with a dementia condition.

We were told by staff that they used learning opportunities to change and influence better practices on the wards. We were given examples of a peer review model. This was a

Are services effective?

Good ●

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.

system whereby staff had values based training and were then equipped with the skills to be able to challenge their peers if they felt the care they were delivering did not meet standards. An example of this was where a positive behaviour approach had not been adopted. Staff explained this was in its early days and hoped that it would be an effective tool.

The service had also embedded a positive behaviour steering group. The steering group was a focus point of embedding positive behaviour support as a core value within the service. Elected members of staff were also appointed as positive behaviour support champions.

Poor staff performance was monitored and dealt with effectively. We looked at an incident where staff working on night duty had been sleeping and failed to meet the needs of a patient. All staff concerned were subject to the trust disciplinary procedures and subsequently dismissed. The managers across all locations were confident in addressing poor practices and were committed to protecting patients from the risks of receiving poor care.

Multi-disciplinary and inter-agency team work

MDT's occurred every week and were made up of psychiatrists, nursing staff, and other professionals such as speech and language therapists, psychologists and occupational therapists where they were involved in patients care.

We observed an MDT taking place during our inspection. Not all patients attended because they did not want to or because they were not always invited. However there was a process where patients were informed of the outcome by either nursing staff or their consultant psychiatrist.

There were daily report out meetings where each patient on every ward was discussed. We attended several meetings. The purpose of the meeting was to discuss general wellbeing of patients and any changes in their presentation and needs. From these meetings it was discussed what other professionals could be accessed to provide care and treatment to patients.

We saw examples of where the service accessed professional support from other services. One example was in relation to one patient who had complex epilepsy. The service had made a referral to a neurologist who had provided advice and guidance to clinical staff on medication and stabilisation of a patient with epilepsy.

We were told every six months patients who were detained under the Mental Health Act 1983 would have a care programme approach meeting (CPA). The CPA meeting discussed patient needs and supported future planning of care. The meeting included staff from both health and social care services. Staff told us they struggled to always carry out CPA meetings where a care co-ordinator was present to support in discharge planning and identifying alternative placements for patients to move on to within their local areas.

Adherence to the MHA and the MHA Code of Practice

A Mental Health Act reviewer visited five wards as part of this inspection they reviewed the detention documentation for the detained patients.

The use of the MHA was mostly good in the inpatient wards. The documentation we reviewed in detained patients' files was generally compliant with the Act and the Code of Practice.

Completed consent to treatment forms were attached to the medication charts of detained patients.

Information on the rights of patients who were detained was displayed in wards. Independent advocacy services were readily available to support patients and information was displayed in wards and also around other parts of the hospitals. Staff were aware of the need to explain patient's rights to them. This ensured that people understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the MHA had been explained to them where they were able to tell us.

Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.

Good practice in applying the MCA

Staff had not received mandatory training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However despite lack of mandatory training we saw examples of where staff were able to demonstrate a good knowledge in assessing the needs of patients.

We discussed various aspects of care with staff. Topics discussed included the capacity assessment and a best interest decision surrounding a patient who required a vagus nerve stimulation (VNS). Staff were able to show us

Are services effective?

Good ●

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.

that the capacity assessment was followed up by the best interests decision meeting where the decision was made. This was supported by the minutes of the best interest meeting. All parties involved had attended and a independent mental capacity advocate was involved. This was a good example of the Mental Capacity Act in practice.

We discussed with staff the status of one patient who was informal. We asked if they were free to leave and

unsupervised. The patient's dementia diagnosis meant they were vulnerable and staff told us if at the time they wanted to leave a risk assessment would be carried out and if the risk to their safety was too great the nurse in charge would be considered an emergency section or an emergency DOLS. A further review of their needs would be carried out following an event such as this.

Are services caring?

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

Good 🟢

Summary of findings

We rated caring as good because:

Feedback from patients who used the service, and those who were close to them was continually positive about the way staff treated patients.

There was a strong person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients who used the service, those close to them and staff were strong, caring and supportive.

Patient's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

Our findings

Kindness, dignity, respect and support

We spent time observing how patients were treated and spoken to. We observed staff speaking to patients in a kind manner. Staff were polite and softly spoken.

We carried out an engagement activity with patients at both Bankfields Court and Lanchester Road. The activity we used was a specific way of communicating with people who had complex needs and difficulties in communicating. The information gathered from the activity was that people felt valued and included in the planning of their care and treatment and people were supported with sexual identity, relationships and inclusion.

- Four family carers we spoke with at Bankfields Court told us staff treated patients with kindness, dignity and respect. People told us "They are brilliant they really are" and " Even the cleaners ask if it is okay before entering rooms". "They Have a very small team and they are absolutely amazing".
- A relative told us when they visited their relative they "appeared bored senseless they are like a budgie in a cage". The relative described how they would like to buy things for their relative and that "I'll suggest something, I'll have to argue for it and then they'll say yes, it took them two years to arrange one day out."

- We saw patients being treated with respect and kindness by staff. we saw positive interactions between patients and staff. An example, of this included staff engaging a patient to talk about a recent event that they had enjoyed.
- Other relatives told us staff were respectful and treated people with dignity and respect. One person said "They do a great job" " When they were poorly they really helped us". "Staff are great" " They wouldn't be here if it wasn't good"

- Relatives described visiting before first using the service, one told us their child was invited for tea and was introduced to the lead nurse and /or key worker.

The involvement of people in the care they receive

Patients were introduced to the wards and they were shown around by staff. We saw a range of leaflets that were available, these included a PALS leaflet which described what to do if people had a concern or worry. There was a leaflet to explain why doors were locked, and a leaflet titled "why I am here". They were explanations on capacity and consent, engagement and assessments.

There was also a leaflet explaining rights under the mental health act. All of these documents where in plain English but were not always in a format people understood if they experienced communication difficulties.

At Lanchester Road one room had a noticeboard containing leaflets about "The way we work, sexual orientation and gender". One of the leaflets was for staff and the other appeared to be an easy read version. Some of the language was complex in nature and it was unclear looking at the easy read version what to expect about how patients would be treated in hospital.

We talked to relatives about patient involvement in care planning. Three relatives were not absolutely clear about care plans. "I think we have copies of the care planning and I feel involved, it 's ages since we had one". "I'm assuming they have got a copy of it".

Other relatives told us "There are meetings we are invited to and we are included in care planning". People could describe examples of how well staff knew their relative. Two relatives were in daily contact with the unit. One relative said "They are talking about an exit plan now and I've asked for information, literature, budget, I want them close "(To where the family home is).

Are services caring?

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

Good ●

All wards had a patient experience feedback board that gave information about how the ward had responded to issues raised by service users. The language used did not take in to account the needs of patients Staff told us that not everyone could read or would be able to understand the notice board but staff talked to them about what was displayed.

Two representatives of the service user reference group told us they attended meetings. The advocacy service is an independent organisation contracted by the trust to work with patients. One of the advocates had a learning disability and the other person worked for the organisation and was giving support. " We talk to people and staff, we keep it private, we come here once a month we do all sorts." The advocates were confident that patients were listened to. They also described delivering values training to this unit and to around 300 people each year this training was delivered to qualified and unqualified staff, all inpatients and staff.

The advocates told us that when patients leave hospital they visit them at home and complete a discharge

questionnaire which is fed back to the trust management team. Advocates confirmed that patients can get stressed when there are delays in commissioning support to enable them to move on.

This can affect relationships between patients and staff. They said there was a strong culture of involvement although they did not see any care plans. It was agreed that this was work still to be done and "we are pushing at an open door".

An advocate said that members of the reference group visited every 2 to 3 weeks and were "working to find more creative ways of giving people more control of their care plan. " They said there was "a good solid core of leadership". The advocate told us that the trust invested in advocacy and a positive behaviour support team. They have seen staff demonstrating real understanding of how to work effectively with people who have a range of difficulties.

We looked at patient meeting minutes and found that discussions included comments about looking forward to going home, wanting to go to fast food stores, wanted to go out more, liking the food here. There were no notes of how issues raised had been addressed.

Are services responsive to people's needs?

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

Summary of findings

We rated responsive as requires improvement because:

The trust philosophy was to develop person-centred, holistic care plans soon after admission that focused on discharge. The service did not always work in this way which meant patients wider needs preparing them to leave hospital were not always met.

When patients had complex needs and required additional support they should have had routine access to Psychology, SALT and Occupational Therapy. These professionals should have formulated as part of the MDT team.

Patients communication needs should have been adequately assessed to enhance and abilities.

Patients should have been encouraged to participate in age appropriate activities to reduce the possibility of stigmatisation in people with learning disabilities and/or autism.

The service admitted patients only when inpatient care was the best way to meet patients' needs.

Wards optimised recovery, comfort and dignity. There was opportunities for patients to develop and learn new skills.

Patients concerns and complaints were listened too and improvements were made.

Our findings

Access, discharge and bed management

Most patients had been in the service between 2-14 years at the time of our inspection. We were told and shown examples where the service struggled to discharge patients because of difficulties with external authorities not identifying suitable places for patients to move to. We were also provided with information demonstrating there were delays in funding from external authorities which meant patients remained in hospital longer than necessary.

We also found independent care and treatment reviews which were part of the 'Transforming Care Programme' lacked detail regarding actions and timescales which all

authorities would be responsible for. Had the philosophy of the transforming care programme board been fully adopted and implemented then many patients at the time of our inspection would have most likely have been living in community placements outside of hospital.

The transforming care programme board was set up following the Winterbourne View scandal which identified there were many patients nationally with learning disabilities residing in hospital when it was not necessary. The transforming care programme board has imposed greater emphasis on care providers and commissioning authorities to take proper steps to ensure patients who do not require treatment in hospital are discharged. As part of this process patients are independently reviewed by health professionals to ensure their detention in hospital is necessary.

We looked at discharge planning and found the service must take action to develop it's way of working with commissioners and other external bodies to ensure when patients are ready for discharge placements can be found. The service must also ensure that patients have a comprehensive person-centred, holistic discharge plan in place to support commissioners and other authorities to find accommodation that will meet individual needs and preferences .

Minutes of recent 'Care and Treatment' reviews under the transforming care programme were being used as discharge plans. We looked at seven examples of these and some had actions and timescales whilst others had a task list but no timescale. Whilst they made reference to the need for bespoke services, they did not include a need for outcome-focussed person centred plans from which the services could be commissioned. The service had not used these reviews to develop a holistic plan which addressed the patients needs and preferences.

Staff told us the philosophy was they started planning discharge from the day of admission. They discussed discharge for individual patients who were admitted mid-January 2015 and who would be returning to their home in mid-February 2015. However patients did not have a written discharge plan, nor was there evidence of clear timescales, actions or dates. Staff did not know when the patient was actually returning home as staffing needs had not been resolved with commissioners.

Are services responsive to people's needs?

Requires Improvement ⬤

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

Another patient who was admitted in August 2014 was on a 12 week treatment programme from Jan 2015. There were no discharge or transitions plans in place. Staff told us social workers would only start looking for an alternative placement once they had completed the treatment. We also observed this was recorded in patient notes.

Another patient had been recalled to hospital. Again, staff had been told that the social worker would not look at community services/ accommodation needs until their mental health was more settled and therefore discharge planning had not commenced.

We saw one example of where commissioners had instructed a care provider to carry out an assessment of one patient. Once the assessment had been completed the patient was unable to leave hospital because the care provider did not have any available accommodation. The assessment process took almost up to a year to complete and the patient still remained in hospital with no alternative placement found.

Some patients had been in hospital between 9 and 14 years. We looked at the discharge plans and saw the minutes of recent 'Care and Treatment' reviews stating they were ready for discharge. There was no written discharge plans in place and commissioners still had not identified any placements in the community for patients.

Staff spoke about discharge but described the process as being one of the care-coordinator finding a provider who would then assess the patient with a view to offering a residential placement. Staff were not able to fully explain their duties in producing a comprehensive person-centred holistic discharge plans.

The service had a reference groups to raise concerns regarding the lack of engagement of external agencies to support patients in their discharge.

Staff also recognised they needed to develop more patient focused holistic care plans which would inform commissioners to identify specific packages that meet individual needs and choices.

Staff showed us and talked us through the admission policy. Admission requests were discussed with the ward manager. Staff told us they could refuse an admission and that their views had been and would be listened to. A consultant psychiatrist at Lanchester Road hospital was able to give us clear examples of times when they had refused admissions because people did not require hospital care. We were told in these circumstances people were referred to the community learning disability teams.

We were given examples at Bankfield Court where patients transferred from other wards to the individual flats that were located within the service. Staff from the wards supported patients to move into their flats. When the patient was moving from the flats into the community, staff undertook transition with them and trained the community staff. We saw current staffing transition plans. These were adapted during the transition if needed and we saw examples of this. A patient who was in the process of moving into the community worked with a particular nurse. They had left the service and joined the community team. They were now supporting the patient transition in their new role.

The ward optimises recovery, comfort and dignity

The wards across all locations optimised recovery, comfort and dignity.

They had excellent kitchen equipment and good amount of living space. Each patient had individual staff and an activity programme. We spoke with two patients who described what they were doing that day. They described going shopping for food with staff. They planned their menus with staff weekly. One person who was vegetarian had a vegetarian meal plan, and a service user who was Muslim had a Muslim (not Halal) diet, supported by staff and family.

Patients were not always involved in food preparation and purchasing of groceries. All wards had a kitchen which were used on a daily basis to prepare and cook all meals. The purpose of the kitchen was to enhance the skills and abilities of patients. However during our inspection we did not observe any patient participate in cooking. .

Activities also showed a mixture of community and ward based activities including swimming, cinema, Alzheimer's group café, which all took place.

However at Bankfields Court and Lanchester Road we did see some activities and equipment that were not age appropriate such as children's toys that could infantilize the patient. Staff told us they ordered the food online. Patients also went to the supermarket to purchase daily groceries or individual meal choices.

Are services responsive to people's needs?

Requires Improvement ●

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

The communal lounge was where patients could get together for meetings, watch DVD's or listen to music together. We saw the patients' feedback board, also in the lounge, which had pictures. It recorded patients' views, e.g. access to time with staff, access to private telephone, knowledge of how to complain.

Patients had access to a vegetable and flower garden and animals. This supported the development of patients skills.

Patients who had a picture exchange communication system it was not always being used. Staff told us they knew the patients and they could make their needs and choices known. Staff had not considered how people supporting them in the future would support communication, nor how people would gather their views about what they would like in their life.

Meeting the needs of all people who use the service

Patients had a full assessment of need including their life history as well as their mental health difficulties. This meant that staff had an understanding of patients' cultural, religious or sexual orientation. Staff were able to tell us how patients communicated and were able to understand their behaviours.

No patients required the use of interpreters. However they could be accessed when required. Where a patient did not have mental capacity to consent to treatment or access any other support network, staff automatically referred them to an advocacy service to ensure their needs were considered. We saw examples across the service where patients had independent mental health advocates and other advocates.

Patients could access a computer to learn new skills such as using the internet as well as a means of keeping in touch with friends and family.

Listening to and learning from concerns and complaints

There were no recorded formal complaints across the service during the time of inspection. Staff told us they tried to resolve any issues of concern with patients and/or their relatives when they raised.

- Information was found in communal areas of how to complain. We were told that lessons from complaints are discussed at "report out" meetings and/or supervisions. Staff feedback complaints findings to patients. We were also told that complaints were rare and did not see evidence of a complaint being handled.
- One patient told us their mattress was hard and they asked for a new one. This was actioned by ward staff. Another patient also asked for softer mattress and this too was actioned

Are services well-led?

Good ●

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.

Summary of findings

We rated well-led as good because:

There was clear statement of vision and values, driven by quality and safety. It had been translated into a credible strategy and well-defined objectives that were regularly reviewed to ensure that they remained achievable and relevant.

The vision, values and strategy have been developed through a structured planning process with regular engagement from internal and external stakeholders, including people who used the service, staff, commissioners and others.

There was an effective and comprehensive process in place to identify, understand, monitor and address risk. Performance issues were escalated. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.

There was a strong focus on continuous learning and improvement at all levels of the organisation. Safe innovation was supported and staff had objectives focused on improvement and learning. Staff were encouraged to regularly take time out to review performance and make improvements.

Our findings

Vision and values

Staff understood the visions and values of the organisation. Staff, management advocacy services and family carers told us the service genuinely cared for the patients. . Qualified staff, nursing assistant and ancillary staff could tell us who members of the board were and they had visited the locations and met with patients and staff.

Good governance

The trust had undertaken a series of clinical audits to check the quality of the services provided. The inpatient wards for people with learning disabilities and/or autistic spectrum conditions were overseen by a clear governance structure and quality team. We were told that sample checks of the quality of care provided were carried out and that these included checking care records, ensuring staff training and supervision was up to date. Patients and their relatives were given full opportunity to comment on the service.

The service had a portable computer tablet which was easy read so both patients and relatives could use it. The tablet held a central survey which could be completed and the results were then collected centrally and used to inform wards of patient and/or visitor feedback on the service.

Leadership, morale and staff engagement

Staff had monthly meetings to discuss any issues on the wards and across the service. They also used this opportunity to look at ways of improving practice. Staff told us they didn't have to wait for these meetings as they could discuss any issues at any time with their manager. Staff felt supported by the management arrangements on the ward and felt they worked together as a team.

Staff had received regular supervision. We saw evidence on the wards of contracts for individual supervision stipulating that staff would have a minimum of eight hours per year. Staff said they usually had supervision once a month either in a group or as an individual. All staff spoken with told us they could also seek extra support if they felt they needed it. They told us that senior staff were always available and if not present they could be contacted by telephone.

Commitment to quality improvement and innovation

The trust had a comprehensive quality assurance system in place to ensure continuous improvement of care. We saw evidence that there was an improvement board through the governance structure. It was clear from minutes of meetings improvement plans were produced and these were reviewed and updated regularly.

An example of this was the service had an action plan in place following the Winterbourne View scandal. This focused on involving patients and their families in their care, reducing the need for physical intervention and efforts being made for patients to return to their local environment. Regular audits were being carried out to ensure that incidents were being reduced and patient care was improving.

The service was also committed to the closure of assessment and treatment units and this was demonstrated from the way they had began to close wards and reconfigure the service.

Are services well-led?

Good ●

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.

The trust had implemented a questionnaire for patients and their relatives when they were discharged from the service and patients were supported by the advocacy service to complete these. The purpose was to enable practice improvement and experience.

Each patient had a Health Action Plan and the service had developed pathways with local services to ensure the inpatient learning disability population had their physical health needs met through local services.

Information about 'lessons learned' was circulated throughout the trust in an e-bulletin sent to all staff. These incidents were discussed in team meetings and at handovers as well to ensure all member of the team were involved.

An example of this was CQC had found at a previous inspection in March 2014 concerns at Roseberry Park. Each location was asked to review the quality of care at their establishment and put actions in place.

Staff were encouraged to input ideas on how to improve services forward to the trust. The trust also had an awards night for staff. The Learning disability and autism inpatient team at Bankfields Court had been nominated for an award by the trust. Staff told us these awards were important and was a recognition of feeling valued.

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 9 HSCA (RA) Regulations 2014 Person-centred care **We found the registered person did not always ensure the discharge plan was person-centred.** This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: The provider had not worked effectively with partner agencies to ensure patients had comprehensive, person-centred, holistic discharge plans to minimise the risk of patients remaining in hospital longer than was necessary. Partner agencies and commissioners had not undertaken proper steps to ensure patients who do not require treatment in hospital are discharged. Regulation 9(3)(a)