

# Cygnnet Wast Hills

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

## Overall summary

### **We rated Cygnet Wast Hills as good because:**

- The service provided safe care. The ward environments were safe. The wards had enough nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff developed took a truly holistic, recovery-oriented approach to assessing, planning and implementing care plans which were individualised, and person centred. They included comprehensive plans for those with additional physical health needs such as epilepsy. They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability and autism and in line with national guidance about best practice. Staff engaged in clinical audit and monitoring outcomes for patients to evaluate the quality of care they provided. The hospital was accredited with the National Autistic Society and was committed to continually improving the quality of care it provided to its patients.
- The ward teams included or had access to the full range of highly skilled specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal to ensure the highest level of care. The ward staff worked well extremely well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. The multidisciplinary team were active participants in the daily life of the hospital and patients knew them well and interacted with them as people they trusted. This level of interaction ensured the multidisciplinary team knew and understood the smallest of details about a patient and this enhanced the bespoke packages of care they delivered.
- The multidisciplinary team completed timely assessments as soon as a patient was admitted ensuring staff could fully meet their needs. The speech and language therapist assessed each patient to understand the form of communication they used and delivered bespoke training to staff so that they could effectively communicate with patients and help them to settle in and reduce the potential for challenging behaviour.
- Managers ensured that staff a range of skills to meet the needs of patients and provide high quality care. They were committed to encouraging staff to be creative and use skills outside of their role to enhance care for patients such as the staff member designing bespoke murals with patients. Managers provided a robust induction for all staff including agency workers which included opportunities for shadowing. Staff were encouraged and supported to raise concerns about poor practice and staff felt listened to and knew that manager would investigate any concerns without delay.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff ensured that where possible they explained to patients their rights under the Mental Health Act using a range of communication aids. Staff included patients in best interest decisions and ensured their views and wishes and been taken in to account. They always assumed patients had the capacity to make their own decisions unless a capacity assessment had been completed.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. There was a strong visible person-centred culture which was displayed by all staff we met during the inspection. Staff were highly motivated and inspired to offer care that was kind and promoted dignity and respect for their patients. They actively involved patients and families and carers in care decisions.
- The hospital had a service user forum which allowed all patients to be actively involved in making decisions within the hospital setting. Staff acknowledged that bringing patients together as a group would not work so spent time with each patient discussing the current theme and documenting their responses. The team discussed how these would be actioned such as having pet therapy visit the hospital and would feedback to patients how this would be actioned.

# Summary of findings

- The hospital was very focussed on the rehabilitation of patients back into the community at the earliest opportunity or once suitable accommodation was available. It was well led, and the governance processes ensured that ward procedures ran smoothly with managers well known and visible in all areas of the hospital.

However:

- Not all areas of the ward had been cleaned thoroughly on our first visit which we raised with the manager. We

visited again 10 days later and found that cleanliness had improved although The Lodge had an unpleasant odour in the entrance area. The manager had arranged for their estates department to investigate this and to do any work necessary to reduce the smell.

- Cleaning schedules did not accurately reflect the current layout of rooms in use within the buildings which made monitoring of cleanliness difficult. There was no monitoring of the cleanliness and tidiness of the grounds.

# Summary of findings

## Our judgements about each of the main services

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

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### Summary of this inspection

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Good 

# Cygnet Wast Hills

**Services we looked at**

Wards for people with learning disabilities or autism.

# Summary of this inspection

## Background to Cygnet West Hills

Wast Hills House is an independent hospital providing assessment, treatment and care to people with a complex learning disability and autism. Wast Hills House was taken over by Cygnet Healthcare Limited in 2018. The site has three units; the Main House, the Annexe, and the Lodge.

They have a total of 25 beds; six in the Annexe, four at the Lodge and 15 in the Main House.

The House provides care for patients who are acutely unwell, including five individual flats for patients who need a quieter environment, called 'bespoke' areas.

Wast Hills House is registered with the Care Quality Commission for the following regulated activities:

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

Both the Main House and The Lodge are period properties and the annex is a single-story purpose-built unit. The hospital is set in six acres of ground in a rural location in Worcestershire.

The service is commissioned through clinical commissioning groups in England and the equivalent in Scotland. In line with NHS England Transforming Care

arrangements, clinical commissioning groups assess and refer patients following a care and treatment review, meaning patients, families, the patients' local clinical team and clinical commissioning group participate in a case conference to discuss the care pathway for an individual prior to admission. Ongoing monitoring takes place once a patient is admitted using a combination of care and treatment reviews and care programme approach reviews.

Wast Hills admission criteria states that patients must have a dual diagnosis of learning disability and autism.

Wast Hills had a comprehensive inspection in May 2018. It was rated as outstanding overall. The domains were rated as good for safe and responsive, and outstanding for effective, caring and well led. There were no compliance actions resulting from that inspection.

A CQC thematic review took place in March 2019 which raised some concerns relating to long term segregation and the lack of activities for patients.

A follow up focused inspection took place in July 2019 to look at these concerns. The inspection looked at the effective, caring and responsive domains and was not rated although the report found that the issues raised in the thematic review had been resolved. [Start here...](#)

## Our inspection team

The team that inspected the service comprised three CQC inspectors, two from mental health and one from primary

care services, an inspection manager, two Mental Health Act reviewers, a specialist advisor who was a learning disability nurse and an expert by experience who was a carer of someone with complex needs.

## Why we carried out this inspection

We carried out this inspection following the CQC national thematic review into seclusion, segregation and

seclusion, and the previous focussed inspection, both in 2019, so that we could look at all domains and consider if the service continued to provide safe, effective, caring, responsive care and treatment, and that it was well led.

# Summary of this inspection

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with three patients who were using the service and completed three short observational frameworks observations;

- spoke with four carers;
- spoke with the registered manager;
- spoke with 19 other staff members; including doctors, nurses, healthcare support workers occupational therapist, psychologist and speech and language therapist;
- observed a care and treatment review and a care planning approach review which included commissioners, community care coordinators and an independent expert by experience
- attended and observed a multi-disciplinary meeting;
- looked at eight care and treatment records of patients;
- carried out a specific check of the medication management on all wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

We spoke with three patients and four carers. We also completed three observations on patients who were unable to communicate with us using the short observational framework for inspection. This is a tool developed by CQC with the University of Bradford's School of Dementia Studies and used by inspectors to capture the experiences of people who use services who may not be able to express this for themselves. Patients stated they were happy and liked the staff. We observed

that staff were caring and kind and that patients trusted them. We saw lots of positive interaction and engagement between staff and patients using a range of communication aids. Of the four carers we spoke with all were extremely happy with the care their family member was receiving. Two commented that they did not always get a response to their calls straight away and felt communication could be improved but understood that patient care was important to staff.



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

**We rated safe as good because:**

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Not all areas of the hospital was cleaned to a good standard. The entrance to The Lodge had an unpleasant smell and other areas of the hospital were not as clean as they could be. On a follow up visit 10 days after the inspection the areas we had identified had been cleaned. The only issue that remained was the smell in The Lodge. The manager acted promptly to ask their estates team to investigate what might be causing this so appropriate action could be taken.

**Good**



# Summary of this inspection

- Cleaning schedules did not accurately reflect the current layout of the building which made it difficult for managers to be sure which areas had been cleaned. The grounds were not routinely monitored for cleanliness and a clinical waste area was unlocked. Patients did not have access to this area unsupervised, and the manager resolved this problem as soon as it was identified.

## Are services effective?

We rated effective as good because:

- Staff took a truly holistic approach to forming functional assessments when assessing the needs of patients. They worked with patients and with families and carers to develop individual care and behaviour support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.
- Staff provided a wide range of bespoke and individualised care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. The multidisciplinary team knew and understood the needs of each individual patient. This meant that the individualised care was of a high standard and based on understanding the smallest of details about each patients' preferences, likes and dislikes.
- The speech and language therapist quickly identified communication methods for each patient on admission and supported staff with bespoke training so that instances of challenging behaviour could be reduced as staff had the skills required to engage and communicate effectively with patients. This was supported by signs and symbols being widely displayed throughout the hospital for example menus were changed every morning so that patients had a clear understanding of the choices for that day.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives which supported them to deliver high quality care. The hospital was accredited with the National Autistic Society.
- The hospital team included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed

**Good**



# Summary of this inspection

to provide high quality care. They were proactive in the way they supported staff with appraisals, supervision and opportunities to update and further develop their skills and saw this as essential ensuring care was of the highest quality. Managers provided an induction programme for new staff and for agency workers which included opportunities for shadowing and training around safeguarding and reporting concerns of poor practice should they see them.

- Staff from different disciplines worked extremely well together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Staff had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge. This included staff from the new service working with the patient at West Hills and a staff member from West Hills moving to the new service with the patient so that the transition was successful.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them. They used a range of communication aids to support this process.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff ensured patients were actively involved in best interest decisions so that their views and wishes were considered.

## Are services caring?

We rated caring as outstanding because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. We saw that staff truly respected and valued the patients as individuals and empowered them to as partners in their care. Staff had an exceptional understanding of the individual needs of patients which enabled them to predict their needs and used this to support communication and the care they delivered. Staff supported patients to understand and manage their care, treatment or condition using a wide range of communication methods to ensure they had the best possible opportunity to be involved in their own care planning.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care

**Outstanding**



# Summary of this inspection

provided. Staff changed their shifts to suit the individual needs of patients particularly if a patient needed additional support for a special event or health appointment by someone they knew well. Staff took time to get to know patients extremely well so that they could communicate effectively with them and understand the smaller nuances in changes of behaviour so that periods of challenging behaviour could be minimised through planning and making changes at an early stage.

- Staff ensured that patients had easy access to a range of different types of independent advocacy. Staff made referrals to advocacy on admission for all patients and ensured everyone had the opportunity to engage with the service on an instructed or non-instructed basis depending on the patient's level of communication and capacity to understand the service being offered. This supported each patient to be able to influence decision making about their own lives.
- Staff fully involved patients and their families in their care. The families we spoke with were extremely positive about the level of care being provided to their family members. They stated that the hospital managed challenging behaviour well and had systems in place to help reduce this. They were confident in the care being provided.
- The hospital included families and carers in all areas of hospital life. This included events so that families could offer each other peer support and supporting patients to access the community for things such as a restaurant visit for a special birthday. Staff supported patients to attend community events with their families which was something many of them had not been able to do previously due to the level of their disabilities and complex needs.
- The hospital was very inclusive in the way it listened to the service user voice. It had a service user forum which covered a range of themes and topics. Due to the high level of communication needs of the patients it was not possible to bring them together as a group, so staff spoke to each patient individually about the current topic and recorded their views. We saw that staff acted on the views of the patients for example the patients had voted for pet therapy which the hospital had agreed to arrange.

## Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge for patients. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Although

**Good**



# Summary of this inspection

some patients had delayed discharges staff were proactive in keeping the process moving and raising concerns about the delays with commissioners. Due to the complex needs of some patients they had to wait for bespoke accommodation to be sourced and care teams to be trained.

- The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff did not always receive feedback from incidents across the wider organisation to help support they're learning and development.

However:

- Managers had not ensured there were always adequate systems in place to keep the hospital clean.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

All staff had received training in the Mental Health Act and at the time of the inspection compliance was 100%. Staff demonstrated a good understanding of the Act and how this related to the care and support of their patients.

The Mental Health Act administrator ensured all paperwork was in good order and completed regular audits of this. Managers ensured that any actions were taken immediately, and learning was shared with staff.

Staff ensured patients had regular access to independent mental health advocacy and all patients were referred for this on admission to the hospital.

## Mental Capacity Act and Deprivation of Liberty Safeguards






All staff received mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Training was 93% compliant at the time of the inspection.

Staff gave patients every assistance to make specific decisions for themselves before assuming they lacked

capacity. When needed best interest decisions were made following discussion with the multidisciplinary team and family members and this was recorded in patient records.

Staff understood how to make an application under the Deprivation of Liberty Safeguards and ensured these were followed up with the local authority to avoid long delays in them being authorised.

# Wards for people with learning disabilities or autism

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

## Are wards for people with learning disabilities or autism safe?

Good 

### Safe and clean environment

Staff completed regular risk assessments of the care environment. The layout of each building varied, and staff could not observe all areas however due to the complex needs of the patients all were provided with support which was one to one or higher. This level of support mitigated the risk of the ligatures points we saw in some areas of the buildings.

The hospital mainly provided a service for male patients although at the time of the inspection they had one female patient who had her own suite of rooms to ensure her safety, privacy and dignity had been respected. The decision to admit the female patient was a joint one involving the hospital who knew her well and following discussions at care and treatment reviews and with the support of the clinical commissioning groups. The review of her placement was an ongoing process and staff had worked to support the patient through the use of the multidisciplinary team until a more appropriate placement could be found.

The hospital was in the process of changing the alarm system as the loud noise the old system made had been raised during the focussed and unannounced inspection in July 2019. A pager system had been installed and the

volume of the main alarm had been reduced while staff were adapting to the new system. The hospital planned to stop using the old alarm system once they were sure the new system was working effectively.

During a tour of the main house, the lodge and the annex the inspection team noted several areas appeared to need a deep clean including some of the chairs used by patients. The entrance to The Lodge smelled strongly of urine. This was raised with the manager who explained they didn't have the full number of housekeepers and a company came in to deep clean every eight weeks. Staff reported that at times they helped to support with the cleaning, but this wasn't part of their role which was to focus on patient care. We revisited the hospital 10 days after the inspection and found the areas of concern we had about cleanliness had improved in the main house, and the smell in the entrance to The Lodge was still noticeable. Following our visit, the manager emailed the same day to confirm that estates who look after the building were coming out to try and identify where the smell was coming from and rectify the problem. There was no carpet or bathrooms in that area of the building. A budget had been made available to put a special wall cladding in some bedrooms to ensure they were easier to deep clean and manage infection control. This work was scheduled to be carried out imminently. Cleaning schedules had not been updated to reflect the change of use for some rooms although housekeepers understood which areas they were responsible for.

Staff adhered to the principles of infection control and we saw that handwashing posters had been displayed around the hospital and that hand gel was available. The clinical

# Wards for people with learning disabilities or autism

waste bins stored outside were in an area which had not been locked. This area was not used by patients but when we raised this with the manager they ensured the area was secured straight away.

The hospital did not have a seclusion room.

Staff ensured clinic rooms were fully equipped with accessible emergency equipment. The clinic rooms were clean and in good order.

## Safe staffing

The main house and the lodge had three qualified staff working across the two units during the day and two at night. The annex had one qualified member of staff. The number of healthcare support workers varied according to the number of patients in the hospital and the level of need they displayed. For example, on the day of the inspection a new patient was due to be admitted so additional staff were on site ready to provide support as soon as the patient arrived. The hospital had two floating members of staff who were not allocated to specific patients, so they could cover breaks or help when extra support was required. The manager could adjust the staffing levels as they needed to.

At the time of the inspection the hospital had seven vacancies for qualified staff and six for healthcare support workers. Recruitment was an ongoing process as the needs of patients could change quickly and additional staff needed at any point.

The number of nurses and healthcare support workers matched those on the rotas for each shift.

Managers used bank and agency staff when required. Agency staff were block booked and received a full induction and shadowed regular staff before starting work at the hospital. We observed part of the induction taking place during the inspection. It included clear guidance about safeguarding and how to raise any concern with managers at the hospital or above manager level if necessary. Agency staff were introduced to each member of the multidisciplinary team and given full access to the organisation's intranet and records. Following induction agency staff were interviewed so only those who were suitable were accepted to work at Wast Hills. We saw

evidence that from January 2019 to November 2019 there had been a 55% reduction in agency use despite there being an increase of 9% in the number of worked hours for each month.

Due to the level of support provided patients always had access to one to one time and staffing shortages rarely resulted in staff cancelling activities or leave from the ward.

All staff had received training in accredited conflict management training including the management of aggression and use of physical interventions. Staff working directing with patients received training at this level and had a 97% completion rate. Administration and domiciliary staff received break away training and this had a completion rate of 80%. Staff reported there were enough staff to perform physical interventions if required.

The hospital had a full-time consultant psychiatrist and all patients were registered with a local GP practice. Staff stated they could get advice and guidance as and when they needed it.

Staff had received mandatory training which included infection control (86% completion) and equality and diversity (97%). The overall completion rate was 90%.

## Assessing and managing risk to patients and staff

We reviewed eight sets of patient records. These showed staff completed risk assessments for each patient on admission and updated these regularly as needed. Staff completed a positive behaviour support plan and 100% of staff had been trained in the use of these. Staff responded quickly to the changing risks for patients and ensured information was shared across all staff through handovers and multidisciplinary team meetings.

Staff were aware of the individual risks of falls and pressure ulcers for their patients and ensured these were measured and recorded.

Staff followed the policies and procedures for Cygnet Healthcare when completing observations. All staff received training in learning disabilities, autism and positive engagement with patients including when working on observations with the patient during their induction. All patients received at least one to one support during the day with some patients needing higher levels of support of three to one.



# Wards for people with learning disabilities or autism

Staff did not need to search patients due to the high level of observations and support they required which meant they were never outside of the hospital without support. None of the patients were restricted in their movements around the hospital and walking was an activity many of the patients enjoyed. Staff reported that three patients had access to a range of activities with other patients but had chosen not to engage with this (the hospital used the term self-isolating to describe this), but this did not mean that they could not access areas of the hospital such as the training kitchens, the sensory room or the activity space if they chose to. These patients could choose whether they wanted to interact with other patients in the hospital and this was supported and encouraged by staff whenever patients indicated this was what they wanted. These were options that were always available to them.

The hospital implemented the provider's no smoking policy.

The hospital only admitted patients with very complex needs and challenging behaviours on a section of the Mental Health Act or those protected by a Deprivation of Liberty Safeguards, so they do not have informal patients. Patients were encouraged to use their section 17 leave to spend time out in the local community.

The CQC thematic review in March 2019 into long-term segregation identified two patients at Wast Hills were in long-term segregation. One which the hospital had identified and one who the hospital felt was choosing not to mix with other patients. One of these patients had since moved on to another placement and the hospital reported they had no long-term segregation at the time of the inspection and three patients who were choosing to spend time on their own and not mix with other patients. Instead preferring to remain in their own areas.

From 01 June to 30 November 2019 the hospital reported 119 incidents of restraint where a patient was lying on their back in the supine position. No restraints took place in the prone position and all were completed in line with the positive behaviour support plans. Staff talked about using restraint as a last resort and it tended to happen most with new patients in the first few days following admission. All staff spoke about using de-escalation and distraction techniques with patients and talked about how successful this was. Rapid tranquilisation had been used eight times from 01 June to 30 November 2019 on four patients. This was administered in line with guidance from The National

Institute of Health and Care Excellence. Managers carried out a monthly analysis of incidents of restraints and physical interventions and measured these against the data for similar services across the Cygnet Healthcare group.

The provider had completed extensive analysis on a monthly basis looking at the incidents of restraint. The analysis showed that there had been a decrease of 6% in the numbers of supine restraints in 2019 compared with the number that took place in 2018 despite the fact the average occupancy of the hospital had risen by 2%.

## Safeguarding

Staff received training in safeguarding and at the time of the inspection compliance was 85%. Staff understood what to look for when considering safeguarding and how to report this both internally and to the local authority. Staff gave examples of how they supported and protected patients including those with protected characteristics under the Equality Act.

Following recent publicity about the risk of abuse to vulnerable patients living in closed cultures the manager had spent time with each member of staff individually discussing a range of questions relating to safeguarding and raising concerns both directly and anonymously to ensure all staff were competent in this area. We reviewed the completed questionnaires which demonstrated staff had the skills they needed in this area and showed an understanding of what abusive practice would look like. We saw evidence of times when staff had raised concerns, and these had been acted on and investigated very promptly by managers to ensure patients safety.

Managers reported that very few children visited the ward, but when they did, this would need to be booked in advance and each request individually risk assessed.

## Staff access to essential information

The hospital was in the process of changing from paper records to electronic healthcare records. The manager had worked with Cygnet Healthcare to ensure the electronic system was suitable for patients with very complex needs so that in future staff could record information in a way which was clear for everyone and covered the areas required. Staff demonstrated they were able to use both

# Wards for people with learning disabilities or autism

systems together until the electronic system was fully operational. Agency staff had full access to the both systems, so they could fully support the patients in their care.

## Medicines management

Staff displayed good management practice in the management of medicines. This included the storage, dispensing and administration of medicines. Medicines reconciliation was completed when a patient was admitted, and staff did not administer medicines that had come in with a patient until this was confirmed with the GP. Patients who received covert medication had care plans in place for this which referenced national guidance.

Staff reviewed the effects of medicines on patient's physical health and a member of staff was trained to take the routine blood tests when requested by the doctor. The doctor assessed a patient's capacity around having blood tests and their ability to understand why these were needed. For those who lacked capacity the multidisciplinary team including all staff involved in the patient's care and family would make a best interest decision. Blood tests were only carried out when necessary and the team always discussed whether there was a clear benefit to the patient of having these done. The staff member who was trained to take blood knew patients well and worked with the doctor around the timeframes for blood tests to be taken so that it could be done at a time which suited the needs of the patient.

The hospital had weekly visits from the pharmacist and we heard examples of the doctor discussing medication options for complex patients with both the pharmacist and other doctors working within the Cygnet Healthcare group to ensure the medicines patients received the highest standard of care. The hospital had been signed up to the national initiative of Stopping Over Medication of People with a Learning Disability, Autism or Both for several years and were committed to these principles. The pharmacist referenced the levels of antipsychotic medication in line with the guidance given in the British National Formulary.

## Track record on safety

The hospital did not report any serious incidents in the twelve months from December 2018 to November 2019.

The manager was able to give examples of learning from adverse events for example the introduction of safety pods

which were like large bean bags which were designed to be used during physical interventions. These had been introduced following an injury to a staff member which could have been avoided if the safety aid had been in place.

## Reporting incidents and learning from when things go wrong

The hospital reported a total of 389 from 01 June to 30 November 2019. A large proportion of these related to physical interventions but staff also reported on other incidents such as staff injuries and medicines errors.

All staff knew what to report and how to do this using the electronic system. The system automatically passed incidents to the manager for review and sign off. The manager and the psychologist provided debriefs for staff and patients after incidents. For patients, staff used a range of communication aids such as pictures, symbols and signs to support patients understanding of the information. Lessons learnt were shared through supervision and team meetings. Staff stated they did not always receive feedback on lessons learnt from the wider organisation.

The manager and staff gave patients and families a full explanation when things went wrong. We saw evidence the manager had contacted all families following when harm occurred and adverse publicity about another service to reassure them and answer any questions they might have.

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

## Assessment of needs and planning of care

We reviewed eight sets of care records as part of the inspection. The hospital took a holistic approach to assessing, planning and delivering care and treatment to all patients. Care plans were used to inform the bespoke activity programme for each patient. Activities were never cancelled, and each activity was based on being therapeutic for the patient. For example, going for a walk was not just about walking but allowed staff to assess how patients managed in the community so that coping strategies could be developed. These walks would then be

# Wards for people with learning disabilities or autism

changed to include visits to the shops, so patients could buy items or a local café for a drink. The care plans addressed the nutrition, hydration and physical health care needs of patients and we saw one patient had an epilepsy care plan which was extremely detailed and captured all stages of a seizure and how staff should support the patient through each stage. Each patient had a communication passport, and these were available in a simplified format so staff who did not know the patient well could carry this as a guide which was particularly useful for agency and new staff. Initial assessment was completed on admission for each patient and assessments by members of the multidisciplinary team were included in this. For example, the speech and language therapist would assess a patient's communication needs and ensure staff had the skills to use this. A patient was admitted who used a picture exchange communication system which not all staff were familiar with so additional training was provided by the speech and language therapist at the earliest opportunity following admission, so staff could communicate with the patient.

## Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. These were delivered in line with Guidance from the National Institute for Health and Care Excellence. Psychologists used psychology formulations which used a full functional assessment and monitored the effectiveness of the interventions used. Occupational therapists used the Model of Human Occupation Screening Tool to assess the needs of patients. The speech and language therapist used tools to assess the sensory needs of each patient and work to assess these needs started as soon as a patient was admitted so that staff understood how best to deliver care for a new patient.

Patients had good access to physical healthcare through a local GP. This included referrals to specialists such as a podiatrist and dental services. We saw in the records that some patients had specific care plans for the management of diabetes and constipation.

Staff assessed and met patients' needs for food and nutrition. The chef prepared food to meet the individual tastes and dietary requirements for each patient. This could include very spicy food for a patient who benefitted from the stimulation of this and bland food for others. Care was taken to ensure the needs of new patients was met by discussing their diet and the types of food they chose to eat with families.

Staff ensured patients had access to activities which helped to promote a healthier lifestyle such as walking, and physical activities such as football in the grounds of the hospital. Patients had access to health screening through the GP practice and staff facilitated patients access to this. A member of staff had been trained to take blood for testing which minimised the impact this might have on a patient's anxiety and behaviours.

Staff were actively engaged in activities to monitor and improve quality and outcomes for patients. This included the use of nationally recognised tools such as the Health of the Nation Outcome Scales for learning disabilities, the spectrum recovery star for autism and the health equality framework.

Staff took part in clinical audits, benchmarking and showed a commitment to quality improvement. Results from these were compared with those from other similar services within the Cygnet Healthcare group and discussed in detail at clinical governance meetings both locally and regionally. Feedback was given to patients where appropriate through the multidisciplinary team and learning was shared with staff through team meetings and supervision.

## Skilled staff to deliver care

The team included a wide range of professionals including a doctor, nurses, healthcare support workers, a psychologist, a speech and language therapist, an occupational therapist and activity coordinators.

Managers recognised that the continuing development of staff's skills, competence and knowledge was integral to ensuring a high-quality care for patients. Staff were proactively supported and encouraged to acquire new skills through internal training provided by members of the multidisciplinary team and to seek external training if this was needed.

All staff including agency received a thorough induction to the hospital which included meeting the team and patients, and training in safeguarding, communication and engagement with patients, learning disability and autism awareness. Staff could not work in the hospital unless they demonstrated competence in these areas.

Managers ensured staff received supervision and an annual appraisal. At the time of the inspection the completion rate for supervision was 83% and appraisal was 82%. Supervision took place at least every eight weeks and

# Wards for people with learning disabilities or autism

agency staff also received supervision. Team meetings took place on a regular basis and staff could access reflective practice groups monthly which most staff chose to attend. The manager facilitated this and topics for discussion included complex cases and safeguarding. Managers discussed career progression and development with staff during supervision and appraisal and ensured staff received the specialist training they would need for their role.

Managers dealt with poor performance promptly using the policy set out by Cygnet Healthcare. We saw evidence that managers acted quickly to address concerns raised by staff about issues such as the behaviours of other team members. Managers suspended staff until a thorough investigation had been completed. Managers had completed a review of closed-circuit television footage following a concern raised that staff had been sleeping at night. To support the evidence they found, managers completed random night visits where they would turn up at the hospital unannounced. Reports had been written on their findings and action taken to ensure staff who had not been performing their duties were put through the formal disciplinary process or in the case of agency staff, not used again and the agency informed of the reasons why.

## Multidisciplinary and inter-agency team work

Staff held regular and effective multidisciplinary team meetings. We observed one and the discussion was open and inclusive of all staff who attended. Staff were able to challenge each other's thinking and opinions, and this was accepted as part of the discussion. We observed a care and treatment review and a care programme approach meeting for one patient which demonstrated good discussion and involvement of all those involved in the care of the patient including staff, family, commissioners and care coordinators.

Staff attended handover daily to ensure care of patients had continuity and potential risks could be discussed.

The hospital had a good relationship with the local safeguarding team, the local GP practice they used for patients and other health care professionals. They provided training on autism to local schools, the police and acute hospitals. A team from the hospital had provided a presentation to a national dental conference. The hospital

had made a commitment to raise awareness of autism within the community to 2000 people in 2020. Any fees they made for doing training and talks were donated to a local autism charity.

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

Staff were trained in and had a good understanding of the Mental Health Act, the code of practice and its guiding principles. At the time of the inspection 100% of staff had completed the training required by the hospital.

Staff knew who the Mental Health Act administrator was and where to go for advice and guidance. The hospital used the policies and procedures used by Cygnet Healthcare. Staff could access these on the organisation's intranet.

Staff automatically referred all patients to the independent mental health advocacy service who could provide both instructed and non-instructed advocacy on behalf of patients.

Staff used a range of communication aids to explain to patients their rights under the Mental Health Act and recorded this had taken place.

There were no issues with patients being able to take their section 17 leave due to the high level of support they received. The section 17 leave forms included clear terms and conditions such as numbers of escorts a patient required.

There was evidence that a second opinion appointed doctor had been requested for patients when needed.

Staff stored paperwork and the associated records correctly and ensured they accessible to all staff who needed to see them. Consent to treatment forms were completed and attached to medication charts.

The service did not have informal patients and due to the complex needs of patients they did not leave the hospital unescorted.

Patient notes contained evidence of section 117 aftercare being discussed and considered in meetings particularly those relating to the discharge of a patient.

There was good Mental Health Act management. We saw evidence of robust Mental Health Act audit processes. Regular audits were taking place which flagged up

# Wards for people with learning disabilities or autism

adherence to both the Mental Health Act and the Code of Practice. For example, an audit flagged up failure to arrange Managers' Hearings prior to renewal. The provider acted to put this right and ensured this task was carried out in line with statutory guidance.

## Good practice in applying the Mental Capacity Act

Managers, qualified staff and the multidisciplinary team demonstrated a good understanding of the Mental Capacity Act and the five guiding principles. Staff received training, and this had a compliance rate of 93%. Two healthcare support workers we spoke with did not demonstrate a clear understanding of the Act but knew they could speak to qualified staff if they needed advice.

The hospital used Cygnet Healthcare's policy, and this was available to staff on the intranet. Staff knew where to go for advice within the organisation if they needed to.

Staff gave patients every possible assistance to make a specific decision for themselves before they assumed a lack of capacity. Staff assessed and recorded capacity to consent to treatment appropriately and with the responsible clinician giving clear reasons why this was the case. All files included a capacity assessment to demonstrate whether the patient was able to make the decision to share information with their nearest relative. When patients lacked the capacity to do so, there was a best interests decision recording multidisciplinary and family involvement. For other decisions staff ensured they considered the patient's wishes, feelings, culture and history within the best interest's decision-making process.

Two patients were under a Deprivation of Liberty Safeguard and staff understood what this meant for these patients. Managers monitored the progress of applications with the relevant supervisory body.

The hospital had arrangements to monitor adherence to the Mental Capacity Act and audited this, so they could take actions from the learning that resulted from this. We reviewed the last audit dated March 2019 and saw actions had been completed within the time frames indicated.

## Are wards for people with learning disabilities or autism caring?

Outstanding 

### Kindness, privacy, dignity, respect, compassion and support

Staff respected and valued patients as individuals. Where possible they involved patients' in the planning of their care and staff support was very much led by the needs of the individual patient. Staff provided a high level of support both physically and emotionally to patients and we saw this in the short observational framework for inspections we used with three patients. This was a tool used by inspectors to capture the experiences of people who use services who may not be able to express this for themselves. This showed a strong visible person-centred culture within the hospital which was shared by all staff working there. Staff had an exceptional understanding of the individual needs of patients which enabled them to predict their needs and used this to support communication and the care they delivered.

Patients required a high level of personal care and staff always treated patients with dignity and respect which we saw was fully embedded into staff practice within all areas of the hospital. Staff encouraged patients to be as independent as they could be wherever possible. Many of the staff we spoke with had personal experience of having relatives with a learning disability and or autism and stated that they cared for patients as they would want their own relative to be treated.

Managers and staff gave many examples of staff changing their shifts to better meet the needs of the patients. One staff member had chosen to work nights to support a patient who found it difficult to use their bed. The patient had shown significant improvement with emotional support from the staff member who had a good relationship with them. Another staff member had designed bespoke murals to decorate patients' rooms for those it was appropriate for. This included a design of a favourite pop band and football team logos. They worked with patients on an individual basis to decide what they would like using a range of pictures and observations to ensure the patient had a mural they had helped to design. In the multidisciplinary team meeting discussions took



# Wards for people with learning disabilities or autism

place about using a bespoke social story which is an easy and effective way of teaching appropriate behaviours for a new patient to support their personal care. This had worked well for encouraging patients to eat and staff felt this form of communication worked well for the patient.

Staff used a wide range of communication skills to support patients and help them to understand the treatment and care they received. For those patients who used the sign language Makaton there was a range of signs and symbols in all areas of the hospital for them to use to indicate their needs. The speech and language therapist changed the menus throughout the hospital daily, so patients knew which food they could choose from and put up new Makaton signs weekly for staff and patients to learn together.

Staff had a good knowledge of local services that patients could access if they needed to and this included restaurants for patients with cultural needs such as access to halal food.

The three patients we spoke with were happy with their care and it was clear they had built relationships based on trust with the staff who were supporting them.

Staff stated they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Evidence of this and the actions taken were shown to us by the manager and through statutory notifications the Care Quality Commission had received from the hospital.

Staff understood the need for confidentiality of a patient's information. The understood what to record and which information they had permission to share with others.

## Involvement in care

Staff ensured patients were active partners in their care. Where patients had limited communication, staff got to know them well and by using observation they were able to form plans that met the patients' needs.

Staff used the admission process to orientate patients to the hospital. Staff understood this had to be individualised and could take several days for some patients and less for others.

Staff involved patients in the planning of their care in a number of ways. This included through observation and speaking to families as well as finding the best possible way

to communicate with each individual about their likes and dislikes. Staff used a range of communication aids such as symbols, pictures and sign language to ensure patients had the best possible chance of understanding their care plan.

Although patients had not been involved in the recruitment of staff they were actively involved in choosing the menus through food tasting sessions and the development of activities. Staff empowered patients to have a voice through the service user forum. The forum covered a range of themes and topics across the year with one topic at a time being discussed. Due to the high level of communication needs of the patients it was not possible to bring them together as a group therefore staff spoke to each patient individually about the current topic and recorded their views. We saw from the records that these views had been acted upon such as patients voting to have a pet therapist to visit which was being explored by the hospital at the time of the inspection.

Where appropriate staff had recorded advance decisions for patients in the records. The personal behavioural support plans indicated a patient's preference for physical interventions should they be needed.

Staff recognised patients needed access to independent advocacy and referred all patients on admission to the hospital. Alongside the statutory advocacy provided by independent mental health advocates and independent mental capacity advocates Cygnet also used the services of a generic advocacy service. The benefit to patients was that this allowed them to directly influence decision making about their own lives. All services visited the hospital on a regular basis.

Staff informed and involved family and carers appropriately. Plans were in place for how and when contact would take place especially for families who did not live locally. However, of the four carers we spoke with two indicated they would like more contact and sometimes the phone was not answered promptly however they were really happy with the care their family member received and understood that patient care was of the utmost importance for staff. We discussed this with the manager at the time of the inspection who agreed to investigate this and ensure regular contact was taking place with relatives. We observed a meeting where family were fully involved in the discussion about their relative's care. One carer who has been visiting the hospital for some time volunteered to talk to relatives of new patients to help them understand

# Wards for people with learning disabilities or autism

the care and ethos of the hospital. This parent was the family representative for the hospital and attended clinical governance meetings and supported the interview process for new staff.

Staff arranged a number of fund-raising events throughout the year such as a Christmas market with the money raised going to a local autism charity. Family and friends were able to come along and spend time with their family member and benefit from the support and experiences of others in a similar situation.

Families and carers were encouraged to visit the hospital when they wanted to. Staff facilitated them taking their family member out in to the community if support was required so these outings were successful and happy occasions for all concerned. Staff told us that for one patient this had been the first time the family had been able to sit together for a special birthday in a community environment for many years and when we spoke with the patient it was clear that they had enjoyed the experience and showed us the photographs of them all together.

The families we spoke with were extremely positive about the level of care being provided to their family members. They stated that the hospital managed challenging behaviour well and had systems in place to help reduce this. They were confident in the care being provided.

Staff encourage families and carers to give feedback both verbally and in writing and this feedback is followed up and responded to by the manager.

Staff provide carers with information about how to access carers assessments and support from carers organisations.

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

(for example, to feedback?)

Good 

## Access and discharge

Wast Hills admitted patients from across the country and sometimes further afield based on need, including Scotland. Patients could be admitted as part of a planned

process or as an emergency if a patient's current placement had broken down. Patients came from a range of services such as residential homes and supported living. They could also be admitted straight from their family home.

Staff ensured a bed was available for patients if they were on overnight leave. This would always be the same room they had been using and staff kept this open for two weeks after discharge in case a patient needed to return.

Patients were only moved within the hospital if this was to meet their clinical needs or was in the best interests of the patient.

Staff ensured patients were discharged at an appropriate time of day. When patients required specialised or secure transport, the service could not guarantee what time this would arrive to collect the patient.

The average length of stay for the hospital at the time of the inspection was 16 months however they had seven patients whose discharge had been delayed due to issues of finding appropriate accommodation to move on to or waiting for bespoke accommodation to be built or altered. If these patients had been discharged at the point they were ready, the average length of stay would be nine months.

The hospital started discharge planning as soon as a patient was admitted and worked constantly to try and keep delays to a minimum. The longest delayed discharge was 36 months for a patient with particularly complex needs relating to both his mental and physical health where a care provider had not been successfully identified. Staff worked closely with the patient's commissioners, care coordinator and family to ensure this was continually being discussed. They ensured patients had access to advocacy, so they were fully represented within this process. Managers had evidence to show some patients stayed less than eight weeks. This was often when patients were admitted in crisis and their normal placement was left open for them to return to and included a two-week transition period where staff from the hospital provided support to the staff at the other placement to ensure a successful discharge. This was a service Wast Hills offered to all patients being discharged to another service. It included staff from the new provider coming to the hospital to work alongside staff and then Wast Hills staff going with the patient for a period to help them settle in and ensure continuity of care.

## Facilities that promote comfort, dignity and privacy

# Wards for people with learning disabilities or autism

All patients had their own ensuite bedroom or a range of rooms for those who required more space. Patients could personalise their rooms with items that were important to them such as toys, football memorabilia or music. This was done on an individualised basis depending on the sensory needs of each patient and we noted some rooms were quite bare and simply furnished. Patients' personal possessions were kept securely within their own space. On our return visit we found patients' personal space had been decorated ready for Christmas for those who chose this. For others where this could have a negative impact on their health and wellbeing, staff decorated certain areas, so patients could choose not to engage with this if they didn't want to. Sensory boards and mirror boards were in the corridors of the hospital, so patients could use these as much or as little as they wanted to. Staff used these as a way of engaging with patients where communication was limited.

Patients had access to a range of activities suitable for their individual needs. They had bespoke activity plans put together by activity coordinators who ensured they were in line with the aims and goals of each patient and supported by the occupational therapist.

Staff and patients had access to a wide range of rooms including a newly created sensory room in The Annex, recently upgraded training kitchens and activity rooms. The sensory room in the main house was due to be refurbished and we saw from plans provided by the managers that a significant budget had been invested in improving the buildings, including painting and maintenance of the outside of the buildings. One room in the annex had quite significant damage to the door frame from it being banged and plans were in place to repair this.

All patients had their own quiet space they could use when they needed to, and staff supported them to access this. Staff ensured space was available when patients had visitors.

Patients had access to a telephone if they needed to make a call.

The hospital was set in a significant amount of grounds which had been sectioned off, so each building had their own space as well access to the main areas. The outside space had swings, a trampoline and equipment and space for growing vegetables. A patient showed us this area and told us about the pumpkins they had grown for Halloween.

The outside space used by patients and the general areas around the hospital had some litter such as cigarette ends outside the annex and storage areas weren't locked. Cleanliness of the outside space was not routinely monitored. We spoke to the manager about this and they ensured the areas that needed to be secure were fixed by the end of the inspection. Patients never had unsupervised access to these areas.

The food was of good quality and the chef designed the menu to specifically meet the tastes and requirements of each patient. As part of this inspection, we sampled the food provided to patients and found them appetising and of a good standard.

Patients had access to a training kitchen where they received support to make snacks and drinks. We saw staff making drinks for patients at other times as patients requested them.

## **Patients' engagement with the wider community**

Where appropriate staff ensured patients had access to the community which was suitable for their needs. This included regular outings in the minibus around the local area and walks to the shop or in the countryside for those patients who enjoyed this.

Staff ensured patients could maintain contact with their families and carers and supported families to access community events such as eating out in restaurants, so contact was positive and meaningful. One patient had access to their own mobile phone, so his family could easily make regular contact with him and the staff providing his support and care.

## **Meeting the needs of all people who use the service**

The hospital covered a large site and had rooms available that would be accessible to people with a disability on the ground floor. The main hospital and the Lodge were on two floors and patients had their own bedrooms and quiet space. The annex was built on one level and provided easy access for those with disabilities.

Each patient had an individual personalised communication plan. This included an easy to follow grab sheet for new and agency staff, so they could easily see how to communicate with a patient they were not so familiar with. Managers ensured where possible there was always at least one member of staff with a patient who knew them



# Wards for people with learning disabilities or autism

well to assist with communication. Information was provided in an accessible format depending on the individual patient. For example, those who used Makaton were given information in the form of signs and symbols.

Staff stated they could access interpreters and signers for people who were deaf through Cygnet Healthcare if they needed to.

Patients had a choice of food to meet their dietary requirements including for those who had diabetes or cultural needs such as halal food.

## Listening to and learning from concerns and complaints

The hospital had received five complaints since January 2019. One had been held, two partially upheld and the investigation into the other two was still ongoing at the time of the inspection. None of these related to harm or safe care. We looked at the complaints and they showed evidence of investigation at a level above the manager when required, actions and improvements, feedback to patients and family and shared learning for staff.

The hospital had also received nine compliments for the same period from families and professionals highlighting the high levels of care given to patients and compliments about the knowledge staff had about each individual.

Staff knew how to manage complaints and the process for this. They protected patients who raised complaints from discrimination and harassment. They received feedback on the outcome of complaints through team meetings, supervision and reflective practice sessions.

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

Good 

### Leadership

There is compassionate, inclusive and effective leadership within the hospital. Managers demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They could explain clearly how the teams were working and how they achieved a high level of individualised and personal care.

There was evidence of succession planning through the development of the deputy manager role which included management training and the importance placed on the multidisciplinary team having a good knowledge of all areas of the hospital and the plans for future development. Managers had a deep understanding of issues, challenges and future priorities within their service and the external factors that could impact on this.

Managers had a strong visible presence within the hospital and it was evident staff and patients knew them well. They regularly took turns to support patients and were fully involved in developing plans for each patient's care.

### Vision and strategy

The strategy, supporting objectives and plans for the hospital were achievable. Patient safety and wellbeing was the main priority for senior staff who ensured this was at the forefront of their plans.

Managers had a systematic approach to monitoring, reviewing and providing evidence of progress against both the strategy and other hospital within Cygnet healthcare who provided a similar service.

Managers ensured plans were consistently implemented and staff were aware of and understood the values and vision for the service.

### Culture

Managers worked hard to inspire shared purpose and to motivate staff to succeed. All staff we spoke with spoke highly of managers and the multidisciplinary team and the support they received to do their jobs well. Managers demonstrated a strong organisational commitment to equality and inclusion across the hospital and we saw staff including those with protected characteristics under the Equality Act working in a range of roles across all disciplines within the hospital.

Staff were clearly proud of the organisation as a place to work and spoke highly of the supportive and listening culture. They felt encouraged to speak up and raise concerns and knew they would be listened to and actions would be taken by managers to address their concerns. They knew how to raise a concern anonymously if they needed to, but no one felt this would be necessary. We

# Wards for people with learning disabilities or autism

observed the induction of agency staff where they were given details about this and it was explained to them how they would be supported if they needed to raise an issue about anything they had seen within the hospital.

There was a strong collaborative team working and support across all functions of the hospital. Managers and staff had a common focus on improving the quality and sustainability of care and improving patient's experiences during their stay.

Managers dealt with issues of poor performance promptly and through proper processes as set out within the human resources policies for the organisation.

Staff appraisals took place annually and included discussion about career progression and how this would be supported.

Staff sickness levels between June 2019 to November 2019 were 5%. Staff turnover at the time of inspection was 32% which was the lowest it had been since December 2018.

Staff had access to independent confidential counselling and support services provided through Cygnet Healthcare.

## Governance

Governance arrangements were proactively reviewed and reflected best practice. Managers and staff took a systematic approach to working with other organisations such as care providers and commissioners to improve care outcomes.

Team meetings and handovers had clear frameworks of what must be discussed, and the recording of the minutes was done in detail and available for all staff to see. This included learning from incidents and complaints at a local level and how the actions and learning taken from these had been implemented. Staff stated that they were not aware of feedback and learning from the wider Cygnet Healthcare organisation.

Staff participated in clinical audits and managers reviewed the recommendations from these and ensured they were used to form best practice across the team.

Staff understood the arrangements for working with other teams and the importance of this given the complex needs of the patients they supported.

## Management of risk, issues and performance

Managers kept the local risk register and staff could add to this through supervision and team meetings. Items were discussed at both the local and regional governance meetings and added to Cygnet Healthcare's overall risk register. Staff concerns matched those on the risk register.

The hospital had a detailed plan to cover emergencies including outbreaks of flu and adverse weather conditions.

Cost improvements for the updating and maintenance of the buildings did not impact on the budget for or compromise patient care.

## Information management

The hospital used systems for collecting data that were easy and accessible for staff to use so their focus could be on the patients' in their care.

Staff had access to the technology needed to do their work. Although they were in the middle of changing from paper records to electronic records staff seemed to manage this well. Managers had worked to try and ensure the new system met the complex needs of the patients in their care although this was still a work in progress.

Information governance included the confidentiality of patients' personal information and staff understood why this was important.

Managers had access to a dash board which gave them all the information they needed to understand the performance of the service, staffing and patient care.

Staff made notifications to external bodies such as the Care Quality Commission as they needed to.

## Engagement

Staff, patients and carers had access to up to date information about the service. This was through the hospital's website, the staff intranet and information on boards around the hospital.

Patients and carers were able to give feedback directly to the hospital by phone, in person or in writing. Individualised service user forums allowed patients to give feedback in the way that was most appropriate to their communication needs. Managers and staff used the feedback they received to make improvements to the service the hospital provided. Feedback was used to look at the activities provided to ensure patients had access to things they enjoyed.

# Wards for people with learning disabilities or autism

Members of the senior leadership team from Cygnet Healthcare had visited the hospital and families and carers could contact them if they wanted to give feedback at that level.

Managers engaged with external stakeholders such as commissioners, care coordinators and the local authority. They had good relationships with local organisations such as the police and the acute hospitals.

## **Learning, continuous improvement and innovation**

Managers ensured staff had the time and support to consider opportunities for improvements and innovation. This included staff having an additional shift each week for personalising patients' rooms with bespoke artwork. We spoke with support workers who with support from managers and clinicians, were either preparing to access nurse training or enhancing their practice to pursue a career in psychology.

The hospital was accredited with the national Autistic Society.

# Outstanding practice and areas for improvement

## Outstanding practice

Wast Hills provided support to patients during their transfer to new providers or their previous provider. This included staff from the provider coming to Wast Hills to work alongside so that they understood fully how to communicate and care for patients. Once a patient had moved, staff from Wast Hills would go with them and stay until they were sure the patient had settled. This could be anywhere in the country and for several weeks which showed a significant commitment to achieving the best possible outcome for patients by doing this.

Managers provided a full induction, training and an interview to agency staff before agreeing to use them within the hospital. This was a significant time commitment but allowed managers to be sure agency staff had the correct experience and understanding to work with patients with complex needs.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that they continue to monitor the cleanliness of the hospital and make sure areas have a regular deep clean and that cleaning schedules reflect the areas of and layout of the buildings to allow for clearer monitoring of the cleanliness of the hospital.
- The provider should ensure the cleanliness and tidiness of the outside area is regularly monitored and areas such as the clinical waste bins are always secure.
- The provider should ensure that regular contact is available for families and the level of contact is discussed with them and reviewed on a regular basis.