

Cygnets Sherwood Lodge

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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

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 this service overall as outstanding because:

- The service provided safe care. The ward environments were safe, thoroughly clean and recently redecorated. The number of nurses and doctors working at the hospital was well above the bare minimum required for safe care. Staff took a proactive approach to anticipating and managing risk to patients. They rarely used restrictive practices. The service contributed to research and development of national guidance on medicines and led the way in developing good practice in care.
- There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Patients were at the centre of safeguarding and protection from discrimination. There was a genuinely open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement.
- Staff had a truly holistic approach to assessing, planning and delivering care and treatment to patients. They developed holistic, recovery-orientated care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a learning disability rehabilitation ward and in line with national best practice guidance.
- Managers actively encouraged the safe use of innovative and pioneering approaches to care and how staff delivered it.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured these staff received training, supervision and appraisal. The ward staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- The management team recognised the continuing development of the staff's skills, competence and knowledge was integral to ensuring high-quality care. They proactively supported and encouraged staff to acquire new skills, use their transferable skills, and share best practice.
- Staff ensured that patients who were detained under the Mental Health Act 1983 (MHA) understood and were empowered to exercise their rights under the Act. The provider supported staff to understand and meet the requirements of the Mental Health Act Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the Mental Health Act.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. Staff actively involved patients and families and carers in care decisions where able.
- Staff empowered patients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Staff ensured that patients' individual preferences and needs were always reflected in how care was delivered.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to patients.
- There was a holistic approach to planning people's discharge, transfer or transition to other services, which staff started on admission. Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- Staff were consistent in supporting patients to live healthier lives which included identifying those who needed extra support. There was a targeted and proactive approach to health promotion and prevention of ill-health.
- The service took patients that had already spent a long time in care and enabled them to move into lesser dependant services in a reasonable time frame. This is the aim of Transforming Care.
- There was a compassionate, inclusive and effective leadership at all levels. Leaders demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.

Summary of findings

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Outstanding



Cygnnet Sherwood Lodge

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cygnet Sherwood Lodge

Cygnet Behavioural Health Limited is the provider company for Cygnet Sherwood Lodge. The hospital has 26 beds altogether. The hospital offers inpatient services for people with a learning disability or autism, who have offending or challenging behaviour and complex mental health needs. The hospital is a modern, purpose-built building with one ward across two floors. Seventeen of the beds are a specialist high dependency complex care service for men with learning disabilities and other complex needs. The other nine beds are known as an enabling environment and are upstairs on the ward.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of inspection 17 patients were restricted patients. Restricted patients are mentally disordered offenders who are detained in hospital for treatment and

who are subject to special controls by the Secretary of State for Justice. There were a further eight patients on a section 3 and one patient held under a Deprivation of Liberty Safeguards.

Cygnet Sherwood Lodge is registered with the CQC to provide the following regulated activities:

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

The CQC last inspected the hospital in 2015 and rated them as Outstanding.

Since the last inspection the Mental Health Act team visited in May 2018. They found staff did not always record appropriate risk assessments for section 17 leave and the responsible clinician had not indicated whether a copy of leave form had been given to the patient or other relevant people. The manager had provided action plans to address these issues and no concerns were found on this inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one specialist professional advisor (nurse) and a person known as an expert by experience. An

expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

Summary of this inspection

Before the inspection visit, we reviewed information we held about the location. After the inspection we asked other organisations for information.

During the inspection visit, the inspection team:

- visited the ward at the hospital, looked at the quality of the ward and patient kitchen environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with four carers of patients
- spoke with the registered manager and head of care
- spoke with 10 other staff members; including doctors, nurses, an occupational therapist, psychologist, speech and language therapist, an art psychotherapist and an activity co-ordinator
- received feedback about the service from six care co-ordinators or commissioners
- attended and observed one hand-over meeting, one care program approach meeting and a care and treatment review
- looked at four care and treatment records of patients and ten medication charts
- carried out a specific check of the medication management 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 interviewed six patients. They all said they felt safe. They all said the hospital was always very clean and comfortable. The patients spoke highly of how staff treated them. All spoke highly of the new menu and restaurant facilities. Carers told us they felt the patients made progress at Cygnet Sherwood Lodge and that staff

went the extra mile. They felt their relatives made better progress at Cygnet Sherwood Lodge than other placements. All carers felt their relative was safe. Two carers felt the hospital was a long way from their home but said staff had made special arrangements to help for example by bringing a patient home on day leave.

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?

- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose. Staff could clearly see all areas of the ward and knew about any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves.
- Staff took a proactive approach to anticipating and managing risks to patients and this approach was embedded and recognised as the responsibility of all staff. Staff were able to discuss risk effectively with patients who were using the service. Patients were actively involved in managing their own risks.
- There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Patients were at the centre of safeguarding and protection from discrimination.
- Leaders encouraged innovation to achieve sustained improvements in safety and continual reductions in harm.
- The systems to manage and share the information staff needed to deliver effective care treatment and support had been placed in an order that was easy to find, read and understand for all staff working with the patients. The information was updated regularly throughout the day.
- Innovative practice supported accurate and personalised information sharing.
- Staff not only met good practice standards in relation to national guidance, they also contributed to research and development of national guidance.
- Hospital staff and the visiting pharmacist regularly monitored compliance with medicines policy and procedure and any action plans were always implemented promptly.
- There was a genuinely open culture in which all safety concerns raised by staff and patients are highly valued as being integral to learning and improvement.
- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting displayed the levels of harm and near misses, which ensured a robust picture of quality.

Outstanding



Summary of this inspection

- Learning was based on a thorough analysis and investigation of things that go wrong. Managers encouraged all staff to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local and national safety programmes.

Are services effective?

- There was a truly holistic approach to assessing, planning and delivering care and treatment to all patients. This includes addressing, where relevant, their nutrition, hydration and pain relief needs. Managers encouraged the safe use of innovative and pioneering approaches to care. Staff were using new evidence-based techniques and technologies to support the delivery of high-quality care.
- Staff helped patients detained under the Mental Health Act 1983 understand and exercise their rights under the Act. The provider supported staff to understand and meet the standards in the Mental Health Act Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the Mental Health Act.
- Staff were consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health.
- Managers proactively supported and encouraged staff to acquire new skills, use their transferable skills, and share best practice. The managers recognised the continuing development of staff skills, competence and knowledge was an essential part to ensuring high-quality care.
- All staff were actively engaged in activities to monitor and improve quality and outcomes.
- Staff, teams and services were committed to working together and had found innovative and efficient ways to deliver more joined-up care to patients.
- There was a holistic approach to planning people's discharge, transfer or transition to other services, which staff started at the earliest possible stage.
- Staff actively monitored and reviewed practices around consent and records to improve how patients are involved in making decisions about their care and treatment.

Outstanding



Summary of this inspection

Are services caring?

Outstanding



- Feedback from patients, those who are close to them and stakeholders was consistently positive about the way staff treated patients. Patients thought staff went the extra mile with their care and support. Staff reflected patient's individual preferences and needs in how they delivered care.
- There was a strong, visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Relationships between patients and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised and respected the entirety of people's needs. They always took patient's personal, cultural, social and religious needs into account, and found innovative ways to meet them. Staff understood patients emotional and social needs were important.
- Patients at the hospital, and where appropriate their carers, were active partners in their care.
- Staff were fully committed to working in partnership with patients and making this a reality for each person.
- Staff always empowered patients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care.
- Staff recognised people needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured they understood the communication needs of patients.
- Patients were always treated with respect by all those involved in their care, treatment and support. Consideration of patients' privacy and dignity was consistently embedded in everything staff did, including awareness of any specific needs.
- Staff had found innovative ways to enable patients to manage their own health and care when they could and to maintain independence as much as possible.
- Patients felt really cared for and that they mattered.
- Staff were exceptional in enabling patients to improve their level of independence.

Are services responsive?

Outstanding



- Staff ensured patient's individual needs and preferences were central to the delivery of tailored services.
- There were innovative approaches to providing integrated person-centred pathways of care, particularly for people with multiple and complex needs.

Summary of this inspection

- The services were flexible, provided informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who used the service.
- This service took patients that had already spent a long time in care and enabled them to move into lesser dependant services in a reasonable time frame.
- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included patients with protected characteristics under the Equality Act 2010, and people who were in vulnerable circumstances or who had complex needs.
- Patients who used the service and others were involved in regular reviews of how the service managed and responded to complaints. The management demonstrated where improvements had been made as a result of learning from reviews and the learning was shared with other hospitals.
- Investigations were comprehensive, and the hospital used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach.

Are services well-led?

- There was a compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was an embedded system of leadership development and succession planning, which aims to ensure the leadership represents the diversity of the workforce.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. The service consistently implemented plans which had a positive impact on quality and sustainability of services.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with protected characteristics under the Equality Act 2010. There was a strong organisational commitment and effective action towards ensuring there is equality and inclusion across the workforce.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.

Outstanding



Summary of this inspection

- There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and ensured staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- There were consistently high levels of constructive engagement with staff and patients, including equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- Services were developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.
- There was a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills are available and used across the organisation, and staff were empowered to lead and deliver change.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and nationally.

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.

The managers had ensured all staff had completed training in the Mental Health Act, the Code of Practice and the guiding principles.

All staff had a good understanding the Mental Health Act. Mandatory training figures showed 100% of staff had completed Mental Health Act training.

The hospital had a Mental Health Act administrator. The administrator was able to offer advice and support to patients and staff with matters concerning the Mental Health Act.

The Mental Health Act administrator kept all the original section papers in their file and provided copies for the patient files. All care notes reviewed had all the correct papers present.

Staff explained to patients their rights under the Mental Health Act in a way they could understand, repeated it as required and recorded they had done it. Rights information was available in easy read format for patients who required it.

Staff ensured patients undertook section 17 leave when the doctor had given it.

Staff never cancelled leave due to shortage of staff on the ward.

The providers policies and procedures were up to date with current guidance.

Staff displayed posters about advocacy services in easy read format and patients had access to information about Independent Mental Health Act and Independent Mental Capacity advocacy services. Patients were able to access advocacy and there was an advocate on the unit on a weekly basis, and clear signposting towards advocacy services in communal areas.

Care plans had discharge plans which included section 117 aftercare where appropriate.

Staff did regular audits to ensure the service applied the Mental Health Act correctly. The audits between 1 January 2018 and 31 December 2018 had not found any errors.

Staff understood the role of a second opinion doctor and when to request one.

Staff adhered to consent to treatment and capacity requirements. We reviewed ten medicine charts and staff had attached the correct consent to treatment forms. This meant nurses administered medicines to patients under the correct legal requirements.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had a good understanding the Mental Capacity Act. Mandatory training figures showed 100% of staff had completed Mental Capacity Act training.

The Mental Capacity Act is legislation that maximises an individual's potential to make informed decisions wherever possible. The Act and associated Code of Practice provide guidance and processes to follow when someone is unable to make capacitated decisions.

There had been one Deprivation of Liberty Safeguarding between 1 January 2018 and 31 December 2018 and staff had received training and understood when they would have to make a referral to the local authority.

The provider had a policy for the Mental Capacity Act and Deprivation of Liberty Safeguards and the provider stored this electronically, and staff had easy access to this.













Staff assessed patient's capacity to make specific decisions about their care and treatment and recorded this. We saw this in all care notes we viewed. Staff understood best interest decisions. Staff were able to give good examples of patient concerns the team had discussed through the multidisciplinary team and where the team had taken best interest decisions.

Staff audited the use of the Mental Capacity Act was six monthly and actions taken where necessary.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	 Outstanding	 Outstanding	 Outstanding	 Outstanding	 Outstanding	 Outstanding
Overall	 Outstanding	 Outstanding	 Outstanding	 Outstanding	 Outstanding	 Outstanding



Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Outstanding



Safe and clean environment

Safety of the ward layout

- The ward layout was safe and struck an excellent balance between providing a safe environment and one that fostered privacy and personal space.
- Staff carried out daily, monthly and yearly risk assessments of the ward environment as well as an annual ligature anchor point risk assessment that identified risks, so staff could reduce them. A ligature anchor point is anything patients could attach a cord, rope or other material for hanging or strangulation.
- The ward had an upper floor which provided nine beds for patients who were ready for the next phase of their discharge plan and was called an enabling environment. Two staff were based upstairs every shift.
- The ward layout was open and allowed easy observation of patient areas. Blind spots had mirrors fitted to eliminate areas staff could not easily see.
- There were no issues with regards to same sex accommodation as the hospital only accepted male patients.
- Staff had easy access to alarms and patients had easy access to nurse call systems. Reception staff tested alarms daily. The maintenance team tested and maintained the alarm call points.

Maintenance, cleanliness and infection control

- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.
- Cleaning records were up to date and demonstrated domestic staff cleaned the ward area regularly. A cleaning schedule was in place for the ward and it was up to date with no gaps. Throughout our inspection domestic staff were carrying out cleaning duties on and around the ward.
- Staff adhered to infection control principles, including handwashing. There were hand washing gels and posters in crucial areas and we observed staff using the gel at various times throughout the inspection. There was a staff member nominated as the infection control lead.
- The hospital did not have a seclusion room and staff did not use seclusion with the patients.

Clinic room and equipment

- The clinic rooms were fully equipped with all the necessary equipment to ensure staff could assist patients in an emergency. The clinic room was clean and well organised, and staff were able to easily locate items they needed. Staff checked and recorded the temperatures of the clinic room and clinical fridges daily. All recorded temperatures were within the recommended limits.
- Staff maintained equipment well and kept it clean. Any 'clean' stickers were visible and in date.

Safe staffing

- The hospital worked with one staff member for every two patients because a high staff to patient ratio is an important element of their service. The NHS safe staffing in learning disability services had guided managers in their staffing levels.



Wards for people with learning disabilities or autism

- During the day shift there would be two qualified staff and ten healthcare assistants. At night there would be two qualified and seven healthcare assistants.
- The number of nurses and healthcare assistants matched this number on all shifts and rotas showed extra staff added to maintain good staffing levels.
- Between nine to five Monday to Friday there were additional multidisciplinary staff on duty which included the manager and head of care who also could be available to help
- The hospital levels for qualified staff was 13 (whole time equivalent) and there were no vacancies at the time of inspection. The hospital levels for healthcare assistants was 33 (whole time equivalent) and there was one vacancy at the time of inspection. Between 1 January 2018 and 31 December 2018 there had been 27 (39%) staff who left. We reviewed these figures and a high percentage were people who had left for promotion, training and movement within the local providers hospitals. It also included the removal of bank staff from the bank rota who had not completed their mandatory training.
- Staff sickness was low at 2.3% (1.6 whole time equivalent).
- Between 1 January 2018 and 31 December 2018 there were only six shifts managers could not fill and because of the high staffing levels this did not affect patients. Staff shortages never resulted in staff cancelling escorted leave or ward activities.
- The head of care and senior support worker could adjust staffing levels daily to take account of patient need.
- When necessary, managers deployed bank nursing staff to maintain safe staffing levels. The hospital used their own staff and Cygnet bank staff. All bank staff had been on an induction programme and attended mandatory training. If bank staff had not completed training, then they would be unable to remain on the bank.
- The hospital had not used agency staff between 1 January 2018 and 31 December 2018.
- An experienced nurse was present in communal areas of the ward at all times.
- Staffing levels allowed patients to have regular one-to-one time with their named nurse and patients we spoke with confirmed this.
- There were enough staff to carry out physical interventions safely (for example, observations and restraint). All staff had completed Management of Actual

or Potential Aggression training. This training teaches management and intervention techniques to help staff cope with escalating behaviour in a professional and safe manner using verbal de-escalation rather than physical holding methods.

Medical staff

- The hospital employed two consultants and there was adequate medical cover day and night. A consultant doctor could attend the ward quickly in an emergency. During the weekdays one of the two hospital consultants was available 24 hours a day and could attend emergencies within an hour and at weekends a rota cover existed so that a consultant could provide emergency cover within an hour. Patients said they saw their consultant regularly.

Mandatory training

- Staff had received and were up to date with appropriate mandatory training. Mandatory training included safeguarding individuals at risk, equality and diversity, and information governance.
- Staff compliance with mandatory training on the 11 March 2019 was at 97%. There were no areas where training compliance had fallen below the providers target of 85%.

Assessing and managing risk to patients and staff

- Our inspection team reviewed four risk records in detail.
- Staff completed a risk assessment of every patient prior to and on admission and updated it regularly, including after any incident.
- Staff used recognised risk assessment tools appropriate for the patient group, this included Risk of Sexual Violence Protocol, the Historical Clinical Risk Management-20 and the Short-Term Assessment of Risk and Treatability.
- Staff supported patients to reduce their own risks by working with them to complete and update risk assessments and positive behaviour support plans. They used effective communications rather than restrictive interventions to reduce patient risk and followed best practice if restriction was necessary.

Management of patient risk

- Staff assessed specific issues including falls and choking risks.



Wards for people with learning disabilities or autism

- Staff understood and were aware of the risk of sepsis. Staff had received training in sepsis as part of their mandatory training.
- Staff identified and responded to changing risks to, or posed by, patients. Staff and patients worked together to manage risks. Staff met daily and discussed patient risk at the staff handovers. In addition, there was a team morning meeting where the members from the multidisciplinary team met and reviewed risk assessments using a traffic light system (red, amber, green).
- Staff took a proactive approach to anticipating and managing risks to patients and this approach was embedded and recognised as the responsibility of all staff. Staff were able to discuss risk effectively with patients who were using the service. Patients were actively involved in managing their own risks.
- Staff followed good policies and procedures for use of observation and which they had identified in the care plan.
- Staff applied blanket restrictions on patients' freedom only when assessed as appropriate. The hospital had a locked door policy that was appropriate to the requirements of the patient.
- Staff followed the provider's policy regarding searches. Staff only searched patients and bedrooms if they identified a specific risk.
- The hospital had a smoking area that patients were risk assessed to use. Staff were able to offer patients help with smoking cessation and were able to offer alternatives to cigarettes like e-cigarettes, patches and lozenges.
- Informal patients could leave at will and there were easy read notices explaining this by the exit to the ward.
- Hospital managers reported on restrictive practices at heads of department and ward integrated governance meetings. The type of restrictions and the amount had reduced from our last inspection.
- Staff said they always used the preferred option of talk-down and restraint was a last resort. Patients who had been subject to restraint had a support plan to reflect their wishes and what they felt works best for them as well as coping strategies and interventions.
- Staff used restraint only after de-escalation had failed and they used correct techniques. Senior staff were clear that appropriate action including further training was available if staff were observed using the wrong techniques. Staff also completed specific forms after every restraint incident that showed where each person had held the patient and described the incident in detail including the length of time the staff had restrained the patient.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.

Safeguarding

- There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Patients were at the centre of safeguarding and protection from discrimination.
- Staff understood how to protect patients from abuse and worked with them to keep them safe from abuse and discrimination. The service had an effective relationship with other agencies, engaging well in local safeguarding processes. Staff had extra training from the local multi-agency safeguarding hub on how to recognise the severity of abuse and when to report it.
- The hospital had trained 100% of staff in safeguarding vulnerable adults and children. Staff knew how to identify adults and children at risk of, or suffering, significant harm and staff knew how and when to raise a safeguarding concern. We saw evidence staff did so when appropriate. The manager had sent all staff to the local authority multi agency safeguarding hub for extra learning and staff reported positive working relationships with them. This included working in partnership with other agencies and there was evidence of this in the patient notes. The hospital had a designated safeguarding lead for staff to seek further advice from when needed.

Use of restrictive interventions

- Between 1 July 2018 and 31 December 2018 there had been no episodes of seclusion or long-term segregation. The hospital did not have a seclusion room or use seclusion.
- There had been 71 episodes of restraint with eight patients.
- There had been no episodes of prone restraints and no use of rapid tranquillisation.
- The hospital had a 'reducing restrictive practice' steering group in operation and a 'reducing restrictive practice' strategy in place.



Wards for people with learning disabilities or autism

- Staff followed safe procedures for children visiting the ward. The hospital had a designated room not on the ward for the use of children visiting. Staff completed a full risk assessment before any children visited.
- Staff gave good examples of how they protected patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Staff were aware of how patients wanted to express their sexuality and ensured patients could do this. The hospital had adapted toilet facilities to non-gender specific and this was in both patient and staff areas. Staff had also received further training from the local lesbian, gay, bisexual, and transgender (LGBT+) group.

Staff access to essential information

- Staff had easy access to clinical information. All staff, including bank staff could access and record on both paper and electronic records. The hospital used both a secure electronic record system and paper notes. Staff kept paper documents in well organised up to date files and stored them securely. Paper and electronic copies were easily accessible for staff and external professionals where appropriate.

Medicines management

- Staff not only meet good practice standards in relation to national guidance, they also contributed to research and development of national guidance and had adopted the STOMP (stopping over medication of people with a learning disability, autism or both) health care pledge.
- STOMP is a NHS initiative that aims to stop the overuse of psychotropic medication in people with a learning disability.
- Staff worked with patients to reduce and stop medication altogether.
- Good practice standards from the Royal Pharmaceutical Society regarding the administration of medication included the safe storage of medication, the correct administration of medicines and the provider had a policy for self administration of medicines.
- We reviewed the medication records for ten patients at the hospital. Doctors had signed and dated all prescriptions. All medications were within the British National Formulary recommended limits. There was very little use of antipsychotic medication and staff used any as required medication appropriately. Medicine

cards listed any known allergies. Staff stored medication cards with correct consent to treatment documentation. In a care and treatment review we attended the doctor and patient had a very detailed discussion about reducing prescribed medication. Patients told us how doctors and nursing staff gave patients information about their medication during multidisciplinary reviews and on request.

- All staff who administered medicines had to complete a competency assessment and the medicines management module in the staff training package.
- The visiting pharmacist completed a weekly audit which ensured staff continued to use safe prescribing and correctly completed medicine charts.

Track record on safety

- Between 1 January 2018 and 31 December 2018 there had been no serious incidents.
- The provider has a sustained track record of safety supported by accurate performance information. There was an ongoing, consistent progress towards safety goals and everyone was engaged in promoting an environment where incidents were minimal and when they did happen staff managed, learnt and prevented them from happening again.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them. The staff would report all incidents to the nurse in charge and complete either an incident reporting form and/or antecedent-behaviour-consequence form. An antecedent-behaviour-consequence form is an assessment tool used to gather information on a certain problem behaviour shown by the patient. All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting displayed the levels of harm and near misses, which ensured a robust picture of quality.
- Learning was based on a thorough analysis and investigation of things that go wrong. Managers encouraged all staff to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local and national safety programmes.



Wards for people with learning disabilities or autism

- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Carers we spoke with confirmed the staff at the hospital were very open and honest in their day to day work.
- Staff received feedback at daily meetings, team weekly meetings and through email. Senior staff and psychologists gave staff debriefs even when staff had not classified an incident as serious. We saw evidence managers had made improvements following feedback on safety. An example of learning shared was when a patient removed the rubber from around a window unit to remove the glass and escape. The hospital shared this across the Cygnet group of hospitals and the provider took measures to prevent this happening again.

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

Outstanding



Assessment of needs and planning of care

- Our inspection team reviewed four care records in detail.
- Staff completed a comprehensive mental health assessment of the patient prior to and after admission. Staff then developed care plans with the patient to meet the needs identified during assessment.
- Staff provided patients with copies of their plans in different formats to help the patient read and understand them. Positive behaviour support plans were present and were very well formulated by the psychologists, working in conjunction with staff and patients.
- Positive Behaviour Support is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. The plan provides support based on inclusion, choice, participation and equality of opportunity.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to all patients. This included addressing, where relevant, their nutrition, hydration and pain relief needs. Managers encouraged the safe use of innovative and pioneering

approaches to care. Staff were using new evidence-based techniques and technologies to support the delivery of high-quality care. This included but was not limited to the introduction of the TV channel called the Sherwood Lodge channel which provided useful information on the television.

- The doctor carried out a physical health assessment of each patient after admission. This physical health assessment was thorough and informed future physical health care planning. All patients had a health action plan with routine physical health checks in place. The hospital also worked with the local GP clinic to help identify and manage any physical health problems. They also managed the yearly health checks. The GP could see patients at the clinic or at the hospital if necessary.
- Staff updated care plans with the patients when necessary. Staff would work with patients before meetings and ward rounds to capture their wishes regarding their care plans. This helped patients who had difficulties talking in these situations.

Best practice in treatment and care

- All staff were actively engaged in activities to monitor and improve quality and outcomes.
- Staff provided a wide range of care and treatment interventions suitable for the patient group. The interventions were those recommended by guidance published by the National Institute for Health and Care Excellence. These included medication and psychological therapies. The psychologists had tailored the psychological interventions to patients' preferences, level of understanding, and strengths and needs. The speech and language therapist had developed specific communication plans to ensure patients understood this information.
- Occupational therapists had organised skills training in various areas. Patients had made a number of different items through woodworking. These items such as wooden Christmas Trees sold in good numbers and patients could then choose how the profits were spent. On the day of inspection patients were selling bags of wild garden flower seed taken from the flowers they had grown. The patients had built a chicken coop out of broken wood pallets.

Skilled staff to deliver care



Wards for people with learning disabilities or autism

- The hospital employed experienced staff who had the correct qualifications and had the right skills and knowledge to meet the needs of the patient group. Staff were passionate about their work with the patients and they went the extra mile to provide care for the patients.
- The team included a full range of specialists required to meet the needs of patients on the ward. It included doctors, nurses, occupational therapists, activity co-ordinators, clinical psychologists, art psychotherapist, a speech and language therapist, receptionists, a Mental Health Act administrator, maintenance people, cooks and housekeepers. The provider commissioned a pharmacist to attend the hospital weekly. A nurse from the GP clinic visited weekly to help manage the patients with certain physical health conditions such as diabetes.
- The manager provided new staff with appropriate induction (using the care certificate standards as the benchmark for healthcare assistants). Staff received an induction that
- consisted of a range of training essentials which included face-to-face training courses, electronic learning packages and in-house training.
- Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured staff had access to regular team meetings which they held monthly.
- The percentage of staff that had had an appraisal on the 31 December 2018 was 88%.
- The percentage of staff that received regular supervision was 90%.
- Managers proactively supported and encouraged staff to acquire new skills, use their transferable skills, and share best practice. The managers recognised the continuing development of staff skills, competence and knowledge was an essential part to ensuring high-quality care. Staff had attended management training, support staff were attending the apprenticeship scheme as trainee nursing associates, and a member of staff had recently attended external training to support the Forest school project.
- Managers dealt with poor staff performance promptly and effectively. For minor issues staff would receive support through local management but for any serious issues human resources would be involved.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit patients. These included the consultant psychiatrist, nurses, support workers, psychologist, psychology assistant, speech and language therapist, occupational therapists and therapy assistants. There were regular and effective multidisciplinary meetings. Support workers said their views about patients' needs were listened to, they were able to suggest ways of working with patients and felt part of the multidisciplinary team.
- Staff shared information about patients at effective handover meetings within the team. There were handovers between shifts and a handover at the morning meeting. The information was relevant and up to date.
- The hospital teams had effective working relationships with other relevant teams including commissioners, community nurses and care co-ordinators. Due to the nature of detention with some of the patients the team had worked with the Department of Justice and probation to ensure good patient care.

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

- Staff helped patients detained under the Mental Health Act 1983 understand and exercise their rights under the Act. The provider supported staff to understand and meet the standards in the Mental Health Act Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the Mental Health Act.
- The managers had ensured all staff had been trained in the Mental Health Act, the Code of Practice and the guiding principles.
- All staff had a good understanding the Mental Health Act. Mandatory training figures showed 100% of staff completed Mental Health Act training.
- The hospital had a Mental Health Act administrator. The administrator was able to offer advice and support to patients and staff with matters concerning the Mental Health Act.
- The Mental Health Act administrator kept all the original section papers in their file and provided copies for the patient files. All care notes reviewed had all the correct papers present.



Wards for people with learning disabilities or autism

- Staff explained to patients their rights under the Mental Health Act in a way they could understand, repeated it as required and recorded they had done it. Rights information was available in easy read format for patients who required it.
- Staff ensured patients undertook section 17 leave when the doctor had given it.
- Staff never cancelled leave due to staffing on the ward.
- The providers policies and procedures were up to date with current guidance.
- Staff displayed posters about advocacy services in easy read format and patients had access to information about Independent Mental Health Act and Independent Mental Capacity advocacy services. Patients were able to access advocacy and there was an advocate on the unit on a weekly basis, and clear signposting towards advocacy services in communal areas.
- Care plans had discharge plans which included section 117 aftercare where appropriate.
- Staff did regular audits to ensure the service applied the Mental Health Act correctly. The audits between 1 January 2018 and 31 December 2018 had not found any errors.
- Staff understood the role of a second opinion doctor and when to request one.
- Staff adhered to consent to treatment and capacity requirements. We reviewed ten medicine charts and staff had attached the correct consent to treatment forms. This meant nurses administered medicines to patients under the correct legal requirements.
- The provider had a policy for the Mental Capacity Act and Deprivation of Liberty Safeguards and the provider stored this electronically, and staff had easy access to this.
- Staff assessed patient's capacity to make specific decisions about their care and treatment and recorded this. We saw this in all care notes we viewed. Staff understood best interest decisions. Staff were able to give good examples of patient concerns the team had discussed through the multidisciplinary team and where the team had taken best interest decisions.
- Staff audited the use of the Mental Capacity Act six monthly and actions had been taken where necessary.

Are wards for people with learning disabilities or autism caring?

Outstanding



The involvement of people in the care they receive

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with patients showed they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. Patients said staff treated them very well and behaved appropriately towards them.
- Staff took great steps to support patients to understand and manage their care, treatment or condition.
- Staff directed patients to other services when appropriate and, if required, supported them to access those services.
- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.
- Staff maintained the confidentiality of information about patients.
- Staff communicated with patients in the way that suited the individual patient's needs best. The speech and language therapist assessed each patient's preferred communication style and developed and supported staff to communicate effectively with patients. Staff

Good practice in applying the Mental Capacity Act

- All staff had a good understanding the Mental Capacity Act (2005). Mandatory training figures showed 100% of staff completed Mental Capacity Act training.
- The Mental Capacity Act is legislation that maximises an individual's potential to make informed decisions wherever possible. The Act and associated Code of Practice provide guidance and processes to follow when someone is unable to make capacitated decisions.
- There had been one Deprivation of Liberty Safeguarding between 1 January 2018 and 31 December 2018 and staff had received training and did understand when they would have to make a referral to the local authority.



Wards for people with learning disabilities or autism

demonstrated a detailed understanding of patients' individual ways of using signs and their body language to describe how they felt. One method involved staff watching small video clips to help them learn about one patient who had difficulties using sign language hand communication.

- All patients told us they got on well with the staff and staff understood their needs and how to help them progress

Involvement in care

Involvement of patients

- Staff used the admission process to inform and orient patients to the ward and to the service. Where possible patients would visit the hospital before admission. Shortly after admission another patient would buddy up and show the patient around.
- Patients had drawn or painted wall pictures and had guided the décor of the ward environment. The art psychotherapist had helped patients enter the Koestler award scheme and win. The Koestler Trust is an arts charity set up to encourage patients to change their lives.
- Staff involved patients in care planning and risk assessment. The hospital had a wall display showing the awards and certificates gained.
- Staff reflected on how they could support patients better with their communication and ensured patients had the right communication aids. This included interactive wall buttons that when pushed explained different things such as how to complain. Patients helped record these.
- Staff wore Makaton symbol key rings to help patients communicate their feelings better. There were little reminder pictures for staff dotted throughout the hospital that had an example picture of a Makaton symbol. Makaton is a language programme using signs and symbols to help people with a learning disability to communicate.
- Staff had introduced a co-production policy booklet. Co-production is about people from different backgrounds working together as equals. Everyone takes ownership of the work. This means people with a learning disability, people with autism and people with

both a learning disability and autism, and their families, working together with health and social care professionals, providers or managers of services, to change people's lives for the better.

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

(for example, to feedback?)

Outstanding



Access and discharge

Bed management

- The hospital had 26 beds and there were 26 patients at the time of our inspection which included one patient who was admitted on the first day of our inspection.
- The hospital accepted patients from all over the country due to its specialised service. Beds were available for patients living in the local 'catchment area'.
- There was always a bed available when patients returned from leave. Beds were never used for other patients.
- When staff moved or discharged patients, this was always well planned and at an appropriate time of day and never at night.
- Commissioners told us that staff kept in contact with them regularly and care planning meetings and care and treatment reviews for patients were well organised to enable attendance by interested parties.
- A bed was always available in a psychiatric intensive care unit if a patient required more intensive care. Staff explained that this hadn't happened for over two years, but the provider would try to place someone who became very ill in an appropriate hospital or psychiatric intensive care unit but could not guarantee this would be sufficiently close for the patient to maintain physical contact with family and friends.

Discharge and transfers of care

- Between 1 January 2018 and 31 December 2018, there had been no delayed discharges from the hospital. Staff started planning for patients' discharge from admission.



Wards for people with learning disabilities or autism

For a lot of the patients, discharge planning was in conjunction with the Ministry of Justice and probation services and staff ensured they kept these services up to date in a timely manner.

- The average length of stay was two years. This appears higher than average, but the majority of patients detained were subject to Ministry of Justice restrictions and a lot of the patients had already spent a lot of time in care before this hospital. This service enabled them to move into lesser dependant services in a reasonable time frame. This is the aim of Transforming Care.
- Staff planned discharges with the Ministry of Justice, probation, commissioners and other hospitals. The staff maintained good relationships with care managers/co-ordinators.
- Staff never delayed patients discharge for other than clinical reasons.
- All patients had a discharge plan called 'My discharge plan – my hopes and wishes'. This had incorporated and updated what had previously been called a visual discharge plan and had been an innovative way of helping patients keep involved with their discharge planning by patients identifying and meeting their own goals and progressing to the point of discharge.
- Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit.

Facilities that promote comfort, dignity and privacy

- The services were flexible, provided informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who used the service. The hospital had a bright and open environment with easy access to a garden. Patients had drawn posters and put them on display, there were posters displaying positive messages that patients said helped them, there were talking buttons on the walls and there were small Makaton signs everywhere to help staff and patients remember Makaton signing.
- Patients had their own bedrooms which they could personalise and had ensuite facilities and secure storage for patients to store their possessions.
- The hospital did not have any bed bays or dormitories.

- Staff and patients had access to the full range of rooms and equipment to support treatment and care (clinic room to examine patients, activity and therapy rooms).
- There were quiet areas on the ward and a room where patients could meet visitors.
- The hospital had a gym which patients could use as part of their healthy living plan. Staff had donated equipment to help get the gym up and running.
- Patients had their own risk assessed mobile phones. There was also access to hospital phones patients could use in private.
- Patients had access to a large garden area.
- The food was of a good quality and patients had rated the taste and quality as very good.
- Patients could make hot drinks and snacks 24/7. The ward had a coffee machine as well as kitchen facilities.

Patients' engagement with the wider community

- When appropriate, patients had access to education and meaningful occupation. They arranged for patients to attend a local college. A tutor attended the service and taught maths and English skills. Patients had the opportunity to complete therapeutic paid work for the hospital. This helped patients develop skills for their discharge. Staff had arranged for patients to attend a local college as well as attend a local allotment where they could learn about growing vegetables and the management of a vegetable plot.
- Staff supported patients to maintain contact with their families and carers. They did this through telephone calls, video calls and home visits.

Meeting the needs of all people who use the service

- Patients individual needs and preferences were central to the delivery of services.
- There were innovative approaches to providing integrated patient-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- The service had made adjustments for disabled patients. The hospital had been built with ramps, lifts, wide doors and corridors and other suitable adjustments to reflect the needs of disabled and wheelchair users. Staff had made adjustments to suit individual patient needs. – for example, by meeting patients' specific communication needs.



Wards for people with learning disabilities or autism

- Staff ensured patients could obtain information on treatments, local services, patients' rights and how to complain.
- The information provided was in a form accessible for this patient group and was available in different formats and different languages where appropriate. The easy read documentation was outstanding. The speech and language therapist along with other staff had produced almost everything in an easy read format which had included the hospital quality improvement action plan. They had worked with the staff so that almost all staff could use Makaton daily in their work with patients.
- Managers ensured staff and patients had easy access to interpreters and/or signers.
- Patients had a good choice of food to meet the dietary requirements of religious and ethnic groups. The patients had worked with the catering staff and nursing staff to redevelop the way the cooks presented food. The hospital now had a hospital café/restaurant called Friar Tucks. Catering staff all wore appropriate clothing but with the addition of the name of the café on the shirts. Patients had co-designed the menu with staff. It gave a good selection of healthy nutritious food whilst maintaining an interesting diet. The menu had an easy read section that explained each part of the menu, whether it was allergy free, gluten free, low fat. Staff had written the menu either side of the food counter in a café style. Patients and staff had reviewed the opening times of the café and it now reflected more of the patient needs rather than a defined timetable. This meant patients had good choices of food whether they were going out or returning from activities or leave at a time that suited them.
- Patients were involved in craft workshops where they made innovative products that could be sold for the benefit of the patients.
- Staff ensured patients had access to appropriate spiritual support and saw staff carefully considered patients individual needs through discussion with the patient.
- The total number complaints upheld were zero although a complaint about calculating staff annual leave was partially upheld. No complaints had been referred to the Ombudsman.
- Patients knew how to complain or raise concerns and there were posters clearly displayed in an easy read format which explained how as well as the talking buttons.
- When patients complained or raised concerns, they received feedback. Staff did this either in a face to face interview or with informal complaints through the daily patient meetings.
- Staff protected patients who raised concerns or complaints from discrimination and harassment.
- Staff knew how to handle complaints appropriately.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings.
- Patients who used the service and others were involved in regular reviews of how the service managed and responded to complaints. The management demonstrated where improvements had been made as a result of learning from reviews and the learning was shared with other Cygnet hospitals.

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

Outstanding



Leadership

- There was a compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was an embedded system of leadership development and succession planning, which aims to ensure the leadership represents the diversity of the workforce.
- Leaders were visible in the service and approachable for patients and staff.
- Leadership development opportunities were available, including opportunities for staff below team manager level.

Vision and strategy

Listening to and learning from concerns and complaints

- The total number of complaints between 1 January 2018 and 31 December 2018 were three complaints from patients and three from staff.



Wards for people with learning disabilities or autism

- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. The service consistently implemented plans which had a positive impact on quality and sustainability of services.
- Staff knew and understood the provider's vision and values and how they applied them in the work of their team.
- The providers values were: Integrity, Trust, Empower, Respect, and Care.
- The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with protected characteristics under the Equality Act 2010. There was a strong organisational commitment and effective action towards ensuring there is equality and inclusion across the workforce.
- Staff of all grades and professions told us they felt part of a team, their opinion was valued and treated with equal respect. Patients said they felt as part of the team.
- Staff felt positive and proud about working for the provider and their team.
- Staff felt able to raise concerns without fear of retribution.
- Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian.
- Managers dealt with poor staff performance when needed.
- Teams worked well together and where there were difficulties managers dealt with them appropriately.
- Staff appraisals included conversations about career development and how managers could help support them.
- Staff reported the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.

- The service's staff sickness and absence were below the provider target.
- Staff had access to support for their own physical and emotional health needs through an occupational health service and a independent counselling service. There were adverts on their intranet site to remind staff this service was available.

Good governance

- Managers proactively reviewed governance arrangements which reflected best practice. Leaders had taken a systematic approach to working with other organisations to improve care outcomes. There was a clear framework of what staff must discuss at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints was shared and discussed.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The provider reviewed how they functioned and ensured staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff had acted on the results when needed.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

- There was a demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and ensured staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

Leadership, morale and staff engagement

- Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required.



Wards for people with learning disabilities or autism

- There were no current concerns from the staff and therefore, none on the risk register. We reviewed old risk register entries and this confirmed staff concerns had been placed on it.
- The service had plans for emergencies – for example, adverse weather or a flu outbreak.
- Where cost improvements were taking place, they did not compromise patient care.

Information management

- The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.
- Information governance systems included confidentiality of patient records.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. This was easily accessed through a program on their computer.
- Information was in an accessible format, and was timely, accurate and identified areas for improvement.
- Staff made notifications to external bodies as needed.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, bulletins, newsletters and so on.

- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.
- There were consistently high levels of constructive engagement with staff and patients, including equality groups. The service welcomed rigorous and constructive challenge from patients, the public and stakeholders and this was a vital way of holding services to account.
- Patients and carers were involved in decision-making about changes to the service.
- Directorate leaders engaged with external stakeholders – such as commissioners and Healthwatch

Learning, continuous improvement and innovation

- There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the hospital, and leaders empowered staff to lead and deliver change.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and nationally.
- Staff were given the time and support to consider opportunities for improvements and innovation and this had led to changes.
- Staff had opportunities to participate in research.
- Innovations were taking place in the service.
- Staff used quality improvement methods and knew how to apply them.
- The hospital did not participate in any national audits or accreditation schemes.

Outstanding practice and areas for improvement

Outstanding practice

The hospital had introduced a specialised learning approach that sits within and complements the wider context of outdoor and woodland education called the Forest School. The hospital believes they are the first in the country to adopt this.

The patients and staff had transformed the eating arrangements turning their dining room into a café style restaurant which provided healthy eating choices and at times suitable for the patients.

Staff clearly demonstrated it was not them and us, it was us together. Staff and patients all felt part of one team.

The ward had talking buttons which when pressed explained things such as complaints. Patients recorded the messages and took ownership of the information they recorded.

The art psychotherapist had introduced patients to an art award scheme which had produced winning results and better patient engagement.

The speech and language therapist along with other staff had produced almost everything in an easy read format which included the hospital quality improvement action plan. The easy reads were excellent in the way they displayed information. The therapist had worked with patients to help improve their communication styles so that staff and other patients could understand them better. They had worked with the staff so almost all staff could use Makaton daily in their work with patients.