Cygnet Learning Disabilities Midlands Limited

Cygnet Views

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We found improvements made at this inspection were sufficient to remove Special Measures.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Cygnet Views is an independent hospital managed by Cygnet Learning Disabilities Limited situated in Matlock, Derbyshire.

Cygnet Views provides care for up to ten women who have a learning disability and complex mental health needs. At the time of inspection, the service was supporting five people.

People's experience of using this service and what we found

The service was able to show how they met the principles of right support, right care, right culture.

Right Support

People and relatives told us staff supported people to take part in activities and pursue their interests in their local area. People had opportunities to go to the local college and local arts centre. One person said they liked to go out for walks and could go out when they wanted.

Staff supported people to play an active role in maintaining their own health and wellbeing. Staff gave people information about well woman checks and supported people to attend these. Staff supported people to cook their own breakfast and promoted healthy alternatives.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. This had improved since our previous inspection, the environment met people's sensory and physical needs, while making it feel homely. Staff were clear that if a person with limited mobility was referred to stay there, they would not be able to meet their needs. This would limit their quality of life as they would find it difficult to access the garden and the cobbled stones in the car park would limit their opportunity to use the salon and access the meeting room.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People said that staff respected their belongings and always knocked on their door before entering. Staff understood and responded to people's individual needs with genuine regard for the person. One person said, "Staff are good, patient, nice. Staff listen to you and support you in every way."

Summary of findings

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People had developed their plans that included their goals and hopes and dreams for the future.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. They had worked hard to improve links with the local safeguarding teams and the local police. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe which had improved since our previous inspection.

Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager and staff understand the importance of family to the people. However, one relative said communication could be better, they were unable to attend their relatives last review and did not receive notes from it. Relatives said they had not been able to visit during the COVID-19 pandemic, but they hoped this would change as restrictions eased.

People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. We saw staff fully involving people with activities and tasks of their choosing. People said they liked going to the cinema and bowling.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Views

Following our previous inspection in June 2021 the Chief Inspector of Hospitals, Ted Baker, placed Cygnet Views into Special Measures. We rated Cygnet Views as Inadequate overall, Inadequate for Safe, Effective and Well Led, Requires improvement for Caring and Good for Responsive. We undertook this inspection to assess whether sufficient improvements had been made. We found improvements made at this inspection were sufficient to remove Special Measures.

How we carried out this inspection

This was an unannounced comprehensive inspection.

We were on site for one evening and the next day and carried out phone calls to staff members on the third day. Our inspection team comprised of two inspectors and one assistant inspector. An expert by experience carried out telephone interviews with people and their family members if they agreed to this.

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During this inspection, the inspection team:

spoke with two people in the service.

spoke with two people in the service and two of their relatives by telephone.

spoke with nine members of staff including doctor, psychologist, registered nurses and support workers.

interviewed the registered manager.

looked at the quality of the hospital environment.

reviewed three peoples' care and treatment records in detail.

reviewed five people's medicine records.

observed peoples' care.

observed one handover from day to night staff and one morning meeting with the multidisciplinary team.

looked at other documentation and records related to peoples' care and overall governance of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of this inspection

Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

The provider should continue to ensure that all relatives of people using the service are engaged where appropriate. (Regulation 9)

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism safe?

Good

Safe and clean care environments

People's care and support was provided in a safe, clean, and well-maintained environment.

Since our previous inspection, the provider had invested in refurbishing the environment, so it was safe. The provider had replaced the flooring throughout and replaced the lighting which made it brighter and easier for people to see, particularly in corridors. People using the service had been involved in choosing the colours for redecoration.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Staff reduced the risks of blind spots by their presence to observe people in all parts of the hospital. There were enough staff to do this, and all staff were aware of people's risks and their observation levels.

Since our previous inspection, the provider had assessed and reduced ligature risks in the building. Where these could not be reduced, staff observed people more often. The provider had assessed ligature risks in all areas of the hospital and grounds in November 2021. The provider had changed their criteria for admission and now did not admit people who were at risk of tying suspended ligatures as they would not be able to keep them safe at Cygnet Views.

Maintenance, cleanliness and infection control

The service was clean and well maintained. Staff made sure cleaning records were up-to-date and the premises were clean. The hospital was clean at the time of our inspection. Cleaning records were kept up to date and showed all areas were regularly cleaned. The maintenance team regularly checked all areas of the building and ensured it was well maintained.

Good

Wards for people with learning disabilities or autism

Staff followed infection control policy, including handwashing. We observed staff utilised the hand sanitisers found in each area of the hospital. Staff wore masks correctly, had temperature checks at the start of each shift and regular tests for COVID-19.

Clinic room and equipment

The clinic room was small and there was no room for an examination couch. If people needed to have a physical examination this was done in their bedroom with their consent. The clinic room was clean, and staff checked equipment regularly to make sure it was safe to use.

Safe staffing

Nursing staff

People were kept safe from avoidable harm. The service had enough staff, who knew the people and had received relevant training to keep them safe.

There was one agency registered nurse who worked at Cygnet Views although they had worked there for years and knew the people well. They were also included in training and supervision and had access to Cygnet systems and processes. There were six support worker vacancies although three posts had recently been recruited to and other posts had been advertised. There were eleven support workers employed at Cygnet Views and vacancies were covered by regular bank staff who knew the people using the service well. The number of people using the service had reduced to five so there was sufficient staffing at the time of our inspection. The provider had increased the registered nurse numbers on Friday and Saturday nights to two which allowed for any short notice sickness and ensured safe staffing levels at the weekend.

Medical staff

The service had enough daytime and night- time medical cover and a doctor available to go there quickly in an emergency.

There was one consultant psychiatrist who was also the Responsible Clinician. They were on site for two days a week and available by telephone on the other days. There was also a speciality doctor who worked there fulltime. There was an on-call system so that a doctor was available to go there quickly in an emergency. Each person was registered with a local GP who was able to attend if needed for a medical emergency.

Mandatory training

Staff had completed and kept up to date with their mandatory training. This had improved since our previous inspection. Managers monitored mandatory training and alerted staff when they needed to update their training. 95% of staff had completed their mandatory training at the time of inspection.

Assessing and managing risk to patients and staff

Assessment of patient risk

Good

Wards for people with learning disabilities or autism

People were involved in managing their own risks whenever possible. Each person had a risk assessment using the Short – Term Assessment of Risk and Treatability (START) tool. These were in formats that were adapted to the individual so that people could understand and manage their risks where possible.

Management of patient risk

Staff anticipated and managed risk. They had a high degree of understanding of people's needs. Staff knew about any risks to each person and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to, or posed by, people using the service. The multidisciplinary team discussed people's risks daily in the morning meeting and updated assessments where needed. Staff we spoke with understood people's care plans and their positive behaviour support plans and knew how to support each person to reduce their risks.

Use of restrictive interventions

Restrictive practices were only used as a last resort, for the shortest time and in situations where people were a risk to themselves or others.

This had improved since our previous inspection when people using the service and staff often called the police to deal with incidents. The provider had worked with people using the service, staff, the local police, and the local authority safeguarding team to reduce the times needed for police involvement. Staff had the confidence in their relationships with people who use the service to reduce restrictive practices.

The service monitored and reported the use of restrictive practices. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained people only when these failed and when necessary to keep the person or others safe. The number of restraints used on people in January 2022 was eight compared to three in December 2021 and one in November 2021. However, although the numbers had increased these were all low-level incidents and use of redirection techniques rather than holding people for an extended period. There were no incidents where restraint was used for longer than 20 minutes. There were no prone restraints recorded. Staff told us they used verbal de-escalation to help people to reduce their distress. People's records included an individual plan in how staff were to support them to reduce restrictive practice. People made decisions as to restrictions they wanted to keep themselves safe, for example, limited access to their belongings that they may harm themselves with.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation.

Safeguarding

People were safe from abuse. Staff understood how to protect people 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 kept up to date with their safeguarding training. The provider had trained 100% of staff in safeguarding adults at risk at the level appropriate to their role.

Good

Wards for people with learning disabilities or autism

Staff knew how to recognise adults at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Since our previous inspection, the service had worked with the local police and local authority safeguarding team to reduce the number of times police were called to deal with incidents. They had worked with people who use the service to reduce the amount of time police were called. The local safeguarding team were to hold monthly meetings at Cygnet Views with people using the service to talk about any safeguarding concerns they had and look to resolve these.

Staff access to essential information

People's care records were a mixture of paper – based and electronic. All staff including an agency nurse had access to people's records on the computer and those on paper. Staff said they had the current information about each person and the team leader communicated any changes to staff after attending the morning meeting. Records were stored securely.

Medicines management

People received the correct medicines. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely prescribe, administer, record and store medicines.

Staff used the principles of stopping over-medication of people with a learning disability and autistic people (STOMP) to only administer medicine that benefitted people's recovery or as part of ongoing treatment. STOMP was clearly discussed in each person's care plan. Doctors reviewed each person's medicines and gave clear direction to staff about the medicines each person was prescribed.

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each person's medicines regularly and provided advice to people and their carers about their medicines. We observed a staff member talking with a person about their medicines supporting them to decide if they wanted to take it or not. Information about medicines was provided in accessible formats to each person.

Staff stored and managed all medicines and prescribing documents safely. Staff monitored the temperatures of the clinic room and medicines fridge so that people's medicines were stored safely.

Staff followed national practice to check patients had the correct medicines when they were admitted.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each person's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

The service kept people and staff safe. The service had made improvements to safety since our previous inspection. There were no serious incidents at the hospital that involved people using the service.

Reporting incidents and learning from when things go wrong

Good

Wards for people with learning disabilities or autism

Staff managed patient safety incidents well. Staff recognised incidents that needed to be reported.

Staff recognised incidents that needed to be reported. All staff were able to report incidents and did so.

Managers maintained patient safety and investigated incidents and shared lessons learned with the whole team and the wider service. Staff told us that received lessons learned information in handovers and we saw this information was given to staff via email and discussed in the morning meeting.

The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers debriefed and supported staff after any incident. Staff said they had a debrief following any incident and offered this to people who used the service.

There was evidence that changes had been made as a result of feedback. The manager had worked with staff and people using the service to reduce incidents involving the police. Staff had confidence through their updated training and in relationships they had built with people to safely manage incidents.

Are Wards for people with learning disabilities or autism effective?

Good

Assessment of needs and planning of care

Assessment of people's needs started at admission. Care and support plans were holistic and reflected people's needs and aspirations. People, those important to them and staff developed individualised care and support plans. Staff completed functional assessments for people who needed them. They took the time to understand people's behaviours.

Staff completed a comprehensive mental health assessment of each person either on admission or soon after. People's records showed an assessment of all their needs and plans were detailed as to how staff were to support the person to meet these. Staff assessed people's physical health soon after admission and regularly reviewed this during their stay. People were registered with a local GP. Staff assessed people's physical health daily and made referrals to their GP or specialists when needed.

Staff developed a comprehensive care plan for each person that met their mental and physical health needs. Care plans were personalised, holistic and strengths based. People's records showed that they were involved in all parts of their plan and contributed their views which was an improvement from our previous inspection.

Staff regularly reviewed and updated care plans and positive behaviour support plans when peoples' needs changed. People were involved in reviewing and updating their plans. Staff were aware of people's care plans and positive behaviour support plans and what support each person needed.

Positive behaviour support plans were present and supported by a comprehensive assessment. Staff were aware of these for individuals and followed them.

Good

Wards for people with learning disabilities or autism

Best practice in treatment and care

Staff provided care and treatment for people in the service, reflecting the CQC guidance 'Right support, Right Care, Right Culture' and the service delivered care in line with best practice and national guidance.

People's outcomes were monitored using recognised rating scales. Staff did clinical audit and benchmarking to understand and improve the quality and effectiveness of care.

Although this is a hospital for ten people the service worked to reflect the 'Right Support, Right Care, Right Culture' statutory guidance set by the CQC. The hospital is in the local community and near to the town centre of Matlock.

People's sensory needs were considered. People's records included assessments for weighted blankets and people said they had these which helped to meet their sensory needs. A room had been refurbished which included a range of sensory equipment which people said they found relaxing.

People were meaningfully occupied. People took part in a range of activities including education with Maths and English classes held at the hospital. People had opportunities to do jobs in the hospital which they received a reward for and they said this helped to promote their wellbeing. People told us that the minibus was broken down which they said limited group activities like bowling which they enjoyed. However, the manager told us that a rental vehicle was provided while the minibus was being repaired. They also used another vehicle from a neighbouring hospital to ensure physical health and group activities could still go ahead along with home visits and any other activities requiring transport. People had bus passes so they could use public transport. One person said, "I like walking. I can go out when I want." People did activities in house which they enjoyed such as arts, crafts, and jigsaws, some of these had been framed which helped to promote people's self-esteem.

The psychology team supported people at the service and staff. They had an active role in the multidisciplinary team, playing a key role in analysis of incidents and risk assessment. There was a qualified psychologist who worked at the service two days a week. An assistant psychologist worked at the service five days a week. The qualified psychologist had daily oversight of Cygnet Views as they attended the daily morning meetings via video calls. The qualified role was being extended to three days a week which meant that there would be more hours to spend working with people. As there were only five people currently using the service the psychology team had enough time to spend working with individuals. They were able to provide examples of the work they had completed to support people. For example, they had recently started a 'Let's talk about sex' group that was adapted to meet the needs of people to help them to understand how to form relationships, not necessarily sexual, and about health and sex education. People told us they did mindfulness and relaxation exercises to promote their wellbeing. There was a box for people to put their positive thoughts in which encouraged people to acknowledge these to promote their wellbeing.

Staff understood peoples' positive behavioural support plans and provided the identified care and support. All staff had access to these, and they were up to date. These were developed so that each person had a positive behaviour support 'grab sheet' which was one page so that staff could clearly see how to support the person.

One person had worked with staff on their 'vison cloud' which used pictures to describe them as a person not a diagnosis, their interests, how they wanted to be supported, their goals and their hopes and dreams.

Good

Wards for people with learning disabilities or autism

Staff identified peoples' physical health needs and recorded them in their care plans. This was an improvement from our previous inspection. Peoples' physical health observations were recorded properly which meant staff had an accurate record of peoples' physical health risks. Physical health records were up to date. Records included a baseline of the person's physical health observations so that staff knew if there were changes and act if needed. There were pictures and symbols used to help people to understand their physical health needs.

People had hospital passports. When a person with a learning disability goes into hospital the hospital passport contains all their essential information to help staff at the hospital to know how to support them. If a person from Cygnet Views was admitted to hospital, staff from the service supported them during their stay.

Staff made sure people had access to physical health care, including specialists as required. People had access to well woman checks and tests to ensure they were healthy. Staff supported people to have cervical smear tests and asked which staff the person wanted to support them to attend these. People had regular eye tests and dental check-ups.

Staff completed training in dysphagia and people's records showed that staff assessed their risk of choking and if foods needed to be adapted to reduce these risks. Staff monitored and recorded peoples' weights. People's records included a Malnutrition Universal Screening Tool (MUST) assessment to identify if they were at risk of malnutrition or obesity. Where risks were identified a care plan was in place as to how staff were to support the person. Staff made records of fluids and food consumed by people to make sure they ate and drank enough. Staff referred people to dieticians when needed.

Staff used suitable recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. For example, the hospital used the Learning Disability Model of Human Occupancy Screening Tool (LDMOHOST) and the Disability Distress Assessment Tool (DISDAT).

Staff used technology to support people to stay connected with their families when they were unable to see them face-to- face. People had their own phones to stay connected with their friends and relatives.

Staff took part in clinical audits and there was a programme of improvement taking place. There were several clinical audits and managers used results from audits to make improvements and shared learning with the staff team. For example, staff had improved the quality of the records they kept about people using the service which showed the care they had provided. The Cygnet Quality Assurance Manager had visited the hospital weekly following our previous inspection and supported staff to make improvements.

Skilled staff to deliver care

People received care, support and treatment from staff and specialists who received relevant training, including around mental health needs, supporting autistic people, human rights and reducing restrictive interventions.

Managers provided an induction programme for any new or temporary staff including agency staff where used. Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the people in their care, including bank and agency staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The provider had trained 100% of staff in physical health needs and

Good

Wards for people with learning disabilities or autism

92% of staff in supporting people with a learning disability and 96% of staff in supporting autistic people. Staff had requested training in how to support people who have a personality disorder and 90% of staff had now completed e-learning on personality disorder. The psychologist had been involved in developing workshops for staff and people which was planned at end of March 2022 and would include boundaries training and how to support people.

Managers supported staff through regular, constructive appraisals of their work. 93% of staff had an annual appraisal at the time of our inspection. Managers supported staff through regular, constructive clinical supervision of their work, 90% of staff had received clinical supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff said and minutes we reviewed showed there were regular team meetings and their views about the service were listened to and used to make improvements.

The registered manager told us that since our previous inspection they had managed staff performance when needed and completed disciplinary action where appropriate.

Multidisciplinary and interagency teamwork

People were supported by a team of staff from a range of disciplines who worked together to ensure care was delivered and outcomes achieved in line with care and discharge plans.

The service had access to a full range of specialists to meet people's needs. This included doctors, psychologists, speech and language therapists, occupational therapists, and nursing staff. The multidisciplinary team was shared with another local Cygnet hospital although all members of the team dialled into the 'morning meeting' at Cygnet Views. At least one member of the multidisciplinary team was based at Cygnet Views from Monday to Friday. There were regular multidisciplinary meetings to discuss people and improve their care.

Staff made sure they shared clear information about people using the service and any changes in their care in daily 'morning meetings' through reading care plans and in multidisciplinary review meetings.

Staff had effective working relationships with other teams in the organisation and with external teams and organisations. Since our previous inspection there had been regular meetings led by the local Clinical Commissioning Group (CCG) and attended by representatives of the provider, people's community teams, safeguarding teams and the CQC. The provider had contributed to these meetings and provided assurance of improvements made to the service. People's community teams were invited to their review meetings and participated in these. The hospital had good working relationships with the local safeguarding teams.

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

Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983, and the Mental Capacity Act 2005.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice. 100% of staff had completed this training. 100% of staff had completed e-learning on promoting people's human rights.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Good

Wards for people with learning disabilities or autism

People had easy access to information in accessible formats about independent mental health advocacy and people who lacked capacity were automatically referred to the service. This included information in easy read for sections of the Mental Health Act that related directly to the people at Cygnet Views.

Staff explained to each person their rights under the Mental Health Act in a way that they could understand. The speech and language therapist had developed information accessible to individuals and staff used these to explain to people their rights.

Staff made sure people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. Before each person went on section 17 leave staff completed a risk assessment with them to ensure their safety during their leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff stored copies of peoples' detention papers and associated records correctly and staff could access them when needed.

People who were informal were given information in a format accessible to them that explained they could leave the ward freely and they and their relatives understood this.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

100% of staff had completed training in the Mental Capacity Act and staff we spoke with had a good understanding of at least the five principles.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff gave people all support to make specific decisions for themselves before deciding a person did not have the capacity to do so. Staff provided information about decisions that a person needed to make in a format that was accessible to them. Staff made reasonable adjustments so to maximise the opportunity for individuals to make decisions. Staff made sure the person was making the decision at a time they were alert and, in a place, where they were comfortable.

Records showed that staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision. When staff assessed people as not having capacity, they made decisions in the person's best interest and staff recorded these. They considered the person and their relatives where appropriate wishes, feelings, culture, and history.

Good

Wards for people with learning disabilities or autism

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. There were no people subject to a Deprivation of Liberty Safeguard at the time of our inspection. The service monitored how well it followed to the Mental Capacity Act and acted when they needed to make changes to improve.

Are Wards for people with learning disabilities or autism caring?

Good

Kindness, privacy, dignity, respect, compassion and support

People received kind and compassionate care. We observed that staff were discreet, respectful, and responsive when caring for people.

Staff protected people's privacy and dignity and understood people's needs. Staff took time to listen to and speak with people in a kind and compassionate way.

Staff supported people to understand and manage their care, treatment or condition. We observed staff praising a person for asking for staff support rather than harming themselves so supporting them to manage their care.

People were enabled to make choices for themselves, and staff ensured they had the information they needed. Information was provided in individual easy read, symbols, and picture formats to help the person to understand. Each person had a communication passport that showed staff what aids they would need to help them to understand. Staff spent time to explain to people in a way they could understand. There were talking tiles around the building to help people to understand information. There were pictures and easy read information about parts of the body to help people to understand as part of the 'Let's talk about sex' group.

Staff gave people help, emotional support and advice when they needed it. We observed staff speaking with people using a calm tone of voice and helping them to relieve their distress. People had been involved in creating their 'mood board' and how they might be feeling at various times and what support they would want from staff.

Staff directed people to other services and supported them to access those services if they needed help.

People spoke highly of staff and the care they received. People said staff were always available to talk with and supported them when needed.

Staff understood and respected the individual needs of each person.

All staff told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people who used the service and would not hesitate in doing so. This had improved since our previous inspection.

Involvement in care

Good

Wards for people with learning disabilities or autism

People, and those important to them, took part in making decisions and planning of their care. Care plans included easy read information to enable the person to be involved in their care. Care plans focused on people's strengths, and they worked with staff to focus on their goals and hopes and dreams for what they wanted their life to be.

People were empowered to feedback on their care and support. There were regular meetings with the people who used the service. We saw people had made suggestions about the redecoration of the building and staff had listened to these and made the changes people wanted. Minutes of meetings were in easy read and picture format and showed that people were involved in their care. People said their views were listened to and valued. People had asked if they could have a pet and were pleased to have a pet rabbit. People had suggested they could cook their own breakfast and a breakfast club had been started which gave them the opportunity to do this.

People had easy access to independent, good quality advocacy. The advocate visited regularly and were available to support people at their review meetings if they wanted this and by telephone if they preferred. The advocate had supported people to complete the providers survey in December 2021. The findings of this showed people were generally satisfied with the service and that improvements had been made. The results of this had been shared with staff so they could see people's views and what further improvements were needed.

Involvement of families and carers

Staff supported people to maintain links with those that are important to them.

Staff had supported a person to visit a relative they had not been in contact with for several years. Staff knew how difficult this would be for the person and supported them through this.

Staff maintained contact and shared information with those involved in supporting people, as appropriate. Relatives said they were invited to reviews and were involved as much as they could be. However, one relative said they had not been able to attend their relatives last review meeting and had not received any notes from it. One person told us they did not want their family to be that involved in their care and this was respected.

Are Wards for people with learning disabilities or autism responsive?

Good

Access and discharge

The majority of people did not stay in hospital for a long time. People had discharge plans with clear timeframes in place to support them to return home or move to a community setting. Staff liaised well with services that provide aftercare, so people received the right care and support when they went home.

Bed management

Discharges were not delayed. Managers regularly reviewed people's length of stay to ensure they did not stay longer than they needed to.

Good

Wards for people with learning disabilities or autism

Managers and staff worked to make sure they did not discharge people before they were ready. One person was working on their transition to a supported living service and spent a few nights each week at their new placement. When people went on leave there was always a bed available when they returned. Staff did not move or discharge people at night or early in the morning.

Discharge and transfers of care

Staff carefully planned peoples' discharge and worked with care managers and coordinators to make sure this went well. People's records included a discharge plan that the person was involved in. People had discussed with staff where they would like to move to and why and plans were in a format that was accessible to the individual.

Facilities that promote comfort, dignity and privacy

People's privacy and dignity was respected by staff. Each person had their own bedroom with an en-suite shower room. People could personalise their room and keep their personal belongings safe. People had access to quiet areas for privacy. The service's design, layout and furnishings supported people's good care and support.

The service provided people with a choice of good quality food. A new cook had started working there and we observed them speaking with people about what foods they liked, how they would like these to be presented and how they wanted to help cook for themselves. People had asked if they could cook breakfast themselves and a breakfast club had started to support people to do this. People told us they could access drinks and snacks at any time.

Each person had their own bedroom, which they could personalise. People said they liked their bedroom and could personalise it in the way they wanted to. People had been involved in the redecoration of communal areas of the hospital. People told us their views had been listened to and the service was less clinical and more homely.

People had a secure place to store personal possessions. People told us that they could store their possessions in a different room if they thought having their clothing for example in their bedroom could put them at risk of harming themself.

Staff used a full range of rooms and equipment to support treatment and care. In a building separate to the main hospital there was a hair and beauty salon that people liked to spend time in. There was also a meeting room where staff met for handover and the multidisciplinary team met for the morning meeting and reviews of people's care. People could access this room for their reviews and meetings. They could also meet with their visitors there.

People could make phone calls in private. There was a telephone for people to use although they said they did not use this as they used their own mobile phones.

The service had an outside space that people could access when they wanted to. Due to ligature risks identified, staff always needed to support people in the garden, but this was support was provided. Some parts of the garden were not suitable for people whose mobility was limited. The registered manager said they would not admit a person with limited mobility as this would negatively impact on their quality of life there.

Patients' engagement with the wider community

Staff supported people with activities outside the service, such as work, education, and family relationships.

Good

Wards for people with learning disabilities or autism

The service gave people the opportunity to engage in paid work which supported staff to complete practical tasks. People could take part in Maths and English classes at the hospital and there were links with local colleges.

Staff helped people to stay in contact with families and carers. Families and carers visited the service and used technology to have virtual meetings with family. Staff encouraged people to develop and maintain relationships both in the service and the wider community. Friends and families could visit when they wanted to.

Meeting the needs of all people who use the service

The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were always met. People had access to information about their rights in appropriate formats.

Staff supported people with communication needs. The speech and language therapist assessed people's communication needs and staff followed individual communication plans. They provided information in a variety of formats including pictures, easy read, symbols, and use of Makaton (sign language). This made sure people could access information on treatment, local service, their rights and how to complain. There was a 'Makaton sign of the week' which staff used and encouraged people to do so and improved their knowledge of Makaton.

The service provided a variety of food to meet the dietary and cultural needs of individuals. People said they had the foods they wanted, and these were presented in the way they wanted them to meet their dietary needs.

People had access to spiritual, religious, and cultural support. Since our previous inspection, staff had provided a range of materials for people to use to practice their religion if they wanted to. These were available in a room that was dedicated as the multi faith and sensory room. Staff asked people during their assessment what support they wanted to meet their spiritual needs. Staff had supported people to develop their end-of-life care plans that were detailed as to their wishes if they were terminally ill and in their death.

Listening to and learning from concerns and complaints

People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service.

People and their relatives knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in formats that were accessible to individuals. There was a notice board that told people using pictures and easy read information about how to make a suggestion, compliment or make a complaint and a box provided to do this.

Staff knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint. There was a 'You said, we did' board that showed action was taken when people provided feedback about the service.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service used compliments to learn, celebrate success and improve the quality of care.

Good

Wards for people with learning disabilities or autism

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

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff.

Since our previous inspection, the providers regional peripatetic manager had managed the service. The findings from this inspection showed they had the skills, knowledge, and experience to improve the service. They had previously been the registered manager of the service and understood the service. They demonstrated their vision for the service and for each person there. The provider had recruited a new manager to start in April 2022 however, the current manager was to stay there through the new managers induction to the service.

All staff we spoke with told us the manager was visible in the service and approachable and the regional manager also visited the service often. People who used the service said the manager and regional manager were available for them to speak with and were approachable.

Vision and strategy

Staff knew and understood the provider's vision and values and how to apply them in the work of their team.

All staff we spoke with were aware of Cygnet's vision and values. They knew how to apply the values of care, respect, empower, trust and integrity in their day-to-day work and demonstrated this throughout our inspection.

Culture

Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution.

All staff we spoke with said they felt respected, supported and valued as part of the team at Cygnet Views. Staff said that initiatives such as now having a staff room, drinks provided from a coffee shop on Fridays, toiletries and different drinks provided had helped to promote their wellbeing. There was a staff 'You said, we did' board in the staff room which showed that staff views were listened to and valued.

Staff were aware of the role of the Freedom to Speak Up Guardian at Cygnet and knew how to contact them. However, staff said they were able to raise concerns to the manager or regional manager and would be listened to if they did.

Cygnet had opened a staff survey provided by an independent company for all staff to participate in anonymously the week prior to our inspection, so results were not yet known.

Governance

Good

Wards for people with learning disabilities or autism

Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.

The findings from this inspection demonstrated that improvements had been made to governance processes since our previous inspection. The service inputted data onto a weekly dashboard which rates the service red, amber or green. The manager said this provided an overview of what was happening in the service and the ratings had improved to green. The head of care did regular spot checks and they and the manager were regularly working in the service so could see what was happening. Audits showed improvements had been made and identified to staff where further improvements were needed. The providers quality assurance manager had been visiting the service daily following our previous inspection but had now reduced this to weekly.

Management of risk, issues and performance

Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.

Staff had regular supervision and attended regular team meetings which helped to give them the information they needed. Staff told us that information and learning from incidents was shared via email and newsletters which all staff had access to. They said that communication had improved, and they now had the information they needed to provide safe and effective care.

The manager shared the risk register for the service with us. This showed the manager was aware of risks to the service and the people using it and had acted to reduce these risks.

The manager had worked with the local clinical commissioning group (CCG) and the commissioners who had people placed at Cygnet Views and reported risk, issues and performance. There was an oversight meeting with commissioners the week before our inspection which reported that they were assured of the improvements made.

Information management

Staff collected analysed data about outcomes and performance.

All staff had access to the information they needed to deliver safe and effective care. The provider had ensured that more laptops were provided so that all staff had access to these. Staff kept up to date with inputting information so that outcomes and performance could be reported on.

Engagement

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The manager and multidisciplinary team engaged regularly with other local health and social care providers. They had ensured regular contact with the local GP who people were registered with to improve their physical healthcare. The GP now visited Cygnet Views so that people knew who they were and could ask any questions they had about their healthcare.

Good

Wards for people with learning disabilities or autism

The local authority safeguarding team were starting a monthly drop-in session at Cygnet Views that people could attend and discuss any safeguarding issues with them.

People had their care and treatment reviews and the manager and staff had participated in these, so the teams had the information needed about the person for their review.

Learning, continuous improvement and innovation

People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. Staff engaged in local and national quality improvement activities.

The provider had surveyed all people using the service in December 2021 and the advocate had assisted with this. They had used the feedback from this to improve the service.

Staff had started a 'Let's talk about sex' group for people using the service. This focused on sexual health, sex education and forming relationships including social skills. Information was adapted to individuals' communication needs to help people participate fully. The first group meeting was on the day before our inspection and was attended by all people using the service.

The manager had started to look at how to use the 'Safewards' model at Cygnet Views although this was in its initial stages. The manager said they needed to ensure the action plan following our previous inspection was embedded before progressing further with quality improvement activities. They had started 'Safewards' activities and asked staff to do a short biography of themselves and displayed these. Staff also had worked with one person to create mood boards as part of their discharge plan which enabled staff to understand all about the person and not their diagnosis but their likes, dislikes, interests, goals and future aspirations.