Elysium Healthcare (St Mary's) Limited

St Mary's Hospital

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as requires improvement because:

We continued to rate safe and well led as requires improvement as there were regulatory breaches at the last inspection and the provider was still working on their action plan. We re-inspected safe but did not inspect well led. We did not inspect responsive, and its rating remains good.

The rating for effective went from good, to requires improvement. The service did not meet legal requirements relating to appropriate premises to meet person-centred care. Therefore, the regulatory breach limited the rating to requires improvement.

We were assured that rating of caring was still good so have reinstated the rating for this key question.

The environment on Leo and Hopkins ward was not designed to meet the clinical needs of the people in the service. We found that people's sensory needs were compromised due to the environment.

The new electronic reporting system for people's activities was not yet fully embedded. This meant that written records did not always clearly reflect the number of hours people were engaged in activity in any given week.

There were high levels of observations on the wards. Some people always required two or three staff to be with them. This impacted on the noise levels and increased activity of the wards. Although, it was clear that additional support was to keep the people safe.

Although interactions between patients and staff during observations were positive. During our on-site visit we found that interactions between staff and patients were limited and there were sometimes long gaps between interactions.

It was not always clear in people's records how staff had used people's positive behavioural support plans to de-escalate potential incidents. We could see from speaking to staff, people and reviewing CCTV that these methods were used during incidents, but staff had not always written it down.

Four out of the five carers we spoke to raised communication as an issue. This was in the context of the telephone not always being answered, messages not being passed on and community leave arrangements not being communicated in a timely manner. However, most carers were happy with the care their loved ones received. They were given the opportunity to be involved in people's care and invited to relevant meetings.

However:

The environment was clean and tidy. Due to the people that resided on Leo and Hopkins ward, the environment needed ongoing redecoration. Managers had a plan of when this would happen, and funds were allocated to complete this.

Staff completed risk assessments on admission and updated them when necessary. This was usually weekly but more often if risks had changed.

Summary of findings

Staff were clear that they were happy to raise concerns without fear of retribution to protect people from abuse and poor care.

Staff were kind to people and treated them with dignity and respect.

Staff knew people well and were able to tell us in detail about individual people's needs, likes and dislikes.

People's care plans were individualised and detailed. The written records told staff how a person liked to be cared for, often from the person's perspective. Sensory assessments were completed to ensure care plans clearly reflected the person's needs and provided the rationale for why they were managed in a particular way.

There was a wide range of planned activities available both on and off the ward. People had individualised activity plans that gave people choice, whilst maintaining a balance of low stimulus and more stimulating activities.

For people who were nearing discharge, the ward worked closely with transition teams for extended periods to ensure discharge went smoothly.

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	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to St Mary's Hospital

We carried out a focused unannounced inspection of Leo and Hopkins Wards at St Mary's Hospital. This was because we had concerns about people's safety following two serious incidents that had happened on Leo Ward and arising from concerns from visiting commissioners who fund care.

Leo ward is a 12-bed assessment, treatment, and rehabilitation ward for autistic people. People on the ward have a primary diagnosis of an autism often accompanied by co-morbid conditions and/or a history of regularly showing emotional distress.

Hopkins ward, a four-bed assessment, treatment, and rehabilitation ward for autistic people currently used as two separate, two-bed units providing bespoke hospital placements. Currently it was used for one under 18-year-old. Leo and Hopkins wards were next to each other and worked together under the same ward manager and staff group.

This is the fifth time we have inspected the St Mary's Hospital since it has been managed and overseen by the Elysium Healthcare group. The Elysium Healthcare group took over the running of St Mary's Hospital in August 2018. We last inspected St Mary's Hospital in June 2021. This inspection was a comprehensive inspection, and the service was rated as requires improvement overall, with requires improvement in the safe and well led domains. All other domains were rated good. We issued requirement notices to the provider around staffing, restrictive practice, record keeping for seclusion and governance processes.

At the time of this inspection, we had not yet received an action plan from the provider detailing how these issues would be resolved. This was because the time for return of the action plan had not yet elapsed. However, following concerns about Leo and Hopkins wards we suspended our ratings in the effective and caring key questions.

On this inspection:

We continued to rate safe and well led as requires improvement as there were regulatory breaches at the last inspection and the provider was still working on the action plan

The service did not meet legal requirements relating to appropriate premises to meet person-centred care. We have therefore limited the rating of effective to requires improvement.

We were assured that rating of caring was still good so have reinstated the rating for this key question.

The service is registered to provide the following regulated activities:

• Assessment or medical treatment for persons detained under the Mental Health Act 1983

• Treatment of disease disorder and injury

There was a registered manager in post at the time of our inspection.

What people who use the service say

Summary of this inspection

We spoke to four carers and five people during our inspection. The overall feedback was that people felt safe and well looked after. They reported that the staff treated them kindly and understood their care plans. Most carers overall were happy with the service provided, but three out of fours mentioned that day-to day communication could have been better between the hospital and themselves.

How we carried out this inspection

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

- Toured both Leo and Hopkins Wards
- Spoke to five people receiving care
- Spoke to four carers
- Interviewed 12 staff that worked on the wards, including permanent, bank and agency staff
- Interviewed the registered manager
- Interviewed the lead occupational therapist, the ward speech and language therapist, the safeguarding lead and lead social worker for the hospital
- Interviewed transition teams working with people who were due to be discharged from Leo and Hopkins Wards
- Interviewed the local safeguarding team at the local authority
- Interviewed the independent advocate for the wards
- We observed care by carrying out a short observational framework for inspection (SOFI)
- Reviewed six care records
- Observed one handover meeting
- Reviewed CCTV footage of people's care and incidents on the ward
- Undertook one out of hours visit in the late evening

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. 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 MUST take to improve:

The service must ensure that the environment meets the needs of people residing in the service, including peoples sensory needs. 15(1)(c)

Action the service SHOULD take to improve:

The service should ensure that it is clearly documented in people's records when techniques in positive behavioural support plans are utilised to deescalate people prior to incidents occurring.

Summary of this inspection

The service should continue to monitor the impact high levels of observations has on both the person and the other people in the service and use this when considering new admissions.

The service should continue to improve the use of the electronic recording system for activities that was recently introduced.

The service should explore the issues raised regarding communication with carers, with a view to improving the satisfaction of carers in this area.

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	Requires Improvement	Requires Improvement	Good	Not inspected	Not inspected	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Not inspected	Not inspected	Requires Improvement

Requires Improvement

Wards for people with learning disabilities or autism

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good

Are Wards for people with learning disabilities or autism safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean, and well furnished.

Safety of the ward layout

Staff completed and regularly updated risk assessments of all wards areas and removed or reduced any risks they identified. At our last inspection, we found that the hospital was due to replace the windows due to a recent serious incident on another ward. At this inspection we found that this had been started and some of the windows on Leo and Hopkins ward had been replaced. There was an ongoing programme of replacement.

Staff could observe people in most parts of the wards. There were good lines of sight; where there was not, there were mirrors to allow staff to observe people. There was also CCTV in most of the communal areas, this was both for safety reasons and to manage incidents. The CCTV was also reviewed on an adhoc basis by the senior management team at the hospital to safeguard people from abuse. There was clear signage to alert people to the fact they were being recorded.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep people safe.

Staff had easy access to alarms and people had easy access to nurse call systems.

Maintenance, cleanliness, and infection control

Ward areas were clean and well furnished. The décor was tired and in need of some updating. Managers had an agreed programme and funds allocated for redecoration and the ward was generally well maintained.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing.

Seclusion room (if present)

The seclusion room allowed clear observation and two-way communication. It had a toilet and a clock. We checked the seclusion room cleanliness as concerns had been raised that this had, on one occasion, been left dirty after use. At the time of our inspection, the seclusion room was in use by a person on another ward. However, we were able to see that this room was on the cleaning schedule and that regular cleaning was taking place. Due to the person using the seclusion room being too unwell, we were unable to enter to view the room.

Safe staffing

The service had improving staffing levels with nursing and medical staff, who knew the people and received basic training to keep people safe from avoidable harm.

Nursing staff

At our last recent inspection, we told the service that they needed to improve their staffing levels. The service still did not have enough nursing and support staff to keep people safe but was formulating an action plan to fully address the staffing issues. At this inspection we reviewed the staffing levels on the two wards we visited (Leo and Hopkins wards). We found that overall, the staffing levels had improved since our last inspection in June 2021. Since then, there had been one new qualified nurse and four new support workers employed. However, there were still vacancies, including one 0.5WTE qualified nurse and 6.0WTE support worker vacancies. Some new staff had been appointed but had not yet started as they were awaiting relevant checks and induction training. In total there were two qualified nurses and eight support workers waiting to start work on the wards. The provider had recognised the difficulties the hospital was having in recruiting new staff and had implemented staff incentives for starting work. For qualified staff with experience in learning disabilities and autism, there was a one-off £7500 recruitment bonus. For support workers with a minimum of two years' experience there was a one-off £1000 recruitment bonus. The managers at the hospital reported this had improved recruitment at the hospital.

The service had reducing rates of bank and agency nurses and nursing assistants. However, the amount of agency use on both Leo and Hopkins wards remained high. There was 39% agency use for the month of October. This had reduced since our last inspection when the hospital overall used 49% agency staff between January and June 2021. Whilst agency use was high, due to the nature of the people on Leo and Hopkins wards the use of familiar agency staff was important. Managers always tried to use familiar agency staff that knew the people well and had worked on the wards previously. Some agency staff had worked at the hospital for a long time and had accessed the provider's in-house training for learning disabilities and autism.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had high turnover rates. At the time of our inspection, the turnover rate was at 30%. When we visited the wards and spoke to staff some had previously worked permanently on the wards before leaving and joining an agency. The reasons given for this were as follow; better rates of pay, the ability to pick up specific shifts and flexibility for childcare. The hospital had worked hard to try and persuade agency staff to join the provider's bank to ensure staff had access to suitable training to meet people's needs. The hospital had successfully recruited 30% of the agency staff they were using on a regular basis to their own bank.

Managers supported staff who needed time off for ill health.

Requires Improvement

Wards for people with learning disabilities or autism

Levels of sickness were at 7% for the month of October, this was higher than the equivalent England average of 4.7% sickness for NHS mental health and learning disability services.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Most of the people on the wards required higher levels of observation. Often more than two staff supporting a person at any one time. There were higher staffing levels on the ward than what was required, this was to support people on community leave. We did, however, find that due to the increased levels of observations on the ward, there were high levels of support staff in comparison to qualified staff. This meant it could be difficult for qualified staff to oversee the quality of care on the ward when managing such high numbers of staff on a shift.

The ward manager could adjust staffing levels according to the needs of the people.

People had regular one- to-one sessions with their named nurse.

People rarely had their escorted leave or activities cancelled, even when the service was short staffed. Where leave had to be rearranged, it was almost always done within the same day.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep people safe when handing over their care to others. We observed a handover during an evening on one of our site visits. We found that that all relevant risks relating to people and the environment were discussed.

Assessing and managing risk to people and staff

Staff assessed and managed risks to people and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support people's recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of person risk

Staff completed risk assessments for each person on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Management of person risk

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.

Staff followed procedures to minimise risks where they could not easily observe people.

Use of restrictive interventions

Levels of restrictive interventions were variable. The people on the wards often required redirection using a gentle hands-on approach. However, there were also times when people became so distressed that more formal restraint was required. This could include if people were becoming distressed and trying to physically hurt themselves or others. We were able to see from reviewing CCTV footage, how staff were able to deescalate people using techniques set out in their care plans to reduce the severity of incidents.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

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. However, we did find that this was not always clearly documented, to show how staff had used the techniques in people's positive behavioural support plans to deescalate and divert people to avoid an incident. From speaking with staff and people however, it was clear that staff did have a good understanding of these methods and were able to demonstrate when these were used.

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

Safeguarding

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 received training on how to recognise and report abuse, appropriate for their role. The social work team at the hospital provided the training for all permanent and bank staff on the wards. They gave real examples of safeguarding incidents that had happened at the hospital, to allow staff to work through how they would respond to these. Agency staff received safeguarding training from their own employers. However, the social work team had developed a keyring to go on keys for agency staff. This told them about how to recognise a safeguarding issue and how to report it. We viewed random CCTV footage kept by the provider of people in the communal areas of Leo ward and did not identify any abuse occurring from these images.

Staff kept up to date with their safeguarding training. The training rate for Leo and Hopkins wards at the time of our inspection was 70% for level 3 safeguarding.

Staff could give clear examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children 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. We had telephone discussions with key staff at the local safeguarding team. They told us they had a positive working relationship with the staff at the hospital that led on safeguarding. They told us that there was a high reporting culture and that this was expected due to the person group on Leo and Hopkins Wards. Where appropriate these incidents were also reported to the police. The hospital also notified us whenever a safeguarding was referred to the local authority. At the time of the inspection, there were still several safeguarding incidents being investigated externally by the police and/or the local safeguarding team. We saw that the provider had taken immediate action following these incidents such as removing agency staff from working at the hospital pending further investigation.

Requires Improvement

Wards for people with learning disabilities or autism

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Person notes were comprehensive, and all staff could access them easily.

Records were stored securely.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed person safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support.

Staff knew what incidents to report and how to report them. The provider had an online incident reporting system that staff were able to access to record incidents they had witnessed or been informed about.

Staff raised concerns and reported incidents and near misses in line with provider policy. Prior to the inspection, some funding commissioners had concerns that there had been a small number of significant incidents which managers had not told them about. We saw that the hospital had put in systems to improve this. We found that the hospital had notified us appropriately as well as other regulatory bodies.

Staff reported serious incidents clearly and in line with the provider's policy.

The service had no never events on Leo or Hopkins Ward.

At our last inspection we found that full debriefs did not always occur following an incident. The provider was due to send us an action plan outlining how they improve this around the time of this inspection. When discussing with staff we found that in general they felt this had improved. There were group formulation sessions where staff could also discuss more complex situations with people. Staff who had recently been off sick due to injury at work told us that they had been contacted by the ward manager during their absence. On some occasions they had been visited at home. Teams often described discussing incidents together in a more informal way following an incident, some staff preferred to take some time off the ward to calm down following an incident and then discuss the events later.

Managers investigated incidents thoroughly. People and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. There was a newsletter that went out to staff monthly, this detailed recent learning from incidents across both the hospital and the providers other sites. We were able to see copies of this on the main reception for staff to take when they signed in and out of work. Learning was also shared at team meetings and where appropriate in individual supervision.

Requires Improvement

Wards for people with learning disabilities or autism

Staff met to discuss the feedback and look at improvements to person care.

Managers and staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Managers and staff supported the review process and changes made from any learning shared.

Are Wards for people with learning disabilities or autism effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Where we have identified a breach of a regulation and we issue a Requirement Notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best.

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of people who would benefit. They worked with people and with families and carers to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

Staff completed a comprehensive mental health assessment of each person either on admission or soon after.

People had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each person that met their mental and physical health needs. Positive behaviour support plans were present and supported by a comprehensive assessment. All people on Leo and Hopkins Wards had a one-page profile, care plans and a positive behaviour support plan. The one-page profiles gave the care team a snapshot of each person that they could read quickly to develop a basis understanding of the patient. Positive behavioural support plans were completed to a high standard. They detailed people's behaviours and then offered strategies for staff on how to respond and react to these to work positively with the patient. The plans gave staff an in depth understanding of the individual, even down to how a slight change in demeaner could indicate the way the person was feeling.

Staff regularly reviewed and updated care plans and positive behaviour support plans when people's needs changed.

Care plans were personalised, holistic and strengths based.

Best practice in treatment and care

Staff provided a range of treatment and care for people based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported people with their physical health and encouraged them to live healthier lives.

Requires Improvement

Wards for people with learning disabilities or autism

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the people in the service. There were a range of activities specifically planned for people with a learning disability or autism. For example, the occupational therapist ran a social skills group on the ward at regular intervals. People had their own weekly plans that contained their activity schedule in a format that they understood, some were pictorial and other had minimal information on that was preferably for the patient.

Prior to our inspection commissioners had raised concerns about the levels of activity provided on the wards. During our inspection we reviewed six out of ten people's records. We were able to see that people were engaged in activities daily. Most people took part in two activities per day. The wards had just introduced a new system for recording activities electronically. We found that the written record did not always reflect the activities recorded in person records (less recorded on the electronic system than had taken place). We spoke to staff and the registered manager about this, who explained that this was a new system. Some staff are still awaiting training and there has been confusion amongst staff about when to record an activity (an example given was if a person attended a group for five minutes but then left, some staff would not record this). All staff were clear that this was not reflective of the actual activities taking place on and off the ward, we found this to be correct from reviewing records. More training was being held each month for staff and it was hoped that the use of this system would continue to improve over time. Activities for people was discussed in every single MDT (Multidisciplinary Team) meeting, this provided a consistent approach to activities as well as a team approach.

We found detailed activity plans for each person which were also on the back of the patient's observation sheet. This meant that staff carrying out close observations could see what activities that person enjoyed and facilitate those sessions on the ward. Each person activity sheet was individualised and gave the person choice. We saw evidence in the daily running notes that people were offered activities each day in accordance with their plan. Sometimes we could see that the person chose not to engage and other times we saw evidence of good person engagement. We also saw that at particular times and for particular patients, there were no or limited activities, but this was due to identified sensory needs of patients. However, most people we spoke to preferred off the ward activities such as going for a drive, eating out or visiting local shops.

There was an occupational therapy assistant on the wards in the afternoons Monday to Friday. They facilitated more therapy-based groups for smaller groups of people that were suitable. This included a social skills group and off ward kitchen activities.

There were several people on the ward who were accessing the real work opportunities programme within the hospital. This included roles such as collecting newspapers, wiping tables and car washing, taking minutes in community meetings, tuck shop and litter picking.

The impact of the Covid-19 pandemic on some people was also a barrier to activities. There were many people prior to the pandemic that were regularly accessing community leave. The staff were working hard to ensure that people who now lacked the confidence to leave the ward were supported to do so slowly and at a pace that suited them.

Although staff delivered care in line with best practice and national guidance (from relevant bodies e.g., NICE (National Institute for Care Excellence)) the environment of the ward did not fully support best practice. The environment was not wholly suitable for the people that resided there. We had received concerns from commissioners prior to our inspection. They had visited Leo and Hopkins wards and found that the environment was noisy, chaotic, and busy. During our

inspection we reviewed the suitability of the environment against National Institute for Health and Care Excellence (NICE) guidance (CG142) around best practice treatment for autistic people. This included a checklist that was endorsed by NICE and the national autistic society. This gave providers guidance on how they can make environments more autism friendly. During our inspection we found that by benchmarking against this guidance, the environment was especially noisy. This included alarms relating to incidents mainly on other wards sounding for prolonged periods, doors that banged loudly and the numbers of staff caring for patients. There were high numbers of people needing increased observation levels (more than one member of staff with a person needed at any one time). This added a significant amount of people onto the ward each shift, sometimes as many as 28 staff for twelve people.

In addition, the acoustics in the communal areas amplified noise levels. We found that this impacted on people's care and treatment on the ward, this was because a small amount of person preferred to stay in their bedrooms during the day due to the noise levels. There were also more meetings occurring during core hours, meaning more external staff were present on the wards. Staff we spoke to also told us about this small number of people who would come out of their bedrooms more in the evening once the increased activity and noise during the day had ended.

The NICE guidance and associated checklist highlight the importance of sensory equipment to support care and treatment of autistic people. The sensory room on Leo and Hopkins wards was sparse. The provider had recognised this and had planned to move specialist equipment from a sister hospital. This was planned for early 2022, but at the time of our inspection the sensory room remained minimal in its content. The sensory room was small and contained lights in the ceiling. However, there were no tactile or other appropriate sensory equipment.

We discussed these concerns with the registered manager after our inspection. They provided us with an outline of how they planned to improve the environment to meet the sensory needs of the person group. This included plans to split the ward into two separate areas, allowing people who require a less stimulating environment to be in one area of the ward designated as a higher dependency unit. People who could tolerate more stimulus could then be in the other part of the ward. Although the provider had clearly thought about the concerns we and the commissioners had raised about the environment, there was no formal plan in place of how and when this would happen. The registered manager hoped to have a more formal plan in place by December 2021. There had however, already been some progress made in terms of improvements in this area. A new door had been ordered which was hoped would reduce the banging that happened when opening and closing. There had also been some discussions about the current alarm system at the hospital, a vibrating rather than a ringing system had been discussed. In the meantime, staff had been asked to turn alarms off as soon as is practically possible post incidents. Staff understood people positive behavioural support plans and provided the identified care and support.

Staff identified people's physical health needs and recorded them in their care plans.

Staff used recognised rating scales to assess and record the severity of people's conditions and care and treatment outcomes.

Skilled staff to deliver care

The ward team(s) included or had access to the full range of specialists required to meet the needs of people on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Requires Improvement

Wards for people with learning disabilities or autism

The service had a full range of specialists to meet the needs of the people on the ward. There was a social work team based at the hospital as well as occupational therapists, speech, and language therapists, nurses, and doctors. The whole team were very much involved in person care.

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. The hospital was able to check that training was in date for any agency staff working a shift on the ward via the booking system.

Managers gave each new member of staff a full induction to the service before they started work. Permanent and bank staff attended the providers induction before commencing work on the ward. For agency staff, a lengthy induction process took place whereby they would be slowly introduced to the person group one by one. This ensured that people had time to get to know unfamiliar faces on the ward and staff understood the needs of each person prior to meeting them.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. These were disseminated via email to the staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. For example, the Ward Manager was undertaking some specialist training in relation to learning disabilities and autism.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. The ward team(s) had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss people and improve their care.

Staff made sure they shared clear information about people and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

Are Wards for people with learning disabilities or autism caring?

Good

Our rating of caring stayed the same. We rated it as good.

Requires Improvement

Wards for people with learning disabilities or autism

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

Staff treated people with compassion and kindness. They respected people's privacy and dignity. They understood the individual needs of people and supported people to understand and manage their care, treatment, or condition.

Staff were discreet, respectful, and responsive when caring for people. We saw positive interactions between people and staff. The use of therapeutic touch was particularly well received by people. People had close relationships with staff who worked with them on a regular basis, all people we spoke to told us that staff treated them with kindness and respect.

Although interactions between patients and staff during observations were positive. During our on-site visit we found that interactions between staff and patients during observations were limited and there were sometimes long gaps between interactions.

When new staff came to the ward, they were introduced to people one at a time, giving them time to read the very detailed care plans for that patient. This meant staff understood the person prior to working with them as much as possible. Staff gave people help, emotional support and advice when they needed it. We observed staff spending time talking to people during our inspection. At particularly stressful times such as before or after leave from the ward, staff scheduled in time to sit with people. This may have included a low stimulus activity, hand massage or just a general chat to calm people down.

Staff supported people to understand and manage their own care treatment or condition.

Staff directed people to other services and supported them to access those services if they needed help. We took feedback from transition teams working with people who would soon or had recently been discharged from the ward. The feedback from these teams was positive. They felt that the teams had gone above and beyond to ensure the people discharge was a positive experience. We were told that the team took significant amounts of time to ensure the people care plans were well adapted to use in the community.

People said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient. We spoke to twelve staff in total. This was a mixture of permanent, bank and agency staff. Each staff member was able to tell us in detail about the person they were working with that day. We asked questions about the people care plan and how they would manage specific situations. We found that overall, staff had a good understanding of the people and had taken the time to get to know them well.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards people. We asked staff if they felt comfortable raising concerns about people care. We also saw evidence of times when staff had raised concerns when person care was not deemed to be in line with the people care plan. Staff told us they often challenged each other when they saw care plans had not been followed, they felt this was an open culture where challenge was not only excepted but was important to manage the complexities of the person group. Staff felt that to ensure the safety of both staff and people, it was essential to raise concerns quickly and via the correct routes.

Staff followed policy to keep person information confidential.

Involvement in care

Requires Improvement

Wards for people with learning disabilities or autism

Staff involved people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that people had easy access to independent advocates.

Involvement of people

Staff introduced people to the ward and the services as part of their admission.

Staff involved people and gave them access to their care planning and risk assessments. We saw evidence in person records of their involvement in their own care plans. We could see where people had discussed with staff what helps them when they are feeling particularly distressed, and similarly what did not help.

Staff made sure people understood their care and treatment (and found ways to communicate with people who had communication difficulties). We were able to see in people's care plans how these had been adapted to meet the individual's communication needs. Some people's own version of their care plans were more pictorial than others and some only had very minimal information in line with people's identified sensory needs and not wishing to be overwhelmed with too much information.

Staff involved people in decisions about the service, when appropriate. There was a weekly community meeting on the wards. There was good evidence in the meeting minutes of people attending and feedback. We were able to see how one person was encouraged to take down some minutes alongside staff.

People could give feedback on the service and their treatment and staff supported them to do this.

Staff supported people to make decisions on their care.

Staff made sure people could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. When speaking to carers we found that most were generally happy with the care given to their loved one. There were some concerns raised about communication not always being as good as they would have liked. This was in the context of telephones not always being answered or messages not being passed on, as well as carers not being informed about the specific community leave arrangements in a timely manner. Some carers had not been able to visit for some time due to the Coronavirus pandemic, this meant that communication was important to them during this time, and some did not feel it had been as good as they would have expected. However, carers told us they had not felt the need to raise this either informally or formally with the hospital up to this point.

Staff helped families to give feedback on the service. We spoke to four carers during our inspection. We were told that all of these had been given the opportunity to be involved in the carer forum. All had chosen not to be, usually due to work commitments.

Staff gave carers information on how to find the carer's assessment.