

Cygnet (OE) Limited

Cygnet Wast Hills

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

Our rating of this hospital improved. Our previous inadequate ratings at key question level improved, and we have removed it from special measures.

We rated the hospital as good overall because:

- The hospital had improved in a sustainable way those issues that led to it being placed in 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.

Our rating of this service improved. We rated it as good because:

Right Support:

The hospital was located on the outskirts of Birmingham. However, it is in a rural location, a mile from the nearest pub and local community. This meant that staff needed to accompany people to access the local community.

The hospital was undergoing extensive refurbishment which provided people with self-contained flats with their own bedroom, living area, ensuite shower and toilet and small garden. They also had access to communal areas where they could meet with others if they wanted to. People showed us they had personalised their flats and staff had supported them with this.

Staff supported people to be independent. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests and people said they had tried out new activities they wanted to do.

Staff worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people.

Staff enabled people to access specialist health and social care support in the community. They supported people to attend dental, optician, and health screening appointments.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People and their relatives said that staff looked after them well and treated them with respect. Staff were able to tell us about people's individual needs and how they wished to be supported.

Summary of findings

Staff understood how to protect people from poor care and abuse. 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. People told us they felt safe.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture:

People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and their relatives knew what their goals were and where they planned to move to.

Staff placed people's wishes, needs, and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care. Relatives told us they were invited to meetings via video calls or in person and were kept updated at least weekly by the family liaison officer who worked at Wast Hills.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity. Staff were welcoming and open and eager to show us and commissioners the improvements they had made since our previous inspection.

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 Wast Hills

Page

6

Information about Cygnet Wast Hills

7

Our findings from this inspection

Overview of ratings

11

Our findings by main service

12

Summary of this inspection

Background to Cygnet Wast Hills

Cygnet Wast Hills is an independent hospital providing assessment, treatment, and care to people with a learning disability and autistic people. It is managed by Cygnet (OE) Limited.

The site has three units, Main House, Annexe, and Lodge. The hospital is in a rural area close to the outskirts of Birmingham. However, it is not within easy reach of the local community.

There are 25 beds: 15 in the Main House, six in the Annexe and four at the Lodge. However, at the time of our inspection there were only 10 people admitted. All 10 people were detained under the Mental Health Act.

There were four people residing in the Main House (which included two people in flatlets in the courtyard), four people in the Annexe and two people in the Lodge.

Since our previous inspection, the service had undergone a significant programme of environmental work and the Annexe had been refurbished to provide individual flats for four people as well as a communal dining room, kitchen, laundry and bathroom. Two individual flats had been built in the courtyard area attached to the Main House. There were building works ongoing in the Main House due to be completed by December 2022. The service then plans to commence refurbishment of the Lodge to create three individual flats. At the time of our inspection the provider had paused admissions to allow for people who had recently been admitted to settle in and for staff get to know them.

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

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

Treatment of disease, disorder, or injury

Both the Main House and The Lodge are period properties, and the Annexe is a single-storey building of more recent construction. The buildings, location and layout were not suited to modern day psychiatric care as the hospital is a mile away from the nearest pub and local community. The hospital is set in six acres of ground. The hospital admitted people from throughout the United Kingdom.

The service is commissioned through clinical commissioning groups. The hospital director was the registered manager and had been in position since August 2021.

We last inspected this service in November 2021. At that inspection we identified areas of concern, and for the second time rated the service inadequate and placed the service under special measures.

We carried out this inspection due to concerns we identified at our previous inspection when we rated the service inadequate. At this inspection we looked at all the key lines of enquiry and checked whether the service had made improvements following concerns identified at our previous inspection.

How we carried out this inspection:

Summary of this inspection

Three CQC inspectors, the CQC National Professional Advisor for people with a learning disability and autistic people, a medicines inspector and a specialist advisor who is a nurse working with people who have a learning disability visited the service.

We spoke with two people using the service using a communication tool called Talking Mats. We observed activities including a visit from a pet therapy organisation and observed the evening mealtime on the first day of inspection. We spoke with an advocate who was visiting.

We observed the morning meeting on the second day and the handover from day to night staff on the first day. We looked at all areas of the buildings and all clinic rooms.

We spoke with 27 staff members including day and night nurses and support workers, doctor, speech and language therapists, occupational therapists, and psychologists. We also spoke with the registered manager and operations manager.

We looked at six records of people who use the service and six prescription charts.

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>.

How we carried out this inspection

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Staff understood how to protect people from poor care and abuse. 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. People told us they felt safe.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

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What people who use the service say

During our inspection, an expert by experience (family carer of a person with a learning disability) spoke with five relatives of people living at Wast Hills by telephone.

Two relatives who were able to visit the hospital often and often unannounced told us the environment was safe and clean when they visited.

Summary of this inspection

Relatives did not have any concerns about staffing levels and said that activities were not cancelled because of insufficient staff.

Relatives told us that people were safe at the hospital, and that staff raised any safeguarding concerns to the local authority safeguarding team when needed. They said their relative was only restrained when needed to stop them from hurting themselves and they were always told about this.

Relatives said that staff always responded immediately if people had physical health concerns and medical advice was sought. They said that staff discussed the medicines their relative was on with them and were not concerned about these.

Relatives told us that their relative was stable and doing well at Wast Hills. One relative said this was the best place their relative had been in and that they were making progress there. Another relative said their relative had been involved in fewer incidents since moving to Wast Hills.

Relatives said that activities were regularly provided at Wast Hills at the hospital and in the local community including shopping and swimming. Activities included supporting their relative to increase their independence skills.

Relatives said that staff were kind, respectful and polite. They were supported by a family liaison officer (staff member) at Wast Hills who phoned them at least once a week to keep them updated as to how their relative was doing. Relatives said they could visit and phone when they wanted to, and staff responded to their calls and emails, although one relative said this was not always promptly.

Some relatives lived a long distance away from Wast Hills. Relatives said staff drove to their home so they could spend time with their relative if they were not able to travel. If needed staff arranged overnight stays in local hotels so they could see their relative. Staff also arranged online video calls if relatives were not able to visit.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience. People told us they were happy at Wast Hills and had a regular team of staff who supported them. People said they felt safe there and knew who to speak to if they did not.

People said staff were kind and took time to speak with them often.

People said staff had supported them to lose weight through supporting them with healthy eating choices and they were more active also.

People knew what their plan was to move on from the hospital and had been involved in this.

People said they had improved their independence skills since being at Wast Hills. They were involved in cleaning their flat, shopping and were working on their budgeting skills. Staff had supported them to choose the furnishings and decorations for their flat.

Summary of this inspection

Areas for improvement

Action the service **SHOULD** take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

The service should continue to monitor the medicines prescribed to each person to ensure that people are not prescribed too many different medicines which could impact on their health and wellbeing.

The service should ensure that they provide accessible sensory spaces in a timely manner for people to use.

The service should ensure that works are undertaken to the doors in the Main House to ensure they do not impact on people's sensory sensitivities.






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

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 were cared for in wards that were safe, clean well equipped, well furnished, well maintained and fit for purpose. Since our previous inspection, the hospital had undergone extensive refurbishment. The Annexe had been completely refurbished to create individual self-contained flats. Each flat contained a bedroom, ensuite shower room and toilet, living room and small garden from which people could access the main garden. There were also communal areas in the Annexe including a dining room, kitchen, laundry, sensory room and a clinic room and nurses' station. The Main House was being refurbished during our inspection and these works were expected to be completed by December 2022. Staff had ensured that people were accommodated in rooms away from the building works to ensure their safety. Two flatlets had been created in the courtyard part of the Main House and these were occupied by two people. These people also had access to the dining room and living areas of the Main House if they chose to. The Lodge was due to be the next area to be refurbished after the Main House. We saw the Lodge was safe and clean at our inspection.

People were cared for in wards where staff had completed risk assessments of the environment and removed or reduced any identified risks. We looked at the environmental and ligature risk assessments for each area of the hospital where people were accommodated. These were up to date and showed how staff were to reduce any identified risks to people.

Staff had easy access to alarms. There were two different alarm systems operating in the hospital at the time of our inspection. There were two systems in operation so that staff could distinguish one from the other, for example, whether an alarm sounding was for the main house or annexe. There had been a new alarm system fitted for the Annexe as part of the refurbishment which was much quieter to reduce people's sensory distress. When the new alarm system was installed, staff raised concerns that it was too quiet, and they did not always hear it. Managers ensured that alarms worked and were at the maximum sound they could be with all staff trained in their use. Seclusion was not used at Wast Hills, at the time of our inspection no people were in long term segregation.

The service prevented visitors from catching and spreading infections. Relatives we spoke with said the hospital was clean when they visited and there were no issues with infection prevention and control.

Wards for people with learning disabilities or autism

The service admitted people safely to the service. People were tested for COVID-19 on admission and where they were supported by staff from previous placements these staff were also requested to take a test. The service tested for infection in people using the service and staff. Staff tested for COVID-19 twice weekly and all visitors were requested to take a test before coming on site.

The service made sure that infection outbreaks could be effectively prevented or managed. Two people had contracted COVID-19 but this was contained, and measures taken to ensure the infection was not spread to other people using the service or staff. The service had plans to alert other agencies to concerns affecting people's health and wellbeing. They had details of public health agencies to contact. Staff used personal protective equipment (PPE) effectively and safely. All staff wore masks when working with people and in communal areas. The service supported visits for people in line with current guidance. Relatives told us they had been able to visit during the COVID-19 pandemic and they were confident that measures were in place to reduce the risk and spread of infection.

The service's infection prevention and control policy were up to date. The provider had trained 86% of staff in Infection Prevention and Control and 97% of staff in COVID-19 awareness at the time of our inspection. Staff were encouraged to be vaccinated against COVID – 19 and influenza.

All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. The provider had trained 83% of staff in food safety at the time of our inspection.

Staff checked, maintained, and cleaned equipment. We saw that staff tested all equipment in the three clinic rooms and where needed equipment was calibrated to ensure it worked efficiently. Staff put stickers on equipment with the date cleaned to show this was done. At our previous inspection we found that out of date oxygen was stored in the clinic room in the Annexe. At this inspection we saw oxygen cylinders were in date. The registered manager told us any out-of-date oxygen, medicines or sharps bin awaiting collection for disposal were stored in the Main House clinic under the sink where it was clear to staff that these items were no longer in use.

Safe staffing

The service had enough nursing and medical staff, who knew the people and received basic training to keep people safe from avoidable harm. At the time of inspection there were only ten people admitted so there were sufficient staff. There were 38 vacancies for support workers, however 17 of these posts were recruited to with potential staff awaiting checks. There were three registered nurse vacancies however, two of these posts were recruited to.

Staff turnover was high over the previous 12 months at 34% overall, 50% for registered nurses and 33% for support workers. The registered manager said this was due to registered nurses particularly moving on to other positions and promotion. Over the last three months the turnover for registered nurses decreased to 10% and for support workers to 6%. When staff left, they had an exit interview. The manager sent us details of the reasons for staff leaving which were career change, need for better work/life balance, left due to ill health, did not pass their probation or had been recruited but did not actually start working there but they were included in the turnover figures.

The staff sickness for the previous four months was 5.8% in May, 5.2% in June, 6.5% in July, and had risen to 8.1% in August. The registered manager told us that the main reasons for this sickness was COVID-19 and some staff had long COVID, long term sickness for physical health conditions, pregnancy related sickness and some staff off with anxiety related sickness due to their mental health condition or autism.

Wards for people with learning disabilities or autism

The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. All people had at least one to one staff support during the day and night. The manager had increased the staffing levels following admissions of people in July which had unsettled the service. This increased staff confidence in working with people and helped to settle people into their new environment.

The numbers and skills of staff matched the needs of people using the service. Each person had been assessed as to the number of staff they needed during the day and at night to support them. These staffing levels were in place at the time of our inspection.

Staff recruitment and induction training processes promoted safety. The provider ensured that all staff had the required checks before starting work including Disclosure and Barring Checks and references. All staff including agency and bank staff completed an induction that included training and shadowing other staff on shifts when they first started working there.

Staff knew how to take into account people's individual needs, wishes and goals. Staff spent time getting to know people during their induction where they read people's care plans and shadowed other staff working with the person. Staff were given information about each person's needs at handovers, daily morning meetings and in weekly staff meetings. All staff we spoke with showed they knew people well and knew how to support them in the way they wanted.

Managers arranged shift patterns so that people who were friends or family did not regularly work together.

Every person's record contained a clear one-page profile with essential information so that new or temporary staff could see quickly how best to support them. Each person had a 'grab sheet' that included the information needed for new, bank and agency staff.

Managers made sure all bank and agency staff had a full induction and understood people's needs before starting their shift. At the time of our inspection usage of agency staff was at 38% due to helping to settle people who had recently been admitted and overbooking staff to allow for agency and bank staff induction and shadow shifts.

Managers accurately calculated and reviewed the number and grade of nurses and support workers for each shift. At each morning meeting the multidisciplinary team reviewed the staffing levels needed to support each person using the service.

The manager and heads of care could adjust staffing levels according to people's needs.

People had regular one-to-one sessions with their named nurse. Records showed that people had these and this was done in a way that the person could communicate based on their speech and language assessment and communication plan.

People rarely had their escorted leave or activities cancelled, even when the service was short staffed. People told us that activities were not cancelled due to staffing. Staff said that escorted leave was only cancelled when the person was unsettled to reduce risks to them and others but was always rearranged.

The service had enough staff on each shift to carry out any physical interventions safely. Rotas showed there were sufficient staff on each shift. We observed that staff responded promptly to alarm calls and supported other staff if physical intervention was needed.

Wards for people with learning disabilities or autism

Staff shared key information to keep people safe when handing over their care to others. We observed the handover from the day to the night staff on the first day of our inspection. This included discussing each person and their day from the morning to the night shift, including any health needs, activities, and therapies, contact with family, medication, incidents, restraints, and any change to their discharge plan.

The service had enough daytime and night-time medical cover, and a doctor was available to go to the ward quickly in an emergency. Staff told us, and records showed, that if they needed to contact a doctor the response was quick, and they got support from doctors to meet people's medical needs.

Staff had completed and kept up to date with their mandatory training. The training programme was comprehensive and met the needs of people and staff. At the time of our inspection staff had completed their mandatory training. Staff told us that they got reminders when they needed to update their training and were given time to complete this.

Assessing and managing risks to people and staff

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. We reviewed six people's records, and each person had a detailed and up to date risk assessment. This showed staff how to support the person to reduce their risks and take risks when accessing the local community and trying out new activities. Each person had a daily risk assessment which was colour coded red, amber or green. All staff knew what each person's risk rating each day was and if it had changed why this was and what they needed to do to keep the person safe. People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. Records showed, and we observed, that staff only placed restrictions on people to keep them and others safe. This was only after attempts to calm the person down by talking with them or distracting them had failed. Staff were able to describe how they would distract each person in a way that helped them to relieve any distress. Staff considered less restrictive options before limiting people's freedom. They tried to distract them to other conversations, activities, or suggestions to move to a different area. If it was safe to do so staff withdrew from supporting the person to reduce their distress. Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. All records we reviewed showed staff how to support the person with activities and things they liked doing and how much interaction the person could tolerate. Records showed staff what things, times and people may trigger the person to become distressed and how they could support them in a way to minimise these. The provider had trained 96% of staff in positive behaviour support at the time of inspection. Staff restricted people's freedom based only on their individual needs. Each person's records included a care plan on how staff supported them when they needed to restrict their freedom. This was based on the person's individual needs not a blanket restriction for all people. If a person's freedom was restricted by staff, they received emotional support when needed. Records showed that staff supported the person and people said that staff spoke with them kindly and helped them to calm down.

People were involved in managing risks to themselves and in taking decisions about how to keep safe. The speech and language therapist assessed each person and their communication needs. They worked with the person and staff to ensure the person was involved in their risk assessments and support plans.

People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Each person had a restriction on freedom care plan that detailed the restrictions and reasons why they were needed and how staff could support the person to minimise these.

Wards for people with learning disabilities or autism

People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. All staff could access people's records. Records were accurate and up to date. Electronic records were password protected and paper records were locked in secure cabinets.

The service helped keep people safe through formal and informal sharing of information about risks. All staff had access to people's individual risk assessments and any changes to these were discussed at handovers between shifts, the daily morning meeting and at staff meetings.

Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Records showed that staff regularly tested equipment to ensure it was safe to use. Environmental risk assessments included the building works that were taking place in the hospital to reduce risks to people, staff and visitors. The building works were carefully planned and staff working with people and the builders followed the safety measures in place to reduce risks. The provider had trained 95% of staff in basic life support and use of the defibrillator at time of inspection. All the 17 staff that needed to complete intermediate life support training had completed it.

Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff could describe how they would recognise individuals' emotional distress and how to support them in the way that helped them. Records included an assessment of the persons signs and behaviours of distress and how they behave when they are content known as the Disability Distress Assessment Tool (DisDAT). These gave staff cues to look for so they could monitor people's distress and how to reduce this to improve their wellbeing.

Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. Restraint records we reviewed showed that staff tried to distract the person first and avoid using restraint. All staff we spoke with told us restraint was used as a last resort after ways to distract the person or engage them in other activities had failed.

The service ensured that if a person was secluded or segregated staff met their individual needs. Seclusion was not used at Wast Hills and at the time of inspection there were no people in long term segregation.

People were restrained only where evidence demonstrated it was necessary, lawfully justified, used for the minimum period of time, had a justifiable aim, and was in the person's best interest, and that it was used in a safe and proportionate way. Records showed that staff only restrained people if needed and this followed their individual plan.

All restrictions of people's freedom were documented, monitored and triggered a review of the person's support plan. Records of restrictions were well documented, reviewed at the next morning meeting and the person's support plan updated.

Staff knew about any risks to each person and prevented or reduced risks. All staff we spoke with knew about individuals risks and how to support them to reduce these. Staff identified and responded to any changes in risks to people or posed by them. Each person risks were reviewed at the daily morning meeting and updated, and all staff were aware of updates.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. We looked at six people's medicine charts. Staff had used rapid tranquilisation for one person twice in the 10 days before our

Wards for people with learning disabilities or autism

inspection. Their records showed that staff assessed the person's physical health observations to ensure it did not have an adverse reaction on the person and followed their care plan. Staff had tried to give the person oral medicine as prescribed before giving an injection on both occasions. They had followed the person's care plan and when the oral medicine was not effective, used an injection to reduce the person's anxiety and distress.

Where staff were trained in the use of restrictive interventions, the training was certified as complying with the Restraint Reduction Network Training standards. The provider trained all staff, including agency and bank staff in the management of actual or potential aggression (MAPA). This training is accredited and now called Crisis Prevention Institute Safety Intervention training. Staff told us this training was delivered based on individual's risks and needs so they knew how to support each person.

If staff restricted a person's freedom, they took part in post incident reviews and considered what could be done to avoid the need for its use in similar circumstances. The provider had trained 91% of staff in post incident review training. All staff said they were involved in debriefs and spent time discussing what they might do differently in the future if needed.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff demonstrated that they knew each person well and how to keep them safe from harm. The provider submitted notifications to CQC as required. We saw from these that staff worked well with other agencies to keep people safe. Commissioners told us that staff were open and honest with them and worked with them to keep people safe.

Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had trained 86% of staff in safeguarding adults and children at intermediate level and 85% of staff had completed safeguarding e-learning training.

People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. People and their relatives told us they felt safe but knew who to contact if they were concerned.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. All staff we spoke with showed they knew how to identify abuse and if a person was at risk of harm. 97% of staff had completed training in protecting human rights.

Staff followed clear procedures to keep children visiting the hospital safe. Staff worked with the person's family if a child were to visit and assessed if there were likely to be any safety issues. If so, they put a plan in place as to where the visit would take place and if staff were needed to support.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff spoken with knew how to raise safeguarding concerns and who to contact. They liaised with the local safeguarding team but would also contact the person's care team if they were not from the local area.

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic. People's records were both electronic and paper based. All staff could access all records about the person and keep them updated.

Medicines management

Wards for people with learning disabilities or autism

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. The multidisciplinary team reviewed and discussed each person's STOMP guidelines in their care review meetings (ward round). The provider had trained 100% of staff in STOMP at the time of inspection. Prescription charts reviewed showed that medicines prescribed and administered were within the limits of British National Formulary guidance. Records reviewed showed that other ways to support the person were tried first such as distraction to other activities or giving the person space before giving the person medicines. However, we found that several different medicines were prescribed for individuals although we found this was monitored and did not exceed guidance from the British National Formulary.

Since May 2022, the provider had changed to a different pharmacy supplier. They visited the hospital weekly and commented on prescribing, administering, and storing processes where needed. Staff followed any pharmacist guidance and comments to ensure medicines were given safely. The pharmacist had reviewed people's medicine charts and for example, had written how near the recommended limits the medicine prescribed was.

People could take their medicines in private when appropriate and safe. Each person had their own bedroom and living area and staff gave them their medicines in the place they preferred to take them.

People received support from staff to make their own decisions about medicines wherever possible. Staff made sure people received information about medicines in a way they could understand. Each person had a medicines care plan and information about their medicines that were in a format accessible to them.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves. Since the previous inspection there had been overall improvements. The service had systems and processes to prescribe and administer medicines safely. Medicines were stored safely. Records showed that staff recorded and assessed when a person was given their medicines covertly. There was an individual care plan for this. This had been agreed by the multidisciplinary team and the person's advocate as being in their best interests.

Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

Staff followed national practice to check that people had the correct medicines when they moved into a new place. Staff ensured that when a person was admitted they had the medicines they were prescribed available to them. Staff ensured that when people were moving on to new placements or to family, they had information about the person's prescribed medicines, and these were available to them.

Staff reviewed the effects of each people's medicines on their physical health according to National Institute for Health and Care Excellence guidance. Records showed staff had completed observations on the person's physical health regularly. Staff had taken people's bloods when needed which the doctor reviewed to ensure the person did not suffer ill effects from taking their prescribed medicines.

Wards for people with learning disabilities or autism

People received their medicines from staff who prescribed, administered, recorded and stored their medicines safely. Staff administered medicines in line with the persons' prescriptions and under the correct legal authority of the Mental Health Act 1983 which was an improvement from our previous inspection. A Second Opinion Appointed Doctor had reviewed each person's prescriptions. All medicines were stored safely.

Track record on safety

People received safe care because staff learned from safety alerts and incidents. Staff were able to demonstrate how they learned from incidents and how that learning was shared with them. For example, we saw a person had self-harmed. The multidisciplinary team reviewed this at the daily morning meeting. All staff we spoke with were aware of the updates to the persons care plan and risk assessment and how to support the person to reduce the risk of it happening again.

The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. All staff knew how to raise incidents and reported them using the providers electronic incident reporting system. All staff told us managers shared lessons learned from incidents that happened at the service and in other services run by the provider. From 1 June 2022 to 30 August 2022 there were 123 incidents. These included self-harm, property damage, violence and aggression, assault/attempt to others, verbal abuse, and security. These were discussed at the daily morning meeting and themes and trends identified and acted upon.

When things went wrong, staff apologised and gave people honest information and suitable support. We saw in incident records reviewed that staff informed the person's relative, advocate and placing commissioners of the incident and what action they had taken to support the person. When the incident was not handled well staff apologised and supported people.

Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff told us they would not hesitate to raise concerns where needed to keep people safe.

The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them. Records showed these were well recorded and reviewed at each morning meeting and in the person's ward round meeting.

Staff reviewed all use of restraint and used the examples as learning in their restrictive intervention's reduction programme. These were reviewed at the daily morning meeting by the multidisciplinary team.

Managers and staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. They supported the review process and made changes from any learning shared. There had been no deaths at the service. However, the provider shared learning from the LeDER review process with staff across its services.

Are Wards for people with learning disabilities or autism effective?

Assessment of needs and planning of care

Wards for people with learning disabilities or autism

Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. We reviewed six people's records. Each record contained a comprehensive assessment of the person's physical and mental health needs. This was an improvement from our previous inspection.

People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together. From the assessments staff had developed care plans that detailed how staff were to support the person to meet all their needs and achieve their goals. The multidisciplinary team discussed with the person, and their relatives where appropriate, the person's care plans and made changes based on their feedback.

Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Each person had an individual plan that showed staff how to support them with their communication and how to help them to understand. Each person had a plan as to how staff were to support them to meet their sensory needs. Each person had a sensory bag based on their sensory assessment that contained items to meet the sensory needs of the individual. This was individual to the person based on their assessments. The sensory bag was available to them when they wanted or needed it to meet their sensory needs and staff were aware of how to support each person.

Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Each member of the multidisciplinary team completed assessments of each person, for example, the occupational therapist completed sensory processing assessments. This ensured all the person's needs were assessed and plans were in place for staff to follow.

Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. All records we reviewed showed how staff were to encourage the person to be more independent. Staff we spoke with knew what the goals of each person were and how to support them to achieve these. Staff spoke enthusiastically about supporting each person to leave the hospital and to live the life they choose.

There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. Staff knew how to help people to develop their skills and supported people to shop, cook and budget their money.

Best practice in treatment and care

Staff supported people with their physical health and encouraged them to live healthier lives. This was an improvement from our previous inspection. We looked at six records of people who use the service in detail. All records detailed people's physical health needs and what action was being taken to monitor this. All people had access to a local GP (General Practitioner), dentist, optician and had appointments as needed to monitor their dental and eye health. People were supported to access Men's and Women's health screening. People told us that staff supported them to be more active and to try out foods that were healthier for them. People had reduced the number of takeaway foods they ate each week and were supported to cook healthier dishes. Since our previous inspection staff had recorded people's weights and repeated these regularly depending on individual need. Where people had refused to be weighed this was recorded and staff tried again at a time convenient to the individual to weigh them.

Wards for people with learning disabilities or autism

People had access to psychological therapies, support for self-care and the development of everyday living skills. Records showed that people had access to psychological therapies, and these were adapted to their communication needs. Staff supported people to develop their independence. The occupational therapist had assessed each person and developed a plan as to how staff were to support them. Staff supported people to go shopping to buy food to cook their meals, to develop budgeting skills, do their own laundry and cleaning and with their personal hygiene.

Staff were aware of and followed best practice and the principles of right support, right care, right culture. Each person had a plan as to how they were to be supported to move from hospital either to live with their family or to a placement in the community. Staff supported people to access the community local to the hospital but also developed links with the community that people would be moving to in the future. This included working with the staff who would support them in the future, providing accessible information about the area they were moving to and supporting the person to visit the area.

Staff understood people's positive behavioural support plans and provided the identified care and support. All staff we spoke with were aware of each person's positive behavioural support plan and we observed that staff followed these.

Staff made sure people had access to physical health care, including specialists as required. Staff met people's dietary needs and assessed those needing specialist care for nutrition and hydration. Staff assessed people's dietary needs and completed a Malnutrition Universal Screening Tool (MUST) for each person on admission and this was repeated if the score indicated a concern. If needed staff referred people to the providers dietician for further advice. The speech and language therapist assessed each person's risk of choking and where needed put a plan in place to reduce this risk.

People were supported by staff in line with their moving and handling risk assessments and care plans. Staff assessed each person's moving and handling needs on admission and where needed put a plan in place for staff to follow. Staff referred people for equipment if needed so they could safely support them. Records we reviewed included a personal emergency evacuation plan and how staff were to support the person if there was a fire.

Staff took part in clinical audits, benchmarking and initiatives. Managers used results from audits to make improvements. We saw that staff completed regular audits, for example, of the environment, medicines administration, and practice scenarios of resuscitation. Managers had used these audits to make improvements and ensure changes were embedded.

Skilled staff to deliver care

People received good care as managers supported staff through regular, constructive clinical supervision of their work. At the time of inspection 94% of staff had received supervision with their manager and 98% of staff had received clinical supervision.

People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions. The provider had trained staff in a variety of topics relevant to the needs of the people using the service. This included training 87% of staff in observation and engagement, 96% of staff in supporting autistic people, 93% of staff in supporting people with a learning disability, 96% of staff in positive behaviour support and 97% of staff in promoting human rights.

Wards for people with learning disabilities or autism

Staff were supported to apply their training to people's individual needs. The trainer that trained staff in management of actual or potential aggression had previously worked at the hospital. They spent time developing people's individual plans with the person and staff and adapted these where needed.

Staff could describe how their training and personal development related to the people they supported. Staff told us their training helped them to understand people's individual needs and why they might respond in certain ways if for example staff did not follow their communication support plans.

Updated training and refresher courses helped staff continuously apply best practice to the people they cared for. Staff told us their managers told them when their training needed to be refreshed and this helped them keep up to date with best practice.

If people were assessed to lack capacity to make certain decisions for themselves or had fluctuating capacity, staff made decisions on their behalf which were in their best interests. This was supported by effective staff training and supervision. Records showed that staff assessed people's capacity to make specific decisions. Where they assessed a person to lack capacity for that decision this was made in their best interests. The provider had trained 92% of staff in the Mental Capacity Act in principle and practice.

People benefitted from reasonable adjustments to their care to meet their needs, and their rights were respected. This was because staff put their learning into practice. Records showed that staff adapted people's support plans to meet their individual needs.

If staff had to restrict people's freedom teams held debriefing meetings and reflected on their practice to consider improvements in care. Each person had a restriction on freedom care plan. Staff told us that following incidents of restraint they had a debrief and this involved the person when they were ready.

Staff were knowledgeable about and committed to using techniques which reduced the restriction of people's freedom. All staff we spoke with were knowledgeable about people's individual needs and how they supported them to reduce restrictions on their day to day lives.

Staff received support in the form of continual supervision, appraisal and recognition of good practice. This created a positive work culture. Staff including bank and agency staff told us they had regular supervision with their manager and their clinical supervisor. They also had group supervision where they were able to share best practice and reflect on incidents that had occurred and learn from these.

The service had clear procedures for team working and peer support that promoted good quality care and support. Day and night staff were invited to weekly staff meetings. All staff attended a handover at the beginning of their shift. Staff told us they worked well as a team and this included bank and agency staff who worked there regularly and received the same induction and training as permanent staff.

Staff responsible for the surveillance and recordings were trained according to relevant codes of practice and legislation. The provider had a policy on the use of closed-circuit television cameras and how staff were to use these in communal areas. This included who would view them and how long recordings were stored for. The provider trained staff in this policy.

Multidisciplinary and interagency teamwork

Wards for people with learning disabilities or autism

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 multidisciplinary team included doctors, nurses, speech and language therapists, psychologists, occupational therapists, and support workers. The team also had access to physiotherapists and dieticians employed by the provider and who could visit to see people when needed.

The ward team had effective working relationships with staff from services that would provide aftercare following people's discharge and engaged with them early on in people's admission to plan discharge. Each person had a moving on plan that was in a format accessible to them. Staff worked with external professionals to help them understand the person and their needs before they moved on from the service. Staff developed a service specification for people who were moving on to supported living placements so that bespoke accommodation was developed around the person and their needs and wants. Staff worked with professionals in the new placement after the person had been discharged where needed to help them settle into their new home.

People had health actions plans or health hospital passports that enabled health and social care services to support them in the way they needed. All records we looked at included an individual health action plan that detailed the person's needs and how these were being monitored and met. Records included a health hospital passport that showed staff in health and social care services how to support the person and communicate with them in a way they would be able to understand. These were improved from our previous inspection and staff updated them as the person's needs changed.

The service ensured that people were registered on their GP's quality and outcomes framework, so that any reasonable adjustments were made to meet their individual needs. Staff worked closely with the local GP and shared information about people's communication needs where appropriate. The GP visited the service to see people or staff accompanied people to the surgery and supported them as needed.

Multidisciplinary team professionals were involved in or made aware of support plans to improve care. All the multidisciplinary team members were involved in developing people's care plans and met regularly to review them either at the daily morning meeting or the person's ward round review.

Staff shared clear information about people and any changes in their care, including during handover meetings. We observed the handover from the day to night staff on the first day of inspection that included detailed information about each person.

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

Staff understood their roles and responsibilities and were able to explain people's rights to them. All people at the hospital at the time of inspection were detained under the Mental Health Act 1983. The provider had trained 97% of staff in awareness of the Mental Health Act.

People had easy access to information about independent mental health advocacy, and people who lacked capacity to make decisions for themselves were automatically referred to the service. People told us they had an advocate, and this information was displayed in the hospital in an easy read format. We spoke with the advocate who told us they visited twice weekly, and staff kept them informed.

Wards for people with learning disabilities or autism

Staff explained to each person their rights under the Mental Health Act in a way that they could understand, repeated it as necessary and recorded it clearly in the people's notes each time. Records showed this was communicated to each person in a way they could understand. Where people did not understand their rights or were not well enough on admission staff made sure they tried again to repeat these and then did at least every three months during the person's detention.

Staff made sure people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician or the Ministry of Justice or both. People had regular section 17 leave agreed with the Responsible Clinician and discussed with the multidisciplinary team.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. All people's medicine records showed that staff had requested this for the person.

Staff stored copies of people's detention papers and associated records correctly, and staff could access them when needed. People's records showed staff had stored records correctly. The provider employed a Mental Health Act administrator to ensure records were updated and met the requirements of the Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. We saw regular audits were completed and where needed improvements were communicated to staff to help them make these.

Good practice in applying the Mental Capacity Act

Staff supported people to make decisions on their care for themselves. They assessed and recorded capacity clearly for people who might lack the mental capacity to make certain decisions for themselves. Records showed that staff assessed people's capacity to make specific decisions, and these were clearly recorded. The provider had trained 92% of staff in the Mental Capacity Act.

Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive way. Records showed people were supported to make decisions for themselves and were given information in a format they understood to help them to do this.

Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity to make decisions for themselves and they had nobody else to represent their interests. People had access to an advocate where needed and records showed they were involved in supporting people to make decisions if they lacked capacity to do so.

Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was well documented. People's records showed individuals ability to make specific decisions and if they lacked the capacity to do so this was well documented.

For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any decisions made on their behalf in their best interests. Records we reviewed showed that staff had assessed the person's capacity to make specific decisions. If the person lacked the capacity for the specific decisions there were clear records of decisions made in the person's best interests, for example, physical health investigations or what the person spent their money on.

Wards for people with learning disabilities or autism

Staff followed best practice on assessing mental capacity, supporting decision-making and best interest decision-making. Staff demonstrated that they understood how to assess people's capacity ensuring they used the person's preferred communication style to maximise their capacity to make a specific decision.

For people lacking capacity to make decisions about their medicines, staff followed best practice. The service followed safe processes when giving people medicines covertly. We reviewed the records of one person who had their medicines covertly and saw that staff followed safe process to ensure it was given safely and in their best interests.

Staff respected the rights of people with capacity to refuse their medicines and ensured that people with capacity had the option to consent to receiving medicines. Staff had assessed each person's capacity to consent to receiving their prescribed medicines and this was clearly documented in their records.

Staff gave people all possible support to make specific decisions for themselves before deciding they did not have the capacity to do so. Staff used each person's assessed communication method such as information in pictures or easy read format to help them to make specific decisions for themselves.

Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision. Records we reviewed were detailed and showed staff assessed and recorded the person's capacity to consent clearly.

When staff assessed people as not having capacity to make decisions for themselves, they made decisions on people's behalf in their best interest and considering their wishes, feelings, culture, and history. Staff involved people's relatives if appropriate or people that knew them well in making decisions in the person's best interests. This helped to make sure they considered the person's wishes and what they would choose if they had the capacity to make the decision.

People's freedom was restricted only when necessary and staff made applications for a Deprivation of Liberty Safeguards authorisation where needed, or a deprivation of liberty was made through a court process. None of the people at West Hills at the time of inspection were subject to a Deprivation of Liberty Safeguard.

People were consulted and included in the decisions about the use of surveillance. The provider had a policy on the use of closed-circuit television cameras which showed that this was to be used in communal areas only and to safeguard the people there. People were provided with information regarding all aspects of the surveillance, including records management, to enable them to give informed consent. Staff gave people information about the use of closed-circuit television cameras in a way the individual could understand. Staff assessed people's capacity to consent to the use and if they did not have the capacity the decision was made in their best interests.

Are Wards for people with learning disabilities or autism caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated people with compassion and kindness. They respected people's privacy and dignity. They understood people's individual needs of and supported them to understand and manage their care, treatment or condition. We observed throughout our inspection that staff treated people with compassion and kindness. Staff spoke about people in a compassionate way. People told us that staff were kind and spent time talking with them. Staff spoken with understood people's needs and how to support them to meet their needs and increase their independence skills.

Wards for people with learning disabilities or autism

Staff saw people as their equal and created a warm and inclusive atmosphere. We observed staff to be warm and staff spoken with said they cared for people in the way they or their family would want to be treated. Staff spoke passionately and with empathy about the people they worked with.

People received kind and compassionate care from staff who used positive, respectful language at a level people understood and responded well to. We observed staff speak to people with respect and in a way that the individual understood. Records showed that staff respected people as individuals in the language they used when recording how they had supported them.

Staff were patient and used appropriate styles of interaction with people. They were calm, focused, and attentive to people's emotional and other support needs and sensory sensitivities. We observed staff spending time with people and listening to them. Staff spoke to people in a calm way and responded appropriately if a person became upset to help relieve their distress.

People felt valued by staff who showed genuine interest in their well-being and quality of life. People said that staff cared for them and were interested in what they liked doing.

We observed that staff showed warmth and respect when interacting with people and talking about how they supported them.

People had the opportunity to try new experiences, develop new skills and gain independence. Staff spent time finding out what people wanted to achieve and supported them to try out new activities.

Each person had a support plan that identified target goals and aspirations and supported them to achieve greater independence including skills development. We looked at six people's records that detailed the person's goals and how staff were to support them to develop independence skills.

People's rights were upheld by staff who supported them to be independent and have control over their own lives. Records showed and people told us that staff supported them to develop their independence skills.

Staff knew when people needed their space and privacy and respected this. Records showed that staff respected people's privacy and safely gave them space to be on their own.

Staff supported people to understand and manage their own care treatment or condition. Staff used people's individual communication support plans to help them understand their care and treatment.

Staff directed people to other services and supported them to access those services if they needed help. Staff supported individuals in a way they would understand to access the services they needed to, for example, advocacy and health services.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people. All staff we spoke with knew how to raise concerns and told us they would not hesitate in doing so.

Staff followed the policy to keep people's information confidential. The provider had a policy on confidentiality and staff spoken with understood this.

Involvement in care

Wards for people with learning disabilities or autism

Staff involved people in care planning and risk assessment and sought their feedback on the quality of care provided. They ensured that people had easy access to independent advocates. Records we reviewed showed that the person was involved. There were regular meetings with the people who used the service in a way they could understand. Staff gave people information about advocacy in a format they could understand.

People were listened to, given time and supported by staff to express their views using their preferred method of communication. Each person was assessed by the speech and language therapist and had an individual communication plan. This showed staff the person's preferred way of communicating.

Staff took the time to understand and develop a rapport with people. We observed that staff spoke with people in a friendly way and understood the things they liked or disliked.

People were enabled to make choices for themselves. Staff ensured they had the information they needed. Records we reviewed showed that staff gave people information in the way the individual would understand to help them to make a choice.

Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics – for example, due to cultural or religious preferences. We observed and records showed that staff knew the individual person and respected their choices and wishes.

People were supported to access independent, good quality advocacy. There were advocates who visited the service each week and people told us they could contact them at any time. An advocate told us they were kept updated about people's needs and invited to attend reviews if the person wanted this.

People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. We observed and people told us that staff supported them to make their own decisions about what they would like to do and how they wanted to be supported.

People and those important to them took part in making decisions and planning their care and in risk assessments. Relatives told us they were involved in their relatives care plans if the person agreed and invited to their multidisciplinary team reviews by video call or in person.

People felt listened to and valued by staff who engaged meaningfully with them. We observed that staff actively engaged with people throughout our inspection. This was an improvement from our previous inspection.

Staff supported people to maintain links with those important to them. Relatives told us that staff encouraged them to be involved. Since our previous inspection, the provider had appointed one support worker to a dual role as the family liaison officer. They contacted each relative at least once a week to give them an update on what their relative had been doing. People told us that staff supported them to phone their relatives when they wanted to. Some people's relatives lived several miles from the hospital. Staff supported people to maintain contact by driving them to their relative or arranging for their relatives to stay in local hotels.

Staff introduced people to the ward and the services as part of their admission. Staff spoke with people's relatives or staff from their previous placements, so they knew how the person preferred to communicate. Staff provided people with information about the hospital on admission in a format they understood.

Wards for people with learning disabilities or autism

Staff made sure people understood their care and treatment (and found ways to communicate with people who had communication needs). Staff helped people to understand their care plan by providing this in a way they could understand. Staff helped people to prepare for their ward round meetings by meeting with them and asking them what they wanted in a format the person could understand.

Staff informed and involved families and carers appropriately. Relatives told us that staff kept them updated about their relative's progress and any physical health needs they had and involved them as much as the person wanted.

Staff helped families to give feedback on the service. The family liaison officer asked families for their feedback on the service. Relatives told us they knew how to share their views about the service.

Are Wards for people with learning disabilities or autism responsive?

Good 

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, people did not stay in hospital longer than needed, and discharge was rarely delayed for other than a clinical reason. Each person had a moving on plan that was in a format accessible to them. Staff told us that each person had a plan from their admission as to how long they would be at Wast Hills. This was developed during their stay as assessments showed how they would need to be supported in the future.

Managers regularly reviewed people's length of stay to ensure they did not stay longer than needed. The average length of stay for the previous six months was one year and seven months. Staff told us that people's discharge from the service was often delayed due to the building of bespoke supported living placements for people to move on to. Staff were conscious that the moving on needed to be right for the individual to avoid any further admissions to hospital.

If a person was not from the local area staff supported them, in line with their wishes, to have regular contact with family, friends or an advocate. Most of the people residing at the service were not from the local area. Staff supported people to have contact with their family if they wished by supporting them or their relative to travel and supporting them with video or phone calls. Each person had access to an advocate who visited the hospital twice weekly. The registered manager told us they were working with commissioners from Scotland to reduce admissions from there as they had recognised it was too far away from people's communities and families.

When people went on leave there was always a bed available when they returned. People's leave was planned, and their bed was not filled until they had been formally discharged from the hospital.

People were moved between wards during their stay only when there were clear clinical reasons, or it was in their best interests. Due to the refurbishment works some people had been moved from one part of the hospital to another. However, this was discussed with their relatives and commissioners and was only if it was in their best interests. We saw that where this had happened people were moved into the refurbished accommodation and into their new flat. Where a person was to be discharged from the hospital the provider delayed refurbishment of the area they lived in so the person did not have to move twice.

Wards for people with learning disabilities or autism

Staff did not move or discharge people at night or very early in the morning. People's discharge from the hospital was carefully planned at a time suitable to them.

Staff carefully planned people's discharge and worked with care managers and coordinators to make sure this went well. Staff supported people when they were transferred between services to reduce any negative impact on them. Staff from the placements that people were moving to worked at Wast Hills to get to know the person and their needs. Staff had good links with each person's care coordinators to plan their discharge well. Staff supported people who moved on in their new environment to help to make sure this went well.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the hospital supported people's treatment, privacy and dignity. Each person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. Since our previous inspection, the hospital had undergone significant improvements and refurbishment which had improved the facilities for people. People had their own private space but also had access to communal facilities and we observed throughout our inspection people meeting together in communal spaces. Each person in the Annexe now had their own individual flat that contained a bedroom, ensuite shower and toilet, living area and small garden that had access to the main garden. There were also opportunities for people to share communal space if they wanted to in the communal dining room, kitchen, and laundry. There was also a bathroom if people preferred a bath. There were two flats in the courtyard adjacent to the Main House where people had their own flat with bedroom, living area and ensuite shower and toilet. If people chose to, they could use the communal dining room in the Main house and living areas. We saw people from the courtyard flats using the Main House at mealtimes and for activities.

The food was of good quality and people could make hot drinks and snacks at any time. People told us and menus showed that people were offered a variety of food that helped them to have a healthy and nutritious diet. People were able to make hot drinks and snacks at any time and where needed staff supported them to do this.

The service's design, layout and furnishings supported people and their individual needs. This included noise-reducing furnishings and calm diffused lighting, which supported people with sensory sensitivities. We observed that the doors in the Main House were noisy and banged which could impact on people with sensory sensitivities. The registered manager said these could be adjusted as part of the ongoing building works in the Main House.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment that met people's sensory and physical needs. The hospital was clean, and the refurbishment had enhanced the environment and facilities for people to meet their needs. There was a new refurbished, well equipped sensory room in the Annexe. However, it was not being used at the time of inspection as they were awaiting a part for a piece of equipment. The registered manager was chasing this with the supplier but there was a delay in the supply.

The service had quiet areas and a room where people could meet visitors in private. People could make phone calls in private. People had access to their own mobile phones if they were able to use them. People were supported to make video calls to their relatives if they wanted to and were given privacy to do so.

The service had an outside space that people could access easily. People in the Annexe had their own garden space but could also access the main garden if they wanted to. Wast Hills has extensive outdoor space and we saw staff supported people to access the grounds when they wanted to.

People's engagement with the wider community

Wards for people with learning disabilities or autism

Staff supported people with family relationships and community activities outside the service, such as work, education and family relationships. People were encouraged and supported by staff to reach their goals and aspirations. We saw and records showed that people had regular contact with their family and went out to do activities in the community often. Relatives told us they had regular contact with their relatives which helped to maintain their relationships. Some people were doing ASDAN courses (courses available for learners with special educational needs and disabilities). Some people had paid jobs within the hospital which they said gave them a sense of worth and helped to prepare them for future work opportunities.

Staff supported people to take part in their chosen social and leisure activities on a regular basis. People told us and records showed they decided what leisure activities they wanted to do, and staff supported them to do these. The number of activities available and the recording of these had improved since our previous inspection.

Staff gave people person-centred support with self-care and everyday living skills. Staff supported individuals in the way they wanted to be supported and helped them to increase their independence skills. People looked clean and well dressed in individual styles that were appropriate to their age and the activities they were doing.

People who were living away from their local area were able to stay in regular contact with friends and family using the telephone, online voice or video calls, and social media. Staff helped people to stay in contact with families and carers. One support worker had a dual role as family liaison officer. Relatives welcomed this support and said it helped to relieve their anxiety about their relative being so far from home. The family liaison officer helped support staff to help individuals to maintain contact with their families.

Clear plans and placement goals were developed with commissioners to enable people to move back to their local community as soon as possible. Staff found out about the area people were moving to and provided information to the person about activities they could do and started to form links with the person's new community.

Staff ensured adjustments were made so that people could take part in activities. Staff carefully planned when people accessed the local community, for example, at a less busy time to reduce people's anxieties.

People were supported by staff to try new things and to develop their skills. Staff enabled flexibility and helped people to have freedom of choice and control over what they did. Staff were committed to encouraging people, in line with their wishes, to explore new social, leisure and community-based activities. Staff supported people to try out new activities in the community such as going to the local snooker hall. People were given a choice each day and during the day as to what activities they did. Although each person had an individual activity plan staff adapted this during the day dependent on the person's mood, the weather and the person's choice. Staff spoke enthusiastically about supporting people to try out new activities and promoting opportunities to do this.

Staff enabled people to broaden their horizons and develop new interests and friends. A relationships group had been started led by staff that helped people to understand how to form relationships and develop social skills. They also gave people the opportunity to try out new relationships in a safe way. Staff encouraged people to develop and maintain relationships both in the service and the wider community. The development of the relationships group had helped staff encourage people to develop relationships. Although people could choose whether they did individual activities there were also group activities available to help people to build relationships. This had developed further since our previous inspection.

Meeting the needs of all people who use the service

Wards for people with learning disabilities or autism

The service met the needs of all people – including those with a protected characteristic. Staff helped people with communication, advocacy and cultural and spiritual support. People's care plans detailed how they wanted to be supported to meet all their needs including communication, cultural and spiritual needs. There was a multi-faith room in the Main House although staff said this was not used. However, there was equipment available such as Quran and the bible and prayer mats for people to use if they wished.

Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. All care plans we reviewed were person centred and showed how staff needed to support people to reach their individual goals and aspirations. Staff provided effective skills teaching because it was tailored to individual people. Goals were set with the person's individual needs considered.

Staff discussed ways of ensuring targets for people were meaningful. They spent time with people understanding how they could be achieved. The speech and language therapist and occupational therapist had assessed each person. This included assessments of how the person's comprehension and how they would need to be supported to reach their goals, sometimes in small steps that were broken down to the person's needs.

People learned everyday living skills, understood the importance of personal care and developed new interests by following individualised learning programmes with staff who knew them well. Each person had an individual activity timetable which showed staff how to support them each day and help them to develop their skills. Records showed that staff followed these which had improved since our previous inspection.

Staff made reasonable adjustments to ensure better health equality and outcomes for people. Staff helped people to attend health appointments in the local community at health centres and hospitals. They provided people with information in accessible formats to the individual help them understand what might happen at the appointment and why they needed to attend.

Staff identified people's preferences and appropriate staff were available to support people, for example, by having staff of people's preferred gender available to support them. Records showed that staff considered people's preferences and accommodated these where possible.

People were supported to understand their rights and explore meaningful relationships. Staff had developed a relationship group where they helped people to understand their rights and consent issues. They supported people to explore meaningful relationships if they wanted to.

People were supported with their sexual, religious, ethnic, gender identity without feeling discriminated against. Records showed that staff supported people to explore their identity, for example, staff had provided information in an easy read format about what it meant to be transgender and the support available to one person.

Staff spoke knowledgeably about tailoring the level of support to an individual's needs. All staff we spoke with understood people's individual needs and how they needed to support the person. The service met the needs of all people using the service, including those with needs related to their protected characteristics. Occupational therapists assessed each person's needs and adapted the service where needed to support the needs of people with a physical disability. They also assessed people's sensory needs and provided support to staff in how to meet the person's sensory needs. People had individual sensory bags which included items the person may find useful to meet their sensory needs. The speech and language therapist assessed people's communication needs and adapted the person's support plans and information provided to them to accessible formats.



Wards for people with learning disabilities or autism

Staff ensured people had access to information in appropriate formats, which included pictures, photographs, and symbols. Staff provided information using objects, photographs, gestures, and symbols to help people know what was going to happen during the day and who would be supporting them. People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations. These were developed following assessment by the speech and language therapist. This was individual to them and linked to their positive behaviour support plan. Staff had good awareness, skills and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. The speech and language therapist trained staff on each person's preferred communication and their individual communication passport. We observed that staff communicated with each person following their communication passport. People received individualised support such as tailored visual schedules to support their understanding. Each person had their own activity schedules which was produced in their own communication style. There was an overall activity plan displayed in the Annexe which included a lot of written information and some pictures however this was for staff to follow and not accessible to individual people who used the service. Staff were trained and skilled in using personalised communication systems. The speech and language therapist also trained staff in the use of Talking Mats and in the Total communication system (an approach about finding and using the right combination of communication methods for each person).

Staff made sure people could access information on treatment, local services, their rights and how to complain. Information was provided in accessible formats to people who used the service.

The service had information leaflets available in languages spoken by people and the local community. This included information provided in easy read, picture, and symbol formats.

Managers made sure staff and people could get help from interpreters or signers when needed. Staff had access to an interpreting service if needed.

The service provided a variety of food to meet people's dietary and cultural needs. Staff could provide halal foods. We saw that people's vegetarian or vegan diets had been catered for. The speech and language therapist assessed each person for dysphagia and their risk of choking. At the mealtime we observed we saw that information was available to staff about each person's needs and if their food needed to be cut up or if they needed thickener added to their drinks and what consistency this should be. 82% of staff had received training in dysphagia and 95% in choking awareness at the time of inspection.

People had access to spiritual, religious, and cultural support. Each person's care plan detailed what support they would need to ensure all their needs were met. Staff told us they supported people to attend places of worship or religious and cultural festivals. This included Pride celebrations.

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. People understood the complaints procedure which was produced in a format they could access.

Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. We saw at community meetings that staff supported people to give feedback about the service and what could be improved. Minutes of community meetings showed that staff responded to this feedback and made changes based on people's comments.

Wards for people with learning disabilities or autism

People, relatives and carers knew how to complain or raise concerns. Relatives told us they knew how to make a complaint and give a compliment. We saw that four relatives had given compliments about staff and the service provided in the last month. There had been no complaints made. The service had received a complaint in the last few months from a neighbour about the behaviour of a person who used the service. The registered manager had investigated this and responded to the neighbour. They had put things in place to reduce the risk of this happening again.

The service clearly displayed information about how to raise a concern in areas used by people. The process was in accessible formats and displayed around the hospital.

Staff protected people who raised concerns or complaints from discrimination and harassment. The process ensured that people who raised complaints were protected from discrimination and harassment. Staff spoken with were confident that people would not be discriminated against in response to their feedback about the service.

Staff knew how to acknowledge complaints, and people received feedback from managers after the investigation into their complaint. All staff we spoke with knew how to respond to complaints. The registered manager said that they would provide feedback to people after the investigation.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service. Staff told us and we saw that lessons learned were shared in the daily morning meetings, staff meetings, handovers between shifts and via email. These included from the providers other services.

Managers shared feedback from complaints with staff, and learning was used to improve the service. We saw that managers shared feedback in staff meetings, handovers and via email and newsletters with staff. Complaints and feedback were discussed in clinical governance meetings and the outcome shared with staff and what was done as a result.

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles and had a clear understanding of people's needs and oversight of the services they managed. Management and staff put people's needs and wishes at the heart of everything they did. The registered manager demonstrated that they understood the needs of the people using the service and their relatives, and that they understood the improvements needed to ensure the service met people's needs. All staff we spoke with put people's needs and wishes at the heart of everything they did and were enthusiastic about their work and the people they supported.

Leaders worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish. All staff we spoke with said they felt valued in their role and were encouraged to learn and develop in their role.

Wards for people with learning disabilities or autism

Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates, and other professionals had to say. We observed during our inspection and staff, advocates and people, and their relatives told us that the registered manager was visible in the service and listened to their views. Commissioners told us the registered manager was approachable and responsive to their feedback.

Leaders and senior staff were alert to the culture in the service and as part of this spent time with staff, people and family discussing behaviours and values. Since our previous inspection managers had spent time engaging with staff, people who use the service and their relatives to discuss what behaviours and values they expected. We observed at this inspection that staff behaved in the way that showed they respected the providers values.

Managers worked directly with people and led by example. The registered manager and head of care attended the daily morning meetings, team meetings and community meetings.

Managers promoted equality and diversity in all aspects of running the service. We observed and staff told us managers promoted equality and diversity. The provider had trained 86% of staff in equality and diversity at the time of inspection.

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 the providers visions and values of Integrity; Trust; Empower; Respect; Care and said these reflected their job role and they worked towards these in their day-to-day work. 87% of staff had received e-learning in the providers values at the time of inspection. The providers values were reflected in interview questions for new staff and in staff appraisals.

The provider had a clear vision for the direction of the service that demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider was in the process of refurbishing the hospital to benefit the people using the service. They planned to complete this by December 2022 to provide a service that met people's individual needs.

Managers set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives. All staff we spoke with told us the registered manager was approachable, welcomed feedback from staff and promoted learning within the service.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. All staff we spoke with said they felt respected and valued.

The provider invested in staff by providing them with quality training to meet the needs of all people using the service. The provider trained staff and all staff had completed their mandatory training. They also had specialist training to meet the needs of people they supported. This included training in supporting autistic people and people with a learning disability and supporting people who have a personality disorder.

Wards for people with learning disabilities or autism

Staff felt able to raise concerns with managers without fear of what might happen as a result. All staff told us they knew how to raise concerns and would not hesitate to if needed. They said they would be listened to if they did. Following our inspection staff raised concerns to the manager about another member of staff. The manager took immediate action to address these concerns. Staff knew how to contact the providers Freedom to Speak Up Guardian and were confident if they did, they would be listened to. Information was displayed about the speak up process around the hospital.

Staff felt respected, supported and valued by senior staff, which supported a positive and improvement-driven culture. All staff we spoke with felt supported, respected, and valued by their managers. We observed a positive environment where staff were striving to improve the service for the people using it.

Governance

Governance processes were effective and helped to hold staff to account, kept people safe, protected their rights and provided good quality care and support. Since our previous inspection, the governance systems had improved. There had been improvements in cleanliness of the environment, medicines management and storage and checking of people's physical health observations. Staff discussed risks relating to individuals, incidents, and staffing levels for the day in the daily morning meeting. Any issues were discussed in the weekly staff meetings, held separately for day and night staff. There were monthly clinical governance meetings. Minutes of these showed that all areas were discussed, and data analysed for incidents, physical interventions, care plan outcomes, record keeping, staffing, people's activities, staff training and supervision and outcomes of audits. The providers quality assurance manager visited the hospital monthly to do an audit. In the three months prior to inspection their reports showed they had completed a full audit, a thematic review of the safe key question and a review of how people's finances were managed. Reports clearly stated where improvements were needed, and action taken to address these.

The provider kept up to date with national policy to inform improvements to the service. The provider had invested in the extensive refurbishment of Wast Hills and improving the environment which gave people opportunities to increase their independence skills.

Staff used recognised audit and improvement tools to good effect, which resulted in people achieving good outcomes. Staff completed regular audits and the outcomes of these were discussed in team meetings and in clinical governance meetings which ensured that improvements were made as a result.

Staff did clinical audit, benchmarking and quality improvement work to understand and improve the quality and effectiveness of care. Clinical governance meetings showed that managers reviewed the outcomes from other hospitals in the region which were run by the same provider, and benchmarked their performance to them. The regional manager shared learning from the regional governance group and learning from Wast Hills was fed back to the operations director's governance meetings.

The management of records and recordings of surveillance ensured they were protected and stored safely. Staff ensured records and recordings were stored safely and this formed part of the regular audits. There was a clear, recorded purpose for the use of surveillance supported by relevant assessment. The provider had a policy on the use of closed-circuit television cameras. There was a clear reason that all staff knew why, where and when surveillance was used and how it supported the people who used the service.

Management of risk, issues and performance

Wards for people with learning disabilities or autism

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff had access to people's individual risk assessments and care plans and showed they had read these. Staff had access to the risk register and could add items to it.

Staff were committed to reviewing people's care and support continually to ensure it remained appropriate as people's needs and wishes changed. Records showed that care plans and risks assessments were regularly reviewed. The multidisciplinary team reviewed each person's risk at the daily morning meeting.

Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Since our previous inspection managers had demonstrated that they had complied with the previous breaches of regulations. The registered manager demonstrated that he understood his legal responsibilities and had taken action to ensure he met these.

Staff were able to explain their role in respect of individual people without having to refer to documentation. They gave good quality support consistently. Throughout our inspection staff demonstrated that they knew people's individual needs and risks and their strengths. We observed that staff supported people well.

Staff acted in line with best practice, policies and procedures. They understood the importance of quality assurance in maintaining good standards. Staff knew the providers policies and procedures and why they needed to follow them. They understood why audits and governance systems were in place to ensure they supported people safely and in the way they wanted to be supported.

Information management

Staff collected and analysed data about outcomes and performance and engaged in local and national quality improvement activities. Clinical governance meetings showed that managers had analysed data and bench marked these across other of the providers service regionally and nationally.

Engagement

People and those important to them worked with managers and staff to develop and improve the service. Minutes of community meetings showed that staff responded to their feedback. They discussed what people had said and what they did in response to this to improve the service. Staff encouraged people to be involved in the development of the service. Community meeting minutes showed that people's views were asked for about the development of the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. All people were invited to attend community meetings and some people attended clinical governance meetings. The family liaison officer attended clinical governance meetings to feedback from relatives their views and experiences.

The service held formal listening events for family and friends to share their views and discuss issues with staff. The service used comments to improve the service. The family liaison officer spoke with each relative weekly to hear their views. During the pandemic formal family events had been paused but managers were looking at how to re start these safely in a way that relatives wanted. Relatives told us that the manager was approachable and could be contacted at any time.

The service worked well in partnership with advocacy organisations, which helped to give people using the service a voice and improve their health and life outcomes. Advocates visited the service at least twice a week and fed back people's views to the service. An advocate told us their views were listened to and action taken to improve people's

Wards for people with learning disabilities or autism

experiences. Managers engaged with other local health and social care providers and participated in the work of the local transforming care partnership. Managers ensured that each person had a Care and Treatment review. They participated in these and shared information about the person to inform these. Staff worked with providers where people had previously lived or were moving to which helped ensure the best outcome for the person.

Learning, continuous improvement and innovation

The provider kept up to date with national policy to inform improvements to the service. The provider was aware of the CQC guidance Right Support, Right Care, Right Culture. The registered manager described in detail how they had worked to meet this guidance to improve the service.

The provider invested sufficiently in the service, embracing change and delivering improvements. The provider had invested in the service which was evident in the extensive refurbishment of the hospital. The provider had ensured that sufficient staff who received training and support were available to support the people who used the service.

The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider had invested in the service through the refurbishment programme and through recruitment and retention of staff. This was based on their vision and to ensure that people achieved good outcomes.

The provider had applied for accreditation under the learning disability quality network which had included a peer review of the service. The registered manager said this had been a helpful process in improving the quality of the service. At the time of inspection the service was awaiting the outcome of the peer review.