

# Cygnnet Wast Hills

## Quality Report

Wast Hills Lane  
Kings Norton  
B38 9ET  
Tel: 0121 4582263  
Website: [www.cygnethealth.co.uk](http://www.cygnethealth.co.uk)

Date of inspection visit: 11th July 2019  
Date of publication: 20/11/2019

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

### Ratings

#### Overall rating for this location

Are services effective?

Are services caring?

Are services responsive?

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

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

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

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

### Overall summary

This inspection was focused and so we did not inspect every domain. We fully inspected the effective, caring and responsive domains although we did not rate them. We did not inspect the safe or well led domains.

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. A range of specialists in the team provided a variety of treatments suitable to meet the needs of the patients, in line with

# Summary of findings

national guidance and best practice. Staff worked proactively and effectively as a multidisciplinary team and developed individualised and personalised care plans to achieve the best outcomes for patients. This enhanced the staff's ability to fully understand patient needs and how to deliver tailored care for each individual.

- Staff engaged in clinical audit to evaluate the quality of care they provided and made improvements to enhance the experience and care the patient received. The multidisciplinary team reviewed and revised care plans and positive behavioural support plans, following analysis of how each patient responded to their treatment plans.
- The team included the full range of specialists required to meet the needs of patients on the wards. Staff worked proactively and effectively together as a multidisciplinary team and used effective sensory and communication prompts and aids to support consistency of care and individualised meaningful interactions with patients. Each member of the team had a specific role that contributed to the patients care, staff were mutually respected, and they felt their contribution and opinions were valued.
- Managers ensured that staff received training, supervision and appraisal. Agency staff were expected to have the same training as regular staff, they participated in supervision and received an induction to the service. Managers ensured staff attended additional supervision sessions related to specific topics, to promote consistency in knowledge and practice within the staff team.
- Staff had exceptional knowledge of the legal frameworks which they worked under, including the Mental Health Act 1983, the Mental Health Act Code of

Practice and the Mental Capacity Act. Staff actively involved families and other professionals when discussing best interests for patients which was always recorded thoroughly and clearly.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and had an excellent knowledge of the individual needs of patients. They actively involved patients, families and carers in care decisions. Thorough and accessible care and treatment plans ensured staff always knew patients individualised care needs, their likes and dislikes and their preferred communication style.
- The service went above and beyond to work proactively with external agencies and families to ensure appropriate care packages were in place before patients were discharged from the hospital. They liaised well with services that would provide aftercare and ensured a smooth transition before and after discharge.
- The service had been proactive in capturing and responding to patients concerns and complaints. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service. Staff were passionate about safeguarding patients and protecting them from abuse.

However:

- The alarm system was loud, and staff reported that some patients could become distressed. This was recognised by the provider and a new bleep alarm system was due to be installed imminently that would reduce noise levels.

# 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		
---	--	--

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Cygnet Wast Hills	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	20
Areas for improvement	20

# Cygnet Wast Hills

**Services we looked at**

Wards for people with learning disabilities or autism;

# Summary of this inspection

## Background to Cygnet West Hills

Wast Hills House is an independent hospital providing assessment, treatment and care to people with a complex learning disability and autism. Wast Hills House was taken over by Cygnet in 2018. There are three units on the site; the Main House, the Annexe, and the Lodge. There are 25 beds in total; six in the Annexe, four at the Lodge and 15 in the Main House. The House provides care for patients who are acutely unwell, including five individual flats for patients who need a quieter environment, called 'bespoke' areas.

Wast Hills House is registered with the Care Quality Commission for the following regulated activities: Assessment or medical treatment for persons detained under the Mental Health Act 1983, and Treatment of disease, disorder or injury.

The Main House is a large period property. The Lodge is a detached period house at the entrance of the site. The Annexe is a purpose-built single storey building next to the Main House. The hospital is set in six acres of ground. Wast Hills is situated in a rural location between Birmingham and Redditch. It is in Worcestershire and the service is commissioned through clinical commissioning groups in England and the equivalent in Scotland. In line with NHS England Transforming Care arrangements, clinical commissioning groups assess and refer patients

following a care and treatment review, meaning patients, families, the patients' local clinical team and clinical commissioning group participate in a case conference to discuss the care pathway for an individual prior to admission. Patients with a diagnosis of a learning disability and/or autism are regularly monitored by the funding clinical commissioning groups, NHS England and the local clinical teams during their admission to Wast Hills. This monitoring is done using a combination of care and treatment reviews, care programme approach reviews, multidisciplinary team meetings, community care coordinator contacts and visits. Wast Hills admission criteria states that patients must have a dual diagnosis of learning disability and autism.

Wast Hills was last inspected in May 2018. It was rated as outstanding overall. The domains were rated as good for safe and responsive, and outstanding for effective, caring and well led. There were no compliance actions resulting from that inspection. Wast Hills was visited in April 2018 by a Mental Health Act Reviewer. Mental Health Act reviewers look at all activities, policies, procedures, and documentation relating to patients detained under the Mental Health Act 1983. There were no actions resulting from this inspection and the feedback for the service had been extremely positive.

## Our inspection team

The team that inspected the service comprised one CQC inspector, one inspection manager, one specialist advisor with knowledge and experience of working people with a

learning disability and autism, and one expert by experience. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

## Why we carried out this inspection

We inspected this service following concerns raised by a CQC team who were reviewing the care and treatment of patients who were in long-term segregation at Wast Hills House. This formed part of the CQC thematic review of restraint, seclusion and segregation of patients in hospitals nationally. Concerns raised included a lack of

personalisation within patient bedrooms and a lack of activities. We decided to undertake an inspection across three domains related to those concerns and asked how effective, caring and responsive the service was. We did not rate the domains.

# Summary of this inspection

## How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients who were using the service

- spoke with three carers
- spoke with the registered manager for the service
- spoke with 10 other staff members including doctors, nurses, occupational therapist, psychologist assistant, speech and language therapist and support workers
- received feedback about the service from the safeguarding lead for the region and one commissioner
- spoke with an independent mental health advocate and an independent mental capacity advocate
- attended and observed one multi-disciplinary meeting
- looked at three care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Patients we were able to talk with said they liked the hospital and staff were kind to them.

Family members we spoke with said their family members were well looked after, staff were helpful, kind and supportive. They felt fully involved in the care and treatment of their loved ones, and staff listened to them and welcomed their feedback.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services effective?

- Staff, teams and services committed to working collaboratively to find efficient ways to deliver joined up care to patients. Each member of the team had a specific role that contributed to the patients care, staff were mutually respected, and they felt their contribution and opinions were valued. The ward team worked proactively and had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge. This included commissioners and families and carers.
- Staff delivered truly holistic care when assessing, planning and delivering treatment to patients. Staff assessed the physical and mental health of all patients on admission and developed individualised and personalised care plans. This enhanced the staff's ability to fully understand patient needs and how to deliver tailored care for each individual. The multidisciplinary team reviewed and revised them regularly, following analysis of how each patient responded to their treatment plans.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff had access to grab sheets that detailed personalised sensory and communication prompts that supported consistent and individualised interactions with patients.
- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Staff had developed their skills in providing and implementing physical healthcare needs within the service, to decrease patient distress and improve compliance with monitoring and adherence. The service was accredited by the National Autistic Society and registered with the Autism Accredited programme.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Developments were made across the service to improve the experience and care of patients.
- The ward team included the full range of specialists required to meet the needs of patients on the wards. Managers made sure staff's skills, competence and knowledge was integral to delivering high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Bespoke supervision sessions on specific areas such as safeguarding were regularly available for all staff. Managers provided an induction programme for new staff and had appointed a senior care worker to support new staff, including bank, when working on the wards. Agency staff were expected to have the same training as regular staff and received an induction to the service.
- Staff had exceptional knowledge of the legal frameworks which they worked under, including the Mental Health Act 1983, the Mental Health Act Code of Practice and the Mental Capacity Act. Staff actively managed consent practises and ensured patients knew their rights. Staff engaged with patients to ensure they were involved in decisions about their care. Staff actively involved families and other professionals when discussing best interests for patients which was always recorded thoroughly and clearly.

### Are services caring?

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They really understood the individual needs of patients and supported them to manage their care, treatment or condition, in ways in which they would understand. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity.



# Summary of this inspection

- Staff involved patients and carers in care planning and risk assessments when appropriate, and actively sought their feedback on the quality of care provided. Staff had excellent knowledge of their patients, their likes and dislikes, and their preferred communication style. This meant they understood their individual needs. They ensured that patients had easy access to independent advocates.
- Staff were passionate about working with the patient group and had no tolerance to poor attitudes within the staff group. Staff were quick to act when they became aware of an issue.
- Staff informed and involved families and carers appropriately and they were confident their relatives received great care and treatment in a safe environment. Carers, families and external agencies were extremely positive about the service and believed the service always managed challenging behaviour well.

## Are services responsive?

- Staff planned and assertively managed discharge well. The service worked proactively with external agencies and families to ensure appropriate care packages were in place before they were discharged from the service. The service ensured a smooth transition between services by providing an intensive face-to-face handover over many weeks before and after discharge. Most patients did not have excessive lengths of stay unless factors such as funding or sourcing appropriate placements prevented discharge.
- A CQC thematic review of restraint, seclusion and segregation found that bedrooms were stark, bare and not personalised. They also did not see much evidence of patient activities. However, when we undertook this inspection we found evidence to support individualised personalisation in the majority of bedrooms and staff provided a rationale when rooms were stark or bare, based on patients' needs and care plans. Patients undertook activities which were evaluated regularly by the multidisciplinary team. The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity, however the provider was undertaking a refurbishment to enhance the quality of the environment. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. Staff understood what was important to patients and provided them with information to make informed choices.
- The service had been proactive in capturing and responding to patients concerns and complaints. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However,

- The alarm system was loud, and staff reported that some patients could become distressed when the alarm was activated. This was recognised by the provider and a new bleep alarm system was due to be installed imminently that would reduce noise levels.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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

Staff understood their roles and responsibilities under the Mental Health Act 1983. Most eligible staff were up to date with their required Mental Health Act training. Mental Health Act paperwork was kept in good order, patients had appropriate certificates authorising treatment and staff requested visits from the second opinion doctor when necessary.

Detained patients had their rights given to them in their preferred communication style, and their level of understanding was documented within their patient care records on a regular basis. Patients received tribunals and managers meetings, and conditions of leave under section 17 leave were clearly documented. Patients had regular access to advocacy. They attended multidisciplinary meetings when required and provided support.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with understood their roles and responsibilities when applying the Mental Capacity Act 2005. Most staff were up to date with their Mental Capacity Act and Deprivation of Liberty Safeguards training. Staff demonstrated a thorough and detailed knowledge of the principles of the Act and supported patients to make their own decisions. Staff completed detailed capacity assessments regarding specific decisions, which were well documented. Reasons for

deciding when patients lacked capacity were clearly set out as was when a best interest assessment was required. Advocates were involved when patients lacked capacity to make decisions.

Staff discussed and reflected on using least restrictive options when developing care plans and considering the use of nursing observations. Staff had good knowledge, kept up to date paperwork and liaised closely with the local authority when applying Deprivation of Liberties Safeguards.

# Wards for people with learning disabilities or autism

Effective

Caring

Responsive

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

## Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff used a variety of evidence-based assessments such as the functional behaviour analysis and disability distress assessment tool and the model of human occupation screening tool. Patients were admitted for a 12-week assessment period before discharge specifications were sent out to external stakeholders.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward and had an up to date hospital passport. A hospital passport is a document for people with learning disabilities that contains their health needs and other useful information, such as interests, likes, dislikes and preferred method of communication to help hospital staff make them feel more comfortable when admitted or attending for appointments. Staff used the National Early Warning Score, falls and mobility assessments and Waterlow pressure ulcer assessment tool. Patients with specific physical health needs such as epilepsy had detailed care plans with references to the appropriate National Institute for Health and Care Excellence guidelines. Staff regularly monitored patients' physical health according to their individual needs. All patients were registered with a local GP and had received their annual health check from the practice. The GP visited patients at Wast Hills when they could not attend the surgery.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed three patient care records. The care plans were person centred, holistic and individualised. They included ways in which staff could support the patient to make their own choices and were recovery focused.

Staff regularly reviewed and updated care plans and positive behaviour support plans when patient's needs changed. We attended one multidisciplinary team meeting. Staff reviewed, monitored and discussed in detail incidents, physical interventions, use of when required medications, activity uptake, physical health and discharge plans. The team updated and changed care and treatment plans to meet the changing needs of patients.

Staff created sensory passports and communication passports. Sensory and communication grab sheets enabled anyone who read them to easily understand how to communicate with the patient. Also included were how to manage typical behaviours the patient might display. These were individualised and reviewed within the multidisciplinary team meetings. Staff ensured that care plans were simplified for patients with communication difficulties to use the communication style they preferred such as easy read, or with symbols or pictures. Pictures representing activities were displayed across the ward areas, although the service recognised these could be improved upon as some activities were not realistic to what patients could partake in.

Each patient had a positive behaviour support plan that was present and supported by a comprehensive assessment. Staff understood patients' positive behavioural support plans and provided the identified care and support. Psychological formulations and assessments informed them. All staff we spoke with had a good understanding of the principles of positive behavioural support. We found them to be easy to read, and detailed patients' behaviours and how staff should support and manage them.

## Best practice in treatment and care

Staff provided a range of care and treatment suitable for the patients in the service. Occupational therapist assessments informed patients' sensory needs plans and the environmental adaptations required for each individual patient to support the plans. Plans included activities of daily living that aimed to improve existing skills and learning new ones. The speech and language therapist

# Wards for people with learning disabilities or autism

carried out communication assessments and ensured other staff had access to communication passports to address patients' communication needs. A range of psychological assessments and interventions were carried out which informed the care and treatment planning process.

Staff delivered care in line with best practice and national guidance. Care plans referred to National Institute for Health and Care Excellence guidelines. The provider had signed up to 'STOMP' - Stopping the Over Medication of People with learning disabilities, autism or both. This was a national initiative and Wast Hills were committed in its support of this project. From the patient treatment charts we reviewed, we could see that doctors followed National Institute for Health and Care Excellence guidance when prescribing medicines. Anti-psychotic medicines were within British National Formulary limits and the service monitored its use of when required medications.

Staff identified patients' physical health needs and recorded them in their care plans. Staff had a good understanding of patients' individual physical health needs and we could see adaptations across the environment to support this, specifically related to epilepsy.

Staff made sure patients had access to physical health care, including specialists as required. Some specialists reviewed patients on site such as the dentist and epilepsy nurse, or staff supported patients to attend appointments. Patient care records showed staff routinely supported patients with their physical health care needs.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The speech and language therapist worked with the chef to ensure patients with specific needs such as dysphagia and swallowing difficulties were met. A dietician could be

accessed from the local GP. Staff used food and fluid charts to monitor those patients deemed at risk.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients had an individualised health promotion care plan.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Patients progress was continually monitored

using a variety of methods such as Health of the Nation Outcome Scales for learning disabilities, the spectrum recovery star for people with autism and the Health Equality Framework.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service monitored the effectiveness of care and treatment and used the findings to improve. They compared local results with those of other services to learn from them in clinical governance meetings. The service closely monitored and analysed the number of incidents, physical intervention and when required medication. Results were discussed with patients, within multidisciplinary team meetings and in reflective practice with staff.

Managers used results from audits to make improvements. Staff considered care and treatment that was working well, what needed to improve, and how this could be achieved including further actions. An occupational health environmental audit completed in May 2019 looked at patients' personal spaces, safety, communal spaces, therapeutic rooms and areas and activities and interventions offered. Associated actions included further personalisation of rooms where this would be beneficial, refurbishments to the kitchen in The Lodge and displaying the role of the occupational therapist and visible risk assessments related to activities. Actions were still in progress when we inspected.

## **Skilled staff to deliver care**

The service had a full range of specialists to meet the needs of the patients on the ward. Most qualified nurses were experienced in learning disability nursing. Doctors, nurses, psychologists and their assistants, occupational therapists and their assistants, speech and language therapists, activity workers and support workers supported each other to provide good care. Staff said there was a good balance of nurses and support workers, and they could get advice and help from senior staff when required. Social workers were available to help facilitate discharge plans and the service received pharmacy input from an outside agency. Each member of the multidisciplinary team had a specific role that contributed to the care of the patients. We saw this when we observed a patient review meeting and within the patient care records. Staff showed mutual respect to each other and valued their contribution and opinion.

# Wards for people with learning disabilities or autism

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. This included learning disability, autism, positive behaviour support training and conflict management training. Agency staff were expected to undertake the same training as regular staff which ensured they had the same skills and knowledge to work with people with learning disabilities and autism. The service preferred to use agency staff who were familiar with the service, patients and policies and procedures, although agency use had declined in the six months prior to inspection due to a successful recruitment programme, which was ongoing.

Managers gave each new member of staff a full induction to the service before they started work. We saw that it was in depth. Staff also undertook several shadowing shifts before they started to work independently. This included agency workers. This meant staff understood their responsibilities and the tasks involved.

Managers supported staff through regular and constructive appraisals of their work. On the day of inspection, 92% of staff had an up to date appraisal.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. On the day of inspection, 87% of staff were up to date with their supervision. Staff received supervision every eight weeks. Agency staff also received supervision. Staff had the opportunity to attend reflective practice sessions once a month, which most staff attended. The manager facilitated this, and staff had the opportunity to discuss what they wanted and reflect on patient care, including positive behavioural support plans. Often this involved discussion about complex cases or patients who had had an increase in incidents, and how this could be prevented. One of these sessions involved a detailed discussion about safeguarding which included a questionnaire so senior staff had assurance staff had the right knowledge and would do the right thing.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The agenda was detailed and included information staff needed to know and gave them an opportunity to provide feedback.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff gave us examples of being supported to complete their National Vocational Qualifications and their career progression within the service. Some staff wanted training in seclusion and segregation.

Managers made sure staff received any specialist training for their role. The service had an identified nurse that carried out electrocardiogram and took bloods for tests on site. Staff received training in Makaton and other communication methods. Senior staff such as the manager or psychologist provided one to one training when required which was more in depth and bespoke to the needs of the staff. For example, personality disorder training. The speech and language therapy team routinely provided training on individuals communication needs to ensure staff were knowledgeable and provided a consistent approach.

Managers recognised poor performance, could identify the reasons and dealt with these. The manager gave examples of when staff had been suspended and dismissed due to poor performance.

## **Multi-disciplinary and inter-agency team work**

Patients were invited and supported to attend multidisciplinary team meetings if they were able to. Regular multidisciplinary team meetings were held to discuss progress and patient care. We attended one patient's multidisciplinary review and saw that it was well attended by various members of the team, which included the nominated support worker who the patient spent most of their time with. It was detailed and thorough; incidents, reports, effectiveness of when required medications, physical health tests and results, review of care plans, alternative treatments and plans for discharge were all discussed. Everyone was given the opportunity to contribute and the patient's wellbeing and best interests were always considered when decisions were made.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff also attended a daily flash meeting with other disciplines to discuss any patient concerns which required clinical decision making.

The team had effective working relationships with external teams and organisations. Attendance at care and treatment reviews was good, which was positively reflected within the patient care record. Commissioners and families

# Wards for people with learning disabilities or autism

we spoke with were positive about the information they received. The involvement of external agencies such as commissioners, community nurses and social workers was in line with the NHS transforming care programme which aimed to discharge people with learning disabilities and autism into community settings with the right level of care and support they required in a timely manner. External partners were engaged early in the patients' admission to ensure discharge plans were developed to prevent any delay in transfer.

The service had been flexible in accommodating patients' specific needs by developing bespoke areas and by ensuring they complied with the Department of Health's mixed sex guidance when admitting a female patient at short notice, so she could stay close to her family. One commissioner told us the service had managed a patient with extremely challenging behaviour effectively, whilst waiting for a more specialist placement to be found. The local safeguarding lead said the service was always proactive and thorough when reporting any potential safeguarding referrals and very inclusive, always keeping other organisations involved in discussions and plans.

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

When we inspected there were 12 patients detained under the Mental Health Act.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice.

As of 11th July 2019, 83% of the workforce in this service were up to date with training in the Mental Health Act. The service stated that this training was mandatory and renewed every year.

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

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician.

Staff requested an opinion from a Second Opinion Appointed Doctor when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

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

## **Good practice in applying the Mental Capacity Act**

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles of the Act.

As of 11th July 2019, 90% of the workforce in this service were up to date with training in the Mental Capacity Act. The service stated that this training was mandatory for all staff and renewed every year.

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

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support by communicating options in their preferred communication style when they needed to make specific decisions for themselves, before deciding a patient did not have the capacity to do so. Most patients at Wast Hills did not have capacity to make decisions for themselves, specifically relating to their care and treatment. We saw within patient care records that staff had involved families, commissioners and an independent mental capacity advocate when discussing care and treatment decisions.



# Wards for people with learning disabilities or autism

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff gave us examples of when this happened, and they provided clear rationale and context within patient care notes when making these decisions. One patient did not wash when he was admitted to the service, therefore staff washed him following a best interest's decision. Over time, he has started to wash himself with minimal staff input.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. There were three people under Deprivation of Liberty Safeguards when we inspected. We saw within patients' records that the safeguards had been applied appropriately and thoroughly.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

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

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

Staff were discreet, respectful, and responsive when caring for patients. We observed this through staff and patient interactions and it was evident that staff had exceptional knowledge of their patients. Staff were able to anticipate the needs of patients who could not verbalise well.

Staff gave patients help, emotional support and advice when they needed it. They were always available to ensure patients' needs were met. Each patient had at least one staff member allocated to support them with their needs.

Staff used appropriate communication methods to support patients to understand and manage their own care treatment or condition. We observed staff interacting with patients using their preferred communication methods. Staff encouraged and empowered patients to make their own decisions and promoted their independence by

supporting and encouraging them. We were able to speak to patients with limited verbal ability through staff and we could see there was good rapport and understanding of how they liked to communicate.

Patients said staff treated them well and behaved kindly. We spoke to three patients who could speak to us verbally and they said staff were nice to them and looked after them.

Staff understood and respected the individual needs of each patient. We observed this through interactions, and saw it reflected within the patient care records. All staff we spoke with showed empathy and compassion when talking about their patients. One staff member had worked with one patient for over ten years, and it was clear they both respected each other.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. All staff we spoke with were clear that there was an open and transparent culture within the service and anyone who showed any disrespectful or abusive behaviour was dealt with quickly and efficiently by senior staff and managers. We are aware of at least three cases within the 12 months prior to inspection where staff had been dismissed due to disrespectful comments towards patients. Managers told us that they have no tolerance to poor attitudes within the staff group and were quick to act when staff made them aware or they became aware of an issue.

Staff followed policy to keep patient information confidential.

### **Involvement in care**

#### **Involvement of patients**

Staff introduced patients to the ward and the services as part of their admission. Family members were included in the admission process and received information about the service and an opportunity to visit before admission.

Staff involved patients in care planning and risk assessments. Patients had access to copies of their care plans.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. We saw care plans and activity plans in accessible forms. They were easy to

# Wards for people with learning disabilities or autism

understand and for those more able patients, they had copies within their rooms. Some patients did not have capacity to fully understand their care and treatment plans, however staff worked with them to undertake activities they enjoyed.

Staff involved patients in decisions about the service, when appropriate. An independent mental health act advocate and an independent mental capacity act advocate regularly attended the service to speak with patients and attend multidisciplinary reviews. The advocates told us of examples of always acting in the patient's best interests and they felt included in their care and discharge planning.

Patients could give feedback on the service and their treatment and staff supported them to do this. Each week patients could attend the service user forum, facilitated by the activity coordinator. With support, patients had the opportunity to communicate what they did and didn't want or like. We saw the feedback from these meetings and saw that patients' requests were being actioned. This included the personalisation of their rooms, which had been a 'topic of the month' in June 2019.

## Involvement of families and carers

Staff supported, informed and involved families or carers. Staff worked closely with carers to make care and treatment decisions in the best interest of their relative. Each month, families could attend a multidisciplinary review meeting specifically for them. The manager gave examples of being freely available, open and transparent when families needed to get in contact.

Staff helped families to give feedback on the service. Staff gave carers feedback forms following care programme approach reviews and they collated the information. One of the family members was an independent family representative. This meant that other families and carers with relatives admitted to the service could contact her for advice and she attended the family carer forum to provide feedback. Family members we spoke with were complimentary about the service and felt their relatives were well looked after. One carer told us they could not fault the care their son received, and the team were fantastic. If they had any concerns they had been dealt with quickly and effectively. Staff listened to parents and welcomed suggestions and feedback, and they felt fully involved in care and treatment plans.

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

**Are wards for people with learning disabilities or autism responsive to people's needs?**  
(for example, to feedback?)

## Access and discharge

### Bed management

On the day we inspected, there were 15 patients admitted to the service.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for patients was 23 months, however this was reduced to four months when patients with a delayed discharge had been discounted.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Each patient had their own room or bespoke area which would not be moved or changed.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Staff took into consideration each patient's individual risk and their social interactions with other patients, before moving them to other parts of the hospital.

Staff did not move or discharge patients at night or very early in the morning.

### Discharge and transfers of care

Managers told us 11 patients had been identified as ready for discharge. Of these, eight were considered a delayed discharge. Six had a placement identified however were waiting for property adaptation and/or recruitment of a community team.

One patient was in the process of his transition to a new provider. He had the longest length of stay at 11 years. His



# Wards for people with learning disabilities or autism

discharge had been significantly delayed due to outside factors not in control of the service. We saw that the service had gone above and beyond in supporting the patient to return.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. This was reflected within the multidisciplinary meeting and patient care notes. The occupational therapist visited proposed placements to assess whether it would be suitable for the patient's needs.

Staff supported patients when they were referred or transferred between services. There was an extensive handover period, including a transition workshop, between the receiving care provider and the service. Before patients were discharged, staff from the receiving care provider spent up to two weeks at Wast Hills, speaking with staff and getting to know the patient. Following

discharge, the keyworker moved with the patient for a six-week period to help with the transition, gradually withdrawing themselves as the receiving care team took over care.

The service followed national standards for transfer. We saw within patient care records that patients had regular care and treatment reviews as necessitated by NHS England's transforming care agenda. This was a safeguard to ensure patients did not stay too long in hospital settings with a view to be transferred to appropriate care settings in the community as quickly as possible.

## **The facilities promote recovery, comfort, dignity and confidentiality**

Each patient had their own bedroom, which they could personalise. We looked at most patient bedrooms and bespoke areas. Personalisation across the rooms was variable, however this was dependant on individual need and risk. An occupational health audit completed in May 2019 described the variation in personalisation was due to some patients being at risk of causing property damage, consumption of objects or being unable to tolerate the stimuli and removed items such as curtains, bedding and sheets due to sensory processing difficulties. We saw rooms which were homely and had a range of personal possessions, including posters, photos and cuddly toys. Others were stark and bare. Staff told us some patients did not want anything in their rooms, and would rip up anything paper based, throw items out of the window or

from their rooms. Staff knew patients well and judged their level of risk and what they wanted in their room. Staff were responsive to their individual needs. For example, one patient liked to control the TV with his feet, so staff placed the TV on the floor so he could do this.

The monthly service user forum discussed a topic of the month, which just the month before our inspection had been bedrooms and personalisation. Some patients had informed staff what they would like in their bedrooms. One bedroom had been designed with a football and Elvis Presley theme, other patients just wanted a wall painted the colour of their choice. The activity coordinator showed us the plans going forward for the designs of the rooms and how this was going to be facilitated.

However, some rooms had curtains, and some did not. Staff told us some patients continually pulled them down. Some windows on the ground floor had occluded glass to aid privacy. The manager had requested new adjustable curtains appropriate for the site, which meant they could be put back up easily, although some patients could not tolerate them being in their rooms. For patients who were affected by the light in the mornings, staff were sourcing some blackout curtains.

Some bedrooms had padding on the walls or the doors. When this was the case, staff gave a rationale, which was usually to prevent serious self-harm such as head banging.

Patients had a secure place to store personal possessions. All rooms had wardrobes and drawers. Some of the furniture was broken, such as the handles on a drawer were missing. Some of the bedding was missing in rooms. Staff told us it was cleaned daily. Some patients could not tolerate a duvet and slept with just a sheet, which was their choice.

Staff used a full range of rooms and equipment to support treatment and care. There were plenty of rooms where patients could spend time alone or involve themselves in activities and treatment. A supported kitchen was available in each setting, a well-equipped activity room was available in the main house and patients could access the large open space surrounding the buildings. Two sensory rooms were being redeveloped when we inspected. Sensory equipment was placed across the hospital on the walls. We also saw it directly outside one patient's room, specifically placed there for his use.

# Wards for people with learning disabilities or autism

The service had quiet areas and a room where patients could meet with visitors in private and had considered and responded to the needs of patients with autism in the ward environment.

Visitors could spend time within the ward and garden environment to accommodate patient needs when this was required. The environment was stark and plain. Apart from some patients' bedrooms there was little decoration across the walls. Staff told us this was deliberate to reduce over stimulation and sensory overload.

Managers told us Cygnet were investing financially into the service, which would include environmental works such as drainage and revamping existing areas. This included the sensory rooms and an unused room was to be transformed into a gym. Works were already being undertaken at the time of our inspection, and we saw from the construction plan many areas of the environment were to be improved and enhanced.

Patients could make phone calls in private. Some patients had a mobile phone, others would be supported by staff. Access to mobile phones was individually risk assessed.

The service had an outside space that patients could access easily. The service had many acres of green land surrounding the sites. We saw patients outside utilising the equipment such as swings, trampoline, football, scooters and swing ball. Some patients liked walking around the grounds. One patient specifically made use of the small garden patch and was growing fruits and vegetables.

Patients could make their own hot drinks and snacks and were not always dependent on staff.

The service offered a variety of good quality food. The chef was responsive to individual needs and dietary requirements.

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

Staff made sure patients had access to opportunities in the community and supported them to access them. Patients had regular access to the local hydrotherapy pool, shops, park and other leisure facilities. The service had four vehicles they used for patient transportation.

Staff helped patients to stay in contact with families and carers. Some patients had mobile phones, so their families could speak to them whenever they wanted. Families could visit whenever they wanted, and patients took leave to their family homes whenever appropriate.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

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

We witnessed patients engaged in various activities throughout the day of our inspection. All patients had activity plans in their patient care records written in their preferred communication style. Patients were given copies to refer to. The multidisciplinary team monitored the uptake of activities as part of patient's therapy and adjusted their plans when necessary. An example of activities we saw were art, singing and dancing, walking, playing football, trampoline, going to shop, and one patient went on a trip to Drayton Manor.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. We saw staff use a range of communication styles such as Makaton, simple sentences and picture exchange communication system. This was reflected in communication plans and grab sheets. Some rooms had adapted features to aid physical health needs. Lifts were available for those who could not manage stairs well.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets for families could be sought in other languages. Information for patients would be designed individually in their communication preference.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Everyone agreed the food was nutritious and tasty. The chef could adapt recipes and accommodate anyone's specific needs.

Patients had access to spiritual, religious and cultural support.

# Wards for people with learning disabilities or autism

Patients could summon staff by using the nurse call system. Staff were responsive and attended to their needs. However, the alarm system was loud and could be heard across the hospital site.

Staff told us this could cause a sensory overstimulation response in some patients. As part of their environmental improvement plan for the service, the service was having these replaced by a bleep type system which was much quieter and meant patients would not be disturbed by the noise. The service has confirmed the alarm system would be replaced six to eight weeks following our inspection date.

## **Listening to and learning from concerns and complaints**

Patients, their carers or advocates knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

The service received a low number of complaints reflecting that patients and families were satisfied with their care.

This service received four complaints between January 2019 to July 2019. Three were not upheld and one was ongoing and had not yet been resolved. None were referred to the Ombudsman.

Managers investigated complaints and identified themes. Senior managers and independent managers often investigated complaints which aided impartiality.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients and families received feedback from managers after the investigation into their complaint.

Staff received feedback from managers after investigations.

The service received compliments reflecting that patients were satisfied with their care. Compliments were received from family members, experts by experience, care and treatment review panel members and a commissioner.

This service received eight compliments during the last six months from January 2019 to July 2019.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should ensure alarms more suited to patients' sensory needs are installed across the hospital.