

**Good** **Worcestershire Health and Care NHS Trust**

# Wards for people with learning disabilities or autism

## Quality Report

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## Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Osborne Court	R1ACY	Osborne Court Short Break Service	WR14 1JE
Princess of Wales Community Hospital	R1ACG	Church View Short Break Service	B61 0BB
Ludlow Road	R1A58	Ludlow Road Short Break Service	DY10 1NW

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for Wards for people with learning disabilities or autism

Good 

Are Wards for people with learning disabilities or autism safe?

Good 

Are Wards for people with learning disabilities or autism effective?

Good 

Are Wards for people with learning disabilities or autism caring?

Good 

Are Wards for people with learning disabilities or autism responsive?

Good 

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

Good 

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

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Background to the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8

### Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	10

# Summary of findings

## Overall summary

The overall rating for wards for people with learning disabilities was that these services were **good**.

- The staff we interviewed were able to demonstrate to us that they had an understanding of the Mental Capacity Act 2005 (MCA) and also the Deprivation of Liberty Safeguards (DoLS).
- We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions about something, that best interest meetings were held.
- Care records covered a range of needs and had been regularly reviewed to ensure staff had up to date information. There were also detailed assessments about the person's health that included specific care plans.
- We observed that staff were able to support people with dignity and respect in a safe and caring manner. We found that people who needed help to manage their anxiety were effectively supported by staff. We saw that when required other health professionals had been involved to help develop strategies for doing this.
- All of the people we spoke with were positive about the care provided and how the services were managed. Systems were in place to monitor and review people's experiences and complaints which ensured improvements were made where necessary.
- Staff were trained and experienced and showed high levels of motivation and commitment. We saw that staff were warm, friendly and supportive in the way that they spoke with and cared for the people using the service.
- All staff were able to tell us about people's needs, and were positive about how the service was managed.
- The carers and relatives we spoke with were very happy with the service provided and all felt that people were provided with safe and effective care.
- When people's needs changed all of the locations inspected were able to demonstrate that they responded and where necessary work with other professionals to ensure that needs were met.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as good because:

- There were systems in place to report and monitor any changes to a person's health.
- Staff co-ordinated with other professionals, families and carers prior to admission, during admission if it was required and also when the person was discharged.
- There were individual plans that provided staff with instruction on how to meet the needs of the person in the least restrictive way.
- Staff were able to tell us about people's individual needs and how these were managed.
- Risk assessments were current and reviewed regularly

Good



### Are services effective?

We rated effective as good because:

- All assessments and treatment plans were comprehensive and clearly identified individual needs.
- Where people's needs had changed or input from other professionals had identified changes, treatment plans were updated straight away.
- Procedures and training were in place to ensure effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- All of the staff interviewed were able to tell us about how they used this to protect peoples' rights.
- All interventions and practices were evidence based and all staff had regular training so that they provided care safely.

Good



### Are services caring?

We rated caring as good because:

- All of the families and carers that were spoken with felt that people were supported in a kind and caring way that treated people with dignity and respect.
- We saw that staff had good relationships with the people they cared for and treated them with dignity and respect.
- Staff understood people's individual communication methods and looked at innovative ways to involve people in making choices.

Good



# Summary of findings

## Are services responsive to people's needs?

We rated responsive as good because:

- There was clear monitoring and daily handovers and any concerns regarding a person's health was quickly identified and steps taken to address the concerns.
- Family members and carers told us that if people's needs changed they were quickly referred to the relevant professionals. On occasions this had been the doctor or other health professionals such as the community nurse.

Good



## Are services well-led?

We rated responsive as good because:

- There was clear monitoring and daily handovers and any concerns regarding a person's health was quickly identified and steps taken to address the concerns.
- Family members and carers told us that if people's needs changed they were quickly referred to the relevant professionals. On occasions this had been the doctor or other health professionals such as the community nurse.

Good



# Summary of findings

## Background to the service

The wards for people with learning disabilities are based on 3 sites:

Ludlow Road, Kidderminster. (6 beds - children's)

Osborne Court, Malvern Link (10 beds. 5 for children and 4/5 for adults)

Church View, Bromsgrove. (13 beds for adults)

They are purpose built facilities for short break/respite for people with a learning disability. Ludlow Road provides

services for children and young people up to the age of 18, Osborne Court provides short break services for children and adults, and Church View provides short break services for adults.

Recently, learning disability services previously managed Worcestershire local authority have now come under the management of the trust. This has meant that a lot of service redesign was still happening at the time of the inspection.

Church View, Osborne Court and Ludlow Road had not been previously inspected by the Care Quality Commission.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Ros Tolcher, Chief Executive Harrogate and District NHS Foundation Trust

**Team Leader:** Pauline Carpenter, Head of Hospital Inspection Care Quality Commission

The team that inspected the wards for people with learning disabilities or autism consisted of a CQC inspector, a qualified learning disability nurse, a clinical psychologist and an expert by experience.

## Why we carried out this inspection

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

## How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

In order to inspect the wards for people with learning disabilities, the team inspecting these services did the following:

- Reviewed a range of information that we held about these services that are provided.
- We asked other organisations and stakeholders to share what they knew.
- Spoke with 14 relatives/carers of people using the service.
- Interviewed 14 staff working in the service.
- Interviewed the managers of each of the 3 locations inspected.
- Looked at the environment in all of the locations inspected.
- Observed how staff provided care to people using the service.

# Summary of findings

- Looked at treatment records of 9 people using the service.
- Checked how medicines were managed.
- Looked at a range of other records related to the running of the service.

## What people who use the provider's services say

We were unable to speak with people that used the service because of their complex health needs however one person put their thumb up to indicate they were happy when we asked them if they were happy with their care.

All of the family members and carers we spoke with were positive about the care that people received. Some of what they said were things such as “the level of service is very good”, and, “the staff are lovely, they really know what they are doing”.

We held two focus group sessions where people that had contact with services attended. However we had no feedback about wards for people with learning disabilities.

## Good practice



## Worcestershire Health and Care NHS Trust

# Wards for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Osborne Court Short Break Service	Osborne Court
Church View Short Break Service	Church View
Ludlow Road Short Break Service	Ludlow Road

#### Mental Health Act responsibilities

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

The locations inspected were not registered to care for people who were detained under the Mental Health Act.

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

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions about something, that best

interest meetings were held. Best interest meetings are held with people that best know the person including relatives and professionals to make a decision where a person lacks capacity to make it themselves.

Staff had a good understanding of MCA and DoLS. Where there was doubt about if a person's liberty was being restricted referrals were made for an assessment from a professional DoLS assessor.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

We rated safe as good because:

- There were systems in place to report and monitor any changes to a person's health.
- Staff co-ordinated with other professionals, families and carers prior to admission, during admission if it was required and also when the person was discharged.
- There were individual plans that provided staff with instruction on how to meet the needs of the person in the least restrictive way.
- Staff were able to tell us about people's individual needs and how these were managed.
- Risk assessments were current and reviewed regularly

- We saw that all of the areas that we visited were clean and well maintained. We saw that there were comprehensive cleaning schedules to make sure that areas were kept clean.
- The units did not comply with guidance on same sex accommodation. They did not have separate sitting areas for female patients on any of the units but the managers had identified this risk and were reviewing how to redesign the service to meet the requirements.

### Access to appropriate alarms and nurse call systems.

- Church View unit had an alarm system that people could use to call for assistance. We saw that a new call system was been fitted at Osborne Court during our inspection. Ludlow Road did not have a call system in place.

### Safe staffing

- We reviewed staff rotas and found that staffing levels matched the levels and skill mix that were identified as being required to keep people safe. In all of the locations visited we were told and we saw that where people were identified as needing a ratio of 1:1, staffing levels were increased accordingly.
- When temporary staff was needed only staff from the trust bank or approved agency staff who knew the units were used. This meant that staff had the appropriate skills, knowledge and background to safely provide care.
- There was adequate medical cover day and night and a doctor could attend the unit quickly when requested. In an emergency the units would call the emergency ambulance service.

### Assessing and managing risks to patients and staff

- We looked at the care records for nine people that used the service. We found that all care and treatment was given with the emphasis on least restrictive practice. For example where physical interventions may at times be needed to keep the person and others safe, it was only used after all other options such as, redirection and giving people space and time had been attempted.

## Our findings

We rated safe as **good** because:

Staff knew how to identify and report any incidents or concerns about a person's safety. Care records were kept up to date and risk assessments were updated when required. Action was taken following any incidents to reduce the risk of it happening again. All the relatives told us that they felt people were kept safe.

- The units did not comply with guidance on same sex accommodation.

### Safe and clean environment

- We looked around all 3 of the locations we visited. We found that the layout of the environment enabled staff to observe people that were using the service at all the times.
- Where necessary some areas had ceiling hoists to help with people's mobility. We found these to be regularly maintained and in good working order.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Seclusion rooms were not provided so staff used de-escalation to manage when people became aggressive.
- Staff undertake a risk assessment of every person coming to the units and these are updated regularly following incidents.
- Risk assessments and treatment plans were up to date. They clearly identified people's needs and how to meet them safely. Assessments were adapted from established assessment tools such as Roper, Logan and Tierney assessment model.
- We spoke with 14 relatives and they told us that they felt that people were kept safe. All of the 14 staff we spoke with were able to tell us about how they safeguarded people from any abuse. They were also able to explain how they would make a safeguarding alert and when it would be appropriate to do so.

## Reporting incidents and learning from when things go wrong

- All staff knew what to report and how to report incidents through the Ulysses system. All incidents that should be reported are reported. For example a recent incident involving incorrect medicines being sent in with a person using the service had resulted in an investigation by the manager. As a result the policy around medicines had been reviewed and amended to prevent a reoccurrence. The staff we spoke with were able to tell us what actions had been taken.
- Staff received feedback from investigation of incidents.
- We saw evidence of change having been made as a result of feedback.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

We rated effective as good because:

- All assessments and treatment plans were comprehensive and clearly identified individual needs.
- Where people's needs had changed or input from other professionals had identified changes, treatment plans were updated straight away.
- Procedures and training were in place to ensure effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- All of the staff interviewed were able to tell us about how they used this to protect people's rights.
- All interventions and practices were evidence based and all staff had regular training so that they provided care safely.

## Our findings

We rated effective as **good** because:

Where required people could access health and social care professionals urgently. Relatives told us that people's needs were managed effectively. All treatments were planned in line with current guidance and evidence based practice.

### Assessment of needs and planning of care:

- We looked at nine care records. All of the care records provided detailed assessments of the person's needs. They then identified the care that was planned to meet these needs. For example we saw a detailed assessment of a person's epilepsy and the protocol to manage their condition.
- Clear descriptions of what staff were to look for and what action to take were all comprehensively written in the care records. Staff we spoke with were able to describe the person's needs and what care was needed. What they told us matched what was written in the care records.
- Care plans were in place that addressed people's needs and were reviewed regularly to ensure that staff had up to date information.

- There were also detailed assessments about each person's physical health. The staff we observed were able to help and support people.

### Best practice in treatment and care:

- In the nine care records that we looked at we saw examples where people had been referred to other professionals for specialist input. For example we saw that a person's anxiety had started to increase so the staff had arranged for an urgent review by the psychiatrist. This showed that the provider had responded to people's needs and taken appropriate action to ensure that care was effective.
- Appropriate arrangements were in place for the management of medicines. Medicines were stored in locked cabinets in a locked clinic room. We saw that the room and fridge temperature was regularly monitored. Medication charts were completed correctly and there was no omission in the recording of people's medication.
- We spoke with three managers and they told us that all assessments and care plans were evidence based. They explained that current assessments were adapted from established assessment tools that had been used in other areas of the country and reflected current best practice. This demonstrated that treatment was evidence based and followed recognised best practice. When we looked in the care records it confirmed this.
- We saw that where equipment was used staff had received the appropriate training to operate it safely. For example there were a number of different types of hoist in use at Ludlow road, and only staff that had been trained in its use were able to use it. The training was included as part of the mandatory manual handling training and was completed annually for all staff. We saw that staff had to attain both practical and theory tests to be deemed as competent to use the hoists.

### Skilled staff to deliver care

- Staff received appropriate training, supervision and professional development to enable them to carry out care safely and effectively. This included training on safeguarding, MCA and DoLS and manual handling.
- We saw staff had received more individualised training around a people's complex needs. For example, a behaviour nurse specialist had provided additional

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

training and support about managing a person's anxiety. From the training records and speaking to staff we found that they received appropriate training, supervision and professional development.

- Relatives told us that they were confident of the skills and knowledge of the staff. They told us about how they had additional knowledge and skills in areas such as autism. They told us that staff were always available for advice and they were effective at managing complex health conditions.
- All staff we spoke with told us they received regular supervision where they reflected on their practice and incidents that had occurred on the ward. We saw schedules for staff supervision every month on the units.
- Staff said that they all worked together well supported each other on an informal basis.
- All staff had received an annual appraisal and said the format was useful and supportive to their role.
- The service is not registered to provide registered nurse cover at night however, the manager is currently considering if this should be provided as part of service redesign.

## Multi-disciplinary and inter-agency team work

- In the 9 care records we looked at information for care plans and assessments had been gathered from a range of sources, including other professionals and family members. We saw where assessments had information that had been requested from doctors, health

professionals as well as other social care professionals. This meant that assessments were comprehensive and reflected the views of all of the people involved in the care of the person.

- The approach to care was collaborative and contact with other professionals including community nurses, psychiatrists and doctors frequently took place during a person's stay. Staff recognised that at times advocates or family members and carers were needed to support people when care was being reviewed, where the person could not advocate for themselves.

## Good practice in applying the MCA

- We looked at the training records and found that staff had training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- We spoke with 11 staff and gave them scenarios where MCA and/ or DoLS may need to be considered and applied. All of the staff were able to explain to us the appropriate actions they would take to make sure that care reflected good practice and the person's liberty not unduly restricted. Staff also discussed with us times when they had made referrals for DoLS assessments had been made as it was felt that an aspect of care may be limiting a person's liberty.
- We saw in the care records where a person who was unable to make a complex decision about an aspect of their care, professionals had arranged for a best interests meeting. This took place with a range of professionals including an advocate as well as family members to make sure that the principles of the MCA were followed.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

We rated caring as good because:

- All of the families and carers that were spoken with felt that people were supported in a kind and caring way that treated people with dignity and respect.
- We saw that staff had good relationships with the people they cared for and treated them with dignity and respect.
- Staff understood people's individual communication methods and looked at innovative ways to involve people in making choices.

## Our findings

We rated caring as **good** because:

Relatives said that the staff were caring. Staff were able to demonstrate to us how they made sure that people were treated with dignity and respect. Care records reflected the likes and dislikes of people and were individual to the person concerned.

### Kindness, dignity, respect and support

- Staff were able to tell us about people's needs and how they met those needs. What they told us matched what was written in the care records.
- We observed that staff were attentive to people's needs and they appeared to have good relationships with the

people they cared for. People were treated with dignity; this was evident when people were taken to their own room to receive personal care. Also staff told us that any meetings with professionals were done in an area that was private.

- All care plans and assessments were individual and reflected people's likes, preferences and also any cultural and religious needs.
- Staff knew people's needs and how to meet these needs in a way that gave dignity and respect to the person. People's cultural, religious, and personal needs were met by the service. For example where this meant a specific diet for someone this was provided.
- We observed one person during lunch that needed help with eating. The staff communicated clearly to them throughout the meal and did not rush the person.
- The 11 relatives we spoke with all said that they felt staff made big efforts to try to ensure that people enjoyed their stays with the services. They were complimentary about the care staff provided.

### The involvement of people in the care they receive

- The admission process ensured people visited the units prior to admission and orientated them to the unit.
- Records showed where people could participate they were involved in their care planning.
- People had access to advocacy services that attended them when requested.
- People's families and carers were involved in their care planning.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

We rated responsive as good because:

- There was clear monitoring and daily handovers and any concerns regarding a person's health was quickly identified and steps taken to address the concerns.
- Family members and carers told us that if people's needs changed they were quickly referred to the relevant professionals. On occasions this had been the doctor or other health professionals such as the community nurse.

## Our findings

We rated responsive as **good** because:

There were procedures in place to mean that the person could access the service urgently if required. People's health was constantly monitored throughout their stay and any changes were actioned immediately. Relatives told us that staff were quick to respond to people's needs. Care provided reflected current legislation and best practice.

### Are services planned and delivered to meet the needs of the people?

- The services had procedures to respond quickly if a change in a person's health meant they had to be admitted at short notice. This included access to additional staff support and input from other professionals at short notice. One person told us that this approach had helped to stabilise and improve their relative's health and wellbeing.
- There were clear strategies in care plans to monitor people's health and guidance on who to contact if concerns were raised. There was detailed handovers at the end of each shift and regular care reviews for everyone who accessed the service.
- Staff supported people to health appointments. Relevant information about a person's health would be collected by the staff member and fed back to the professional they were seeing. For example we saw where charts for anxieties and behaviours had been collated ready for an appointment with a psychiatrist.

- All of the 11 relatives we spoke with felt that help was there when needed and the services were quick to respond if someone's needs changed. People spoke of professionals who co-ordinated with other professionals and who were flexible in their approach. One person told us about how during an unsettled time the manager had made quick arrangements for their son to access the service at short notice. The person went on to say that the support they received was excellent. We saw examples in the care records where arrangements had been made to provide an urgent response to people's changing needs.
- People were also able to access their own bedrooms for private space when they wanted.

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

- All areas inspected were accessible to people who required disabled access. Where required adaptations had been made to make areas more accessible, for example ceiling hoists had been installed in some areas.
- Staff and relatives told us that people were given choices over what they wanted to eat and this included taking into account people's dietary requirements and any religious and cultural needs.
- We looked at 9 care records and could see that all care planned was planned to meet individual needs, likes and dislikes. Staff were able to tell us about people's individual likes and dislikes as well as the complex health needs.

### Listening to and learning from concerns or complaints.

- We looked at the complaints records. Although there had not been any recent complaints we could see that there was a procedure for staff and the provider to follow. All the staff we spoke with told us that they knew how to respond if someone made a complaint.
- Family members and carers we spoke with felt they would be listened to if they had any concerns or complaints.
- All concerns and complaints were stored electronically and this meant that responses, outcomes and actions were able to be monitored by the managers and the trust.



# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

We rated well-led as good because:

- The staff and the managers knew about the vision and values of the organisation.
- Families and carers that we spoke with were complimentary about how the service was run.
- The manager and provider were able to measure the effectiveness and quality of the service.
- Management arrangements for checking the quality and safety of people's care ensured that improvements were being made to people's care.

## Our findings

We rated well led as **good** because:

There were systems in place to ensure that the quality of the service being delivered was monitored. Good incident reporting systems meant that when incidents occurred actions were taken to reduce the risk of reoccurrence. Staff felt supported by good management.

### Vision and values

- We spoke with 11 staff and they were all aware of the vision and values of the trust which were; choice, hope, inclusion, partnership and empowerment.
- We observed that staff demonstrated these values in the way they told us about their approach to working with people and through the care we observed.
- Staff told us they were empowered to make decisions at unit level and were able to feed these back at the trust management level.
- Staff knew who the senior managers were in the trust, although felt that they did not have much contact with them. However, managers told us that they felt they were able to raise any concerns they had with more senior managers in the trust.
- Staff told us that often important information would be cascaded down through their manager.

### Good governance

- We spoke with three service managers and they told us that they had good support from more senior managers. They told us that although the systems meant that senior managers had access to any concerns electronically, they were able to discuss these openly with more senior managers in the trust if it was felt necessary.
- Systems were in place to collect information about how the service is performing not only including staffing levels but also about outcomes for the people that used the service. This information was gathered by providing opportunities for feedback from families and carers that have contact with the service.
- There was trust systems in place to ensure comprehensive training for all staff. All staff were required to keep up to date with mandatory training (such as manual handling and safeguarding). There were systems in place for the manager to monitor the training staff had completed.
- All staff received a range of training appropriate to their roles including areas around safeguarding, positive behaviour support, MCA and DoLS. Where staff had special interests or roles they were able to access specific training in areas such as autism.
- There were regular audits of areas such as medicines and infection control. We saw that where risks had been identified actions had been quickly identified and implemented.
- Clinical incidents were discussed with staff and managers, learning points and actions were identified and implemented. For example it had been identified that a person's anxiety had been increasing. Monitoring charts had been completed which were reviewed and as a result an urgent medicines review had taken place.

### Leadership, morale and staff management

- All the staff we spoke with had good morale and thought that the style of management was good and the families and carers we spoke with were able to support this view.
- Staff were aware of and felt confident to use the whistleblowing process if they had any concerns. Staff talked of an open culture from managers that were approachable and who listened.



# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff said that they had enough support, supervision, and training to carry out their roles safely and effectively. Staff training records and supervision schedules confirmed that staff had received training and had regular supervision to carry out their roles.