Coveberry Limited

Cedar House

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

The Care Quality Commission conducted an unannounced inspection of Cedar House on the 08 and 09 November 2022. The inspection was to check if the improvements required following the inspection in January 2022 and detailed in an action plan submitted by the provider in June 2022 had been made.

Our rating of this service improved. We rated the service requires improvement, however because the service remained inadequate in well-led the service remains in special measures.

We rated it as requires improvement because:

- Lighting on the wards had been identified as not suitable for autistic people.
- It was not clear how staffing numbers were reached as the hospital staffing ladder only described when staffing numbers could be reduced, not raised.
- People and families reported that peoples' section 17 leave (permission for detained people to leave the hospital) was often cancelled and staff did not record how often leave was cancelled.
- Staff did not always record handovers on the agreed template.
- Staff were not consistently completing all of their mandatory and statutory training. Only 66% of staff had completed training in immediate life support and only 45% of eligible staff had completed training in medication administration.
- Senior managers had not recorded all current or emerging risks on the hospital risk register. For example, that significant numbers of staff members were sleeping on night shifts.
- The provider was not identifying trends and themes from incidents.
- Staff did not always ensure care plans were personalised, recovery focussed or holistic.
- People were not always involved in their care planning. All families we spoke to told us they were not involved in care planning and did not know what was in the care plans.
- Staff told people they could only access the community during daylight hours.
- We saw evidence that senior managers had developed governance processes, but we found that these were not yet fully embedded. Therefore, the governance system was not yet giving managers assurance about the quality of care and treatment provided.

However:

- The provider had installed CCTV across the hospital to monitor people and incidents and people's observations were set at an appropriate level.
- All wards now had access to secure outside space.
- Vacancy rates were reducing, and the provider was actively recruiting international staff.
- Staff understood how to safeguard people and 95% of staff were compliant with safeguarding adults training. All staff had completed their learning disabilities training.
- The provider engaged with other organisations to improve the care offered at the hospital. Staff used national outcome measures to identify the effectiveness of their service.
- The provider offered professional development and training opportunities.

Summary of findings

- Staff treated people with dignity and respect and the service focussed on discharging people.
- People felt they were helped to keep in touch with their families.
- People felt confident in complaining and staff felt they could raise concerns with senior managers.
- Staff told us that managers were supportive and staff felt valued.
- The hospital had a peer support relationship with a local NHS provider and was better connected with the local care pathways.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Summary of this inspection

Background to Cedar House

Cedar House is a specialist hospital managed by Coveberry Limited. The hospital provides assessment and treatment in a low secure environment for people with a diagnosis of learning disability and autistic people, including those who have a forensic history, challenging behaviour and complex mental health needs. At the time of the inspection they had 25 people at the service. The service has six wards, along with three purpose-built annexes. These included:

- Folkestone ward – a nine-bed ward for males and includes one annexe,
- Enhanced Low Secure (ELS) which provides five beds for males (closed at the time of the inspection,
- Maidstone ward – an eight-bed ward for females,
- Tonbridge ward – an eight-bed ward for males,
- Rochester ward – a six-bed ward for males, two of which are contained within annexes and
- Poplar ward – a step down unit for five males. This ward was outside the secure perimeter fence.

Cedar House is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983,
- diagnostic and screening procedures,
- treatment of disease, disorder or injury.

The hospital had a registered manager in post.

The Care Quality Commission last inspected the provider in January 2022 when significant concerns were identified about the quality of care and treatment provided by the hospital. Following the January 2022 inspection, the hospital was rated inadequate, and a condition placed on the hospitals registration. The condition prevented the provider from admitting people to the hospital. The provider was also required to make improvements to the environment, so that it was suitable to provide care for people with a learning disability and autistic people. The provider was issued with a Letter of Intent under section 31 of the Health and Social Care Act at this time which described urgent actions that needed to be taken. The provider was also issued with a Notice of Proposal which stated that should improvements not become embedded in the service CQC may remove the provider's ability to deliver registered activities at this location. The provider was also told to submit a fortnightly update on the action plan to the Care Quality Commission demonstrating how they would also improve governance systems at the hospital, provide care that was therapeutic and person centred, were using positive behaviour support and that staff had the correct skills to deliver safe and effective care.

Although the provider's representations against CQC's Notice of Proposal were unsuccessful, in July 2022 CQC reviewed the evidence of improvements outlined in the provider's action plan and decided that these were sufficiently robust to stand down the Notice to remove regulated activities at this location. The conditions placed on admissions to the hospital remained in place at the time of the inspection.

At the previous inspection in January 2022, the provider was also issued with requirement notices. We told the provider to make the following improvements:

- The provider must ensure that staff are managing risk and safety through appropriate observations. (Regulation 12),

Summary of this inspection

- The service must ensure that it has effective systems and processes in place that appropriately identify compliance and performance issues and to take action as appropriate. This includes reviewing all incidents to ensure that recording is accurate, necessary actions are taken and that lessons learnt are identified. (Regulation 17),
- The provider must ensure that staff fully understand and are confident in delivering positive behaviour support (PBS) plans and that the effectiveness and quality of this is monitored. (Regulation 9),
- The provider must ensure that all people are receiving supportive and appropriate meaningful staff interaction in line with their care and support plans. (Regulation 9),
- The provider must ensure that all ward environments, especially one annexe, the Folkestone ward and ELS, and the seclusion room, meet the basic human rights of the people using these and the Mental Health Act (1983) Code of Practice. This includes ensuring safety, comfort, privacy, dignity, and free access to fresh air. (Regulation 13),
- The provider must ensure that all environmental risks, building maintenance, décor and issues with standards of cleanliness across the hospital are identified and acted upon in a timely way. (Regulation 15),
- The provider must ensure that all staff have sufficient training, competency and supervision to enable them to effectively support the people at Cedar House. (Regulation 17),
- The service must ensure it embeds effective governance processes that keep people safe, drive improvement activity, manage the performance and quality of care and support staff. (Regulation 17),
- The provider must ensure that people have regular access to necessary therapies, including psychology, occupational therapy and speech and language, activities and Section 17 leave and that these are not impacted by staffing. (Regulation 18),
- The provider must ensure that care plans are consistent in quality, that they are recovery orientated, goal and discharge focused, and that people are provided copies of these. Where this is not possible or refused, this rationale should be clearly identified. (Regulation 9),
- The provider must ensure that communication between senior staff and ward staff is improved and that information, such as learning from incidents and complaints or changes made from multidisciplinary decisions, are shared consistently with staff through regular team meetings and information sharing processes. (Regulation 17),
- The provider must ensure that it embeds the guidance from Right Support, Right Care, Right Culture into its environment and treatment for people with a learning disability or autistic people. (Regulation 17).

During this inspection we saw that the provider had made some improvements in the areas of concerns we had found in January 2022, but not fully met all of the requirement notices. Requirements for regulations 13 and 15 were met, however requirements for regulations 17, 9 and 18 were not fully met as detailed in the report.

They had started work to improve the environment, installed a new CCTV system, improved the single person annexe closed areas of the hospital that needed major refurbishment. The hospital was visibly cleaner, and more cleaning staff had been recruited. However, the provider reported that some of the refurbishment would take time such as installing lighting that met the needs of autistic people. At the time of our inspection, we saw that a kitchen had been out of order for over three weeks.

The provider was recruiting a range of clinicians so they could offer a full multidisciplinary team to people admitted to the hospital. However, some staff members were not fully embedded in the teams as most of them had just started or were about to start. The provider ensured staff undertook mandatory training and this now included a three-day learning disability and autism course. They had appointed a national provider to help train staff and embed Positive Behaviour Support across the hospital.

Summary of this inspection

Care planning had improved but some care plans were still not person centred. The provider had developed a model of care that included the principles of Right Support, Right Care, Right Culture and managers had a plan to implement this. Observations were now being conducted appropriately and with regard to peoples need for privacy and dignity. Staff were engaging more with people, but newer staff needed more guidance on how to do this. People still complained that section 17 leave was frequently cancelled, and the provider did not record how often this happened.

The provider had introduced a new comprehensive governance system, but not yet embedded this into the hospital's daily practice. Senior managers were visible across the hospital and staff felt they were approachable and listened to them. Supervision rates were improving since the last inspection, 66% of staff had received supervision, but still had not reached the target set at the hospital.

The provider recognised that they still had actions to complete and that more work was needed to embed the improvements, to ensure they would be sustained permanently.

Following this inspection, the conditions on the registration of the hospital were removed.

What people who use the service say

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

The feedback we received from people using the service was mixed, which matched the person survey carried out by the provider.

Most people felt safe at the hospital and that staff were good and would help them. One person did not feel safe at the hospital and felt some staff would not help them, they also said that international staff spoke in their own language and swore.

People told us that there were plans for them to move on and that they were happy with the plans. Two people told us that they did not like going out.

Some people said that the food had improved and there were healthy options available. But others said that there was more room for improvement and that pizzas were dry and sauces were watery.

Some people said there were lots of interesting activities to do, while others said they were bored as there was not enough to do.

People told us that there were not enough staff and this affected their access to the community and activities as they would be cancelled.

Summary of this inspection

How we carried out this inspection

The team that inspected the hospital consisted of an inspection manager, four Care Quality Commission inspectors, one specialist professional advisor and an expert by experience.

Before the inspection we:

- reviewed information we held about the service.

During the inspection we:

- Spoke with 14 people using the service,
- Spoke with 29 members of staff including, qualified nurses, health care support workers, occupational therapists, social workers, consultants and senior managers,
- Reviewed 11 person records,
- Toured the wards and looked at the quality and safety of the premises,
- Looked at other documents and paperwork relating to the quality of the care provided.

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

Areas for improvement

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

Action the service MUST take to improve:

- The provider must ensure the lighting across the hospital is suitable for the people admitted to the hospital. (Regulation 15)
- The provider must ensure that restrictive practices are reviewed and restrictions on people's access to the community is based on individual risk. (Regulation 13).
- The provider must ensure that care plans are consistent in quality. (Regulation 9)
- The provider must ensure that people and relevant others are involved in planning their care and that this is clearly recorded. Where people refuse to engage in completing their care plans, this must be clearly documented (Regulation 9).
- The provider must ensure that staff are up to date with their training in immediate life support and medication administration and reach the compliance rate set by the hospital (Regulation 18)
- The provider must ensure that all staff received regular supervision. (Regulation 18).
- The provider must embed in practice the new clinical model which the guidance set out in Right Support, Right Care, Right Culture. (Regulation 9).
- The provider must ensure that people have regular access to necessary therapies, including psychology, occupational therapy and speech and language therapy. (Regulation 18).
- The provider must ensure that all people are able to utilise their Section 17 leave and all rationale for cancelled Section 17 leave must be documented clearly. (Regulation 17)

Summary of this inspection

- The provider must ensure that all risks, including emerging and developing risks, are included on the hospital risk register. (Regulation 17).
- The provider must ensure that the model for effective governance of performance, risks, quality of care and learning from incidents is fully embedded in practice. (Regulation 17)

Action the service SHOULD take to improve:

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

- The provider should ensure that staff continue to offer supportive and appropriate meaningful interactions to people and that experienced staff role model this for less experienced staff.
- The provider should consider making changes to ensure that the food is consistently of high quality and get regularly feedback from people on how they could improve on the food.
- The provider should consider employing learning disability registered nurses.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Wards for people with learning disabilities or autism

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Inadequate

Are Wards for people with learning disabilities or autism safe?

Requires Improvement

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

Safe and clean care environments.

All wards were safe, clean well equipped and well furnished.

Safety of Ward layouts

The provider had addressed the poor lines of sight and blind spots on the wards with CCTV and mirrors. Since our last inspection the ward had replaced the CCTV cameras, which were old and of poor quality with a new system that was remotely observed. The provider could have areas of the wards under constant observation, if there were heightened risks, and the remote staff would contact the ward if they had safety concerns. The provider could request footage if they needed to review issues. The provider received regular reports from the remote observation that highlight good and negative issues within the hospital which could then be used for staff learning.

Staff followed an observation process which ensured that people were kept safe on the wards. We saw that observations were set at an appropriate level for each person and reviewed regularly.

People on all the wards had access to secure outside space which they could access easily. However, there were different restrictions on accessing the gardens. For example, people on Poplar ward need staff to access the garden despite this being outside of the secure perimeter. Staff at Folkestone told us that the people on the ward did not often use the outside space as they preferred to sit outside the front of the ward which they could only access with staff support.

There had been improvements to the environment of the annexe since our last inspection. The provider had addressed concerns around privacy, cleanliness and access he outside space. The outside space at the annexe had been added since our last inspection and staff described this as a work in progress. At the time of our visit it was bleak looking with no colour or seats. Managers told us that a bench had been ordered. Staff told us there had been issues with the flooring and fencing which had prevented people using the area but this had been addressed and now it could be used freely without staff support.

Requires Improvement

Wards for people with learning disabilities or autism

The was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated most of the risks to keep people safe. Staff knew where the ligature cutters were on the ward and could access them easily in an emergency. However, staff and managers told us about a risk in the hospital that they were actively trying to resolve. Staff were discussing the concern at the hospital safety meetings and senior managers were working towards finding a solution.

Staff had easy access to alarms and people had easy access to nurse call systems. The staff carried radios to aid communication. During this inspection, we observed that the noise caused by the use of radios and the alarm system had significantly reduced.

Maintenance, cleanliness and infection control

Ward areas were clean and furnished. Cleanliness had improved at the hospital, the wards were visibly clean and we saw cleaning staff working across the hospital. The provider had increased the number of housekeeping staff employed at the site since our last inspection. The provider had painted the wards since our last visit. However, the hospital was still tired looking and needed refurbishment work.

Staff followed the hospital's infection control policies, including handwashing. We saw that staff were cleaning their hands when moving to different parts of the hospital and were wearing face masks as needed.

Seclusion room

The only seclusion room in the hospital was on Enhanced Low Secure ward (ELS) ward At the time of this inspection, the provider had closed the ELS ward. The senior leadership team were in the process of agreeing plans to refurbish the ward and replace the seclusion facilities.

Clinic room and equipment

Clinic rooms were fully equipped, and staff checked, maintained and cleaned equipment.

There was accessible resuscitation equipment and emergency drugs, on the wards, that staff checked regularly.

The clinic room on Poplar ward did not have an examination couch but staff could bring in a chair if they needed to or use one of the treatment rooms on the main hospital site.

Safe staffing

The service had enough nursing and medical staff, who knew the peoples and received basic training to keep people safe from avoidable harm.

Nursing staff

Requires Improvement

Wards for people with learning disabilities or autism

The service had reducing vacancy rates. There was a 25% vacancy rate at the time of the inspection for registered nursing staff. The service was able to fill the shifts using bank and agency staff who knew the hospital. Managers were actively recruiting nurses and support workers from overseas. They had support in place to help the overseas' staff adjust to working in an unfamiliar environment. The overseas' staff we spoke to said that the provider had offered them good support.

The service had reduced the amount of bank and agency health care support workers needed. There were no health care support worker vacancies at the time of the inspection.

When managers need to use bank and agency staff they requested people who knew the services well.

Managers provided a full induction to all staff so that they understood the service before starting their shift.

Levels of sickness were low, in the three months prior to our inspection. Managers could explain how they would support staff who needed time off for sickness.

Staff told us that senior managers had reduced the number of nurses on duty the week before the inspection. Staff told us this had meant they had less time to work with the people admitted to the hospital and provide clinical support to the health care support workers. When we discussed this with the senior leadership team they could not explain how they had calculated the number of qualified staff needed on the wards and how they would identify when the number of registered nurses would be increased. The provider had a staffing ladder (a chart used to identify how many staff should be on duty) in place which only identified when to reduce staffing based on the number of people admitted to the service. Managers had not identified the amount of time registered nurses could spend in direct care roles. We were told that this was a trial and they would be returning to the original number from the following week.

The ward managers told us they could adjust staffing levels according to the needs of the people. If they needed to increase staffing, they could do this immediately and then the additional staffing would be reviewed at the daily meeting.

Staff told us that people rarely had their escorted leave or activities cancelled, even when the service was short staffed. However, people and families said that staff often cancelled section 17 leave. The provider only recorded how often section 17 leave was accessed and not how often it should be accessed so could not tell us how often it was cancelled or how quickly the person would then have the leave rearranged.

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

Staff shared key information to keep people safe, when handing over their care to others. We saw that there were detailed handover templates for staff to use that would provide a comprehensive hand over of each person. However, on Maidstone ward we saw that the staff did not always record the handover on the sheet, so there was no record of what information had been provided.

Medical staff

Since the last inspection the provider had appointed a medical director for the hospital.

Requires Improvement

Wards for people with learning disabilities or autism

At the time of this inspection the hospital had two consultants who provided all the medical cover for the hospital and out of hours support. The provider had recruited more medical support for the hospital, and they would be come into post in January 2023.

Mandatory training

Only 66% of staff were compliant with training in immediate life support and only 45% of staff were compliant with medication administration. However, overall compliance with mandatory training was 83%.

The mandatory training programme was comprehensive and met the needs of people and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

All staff at the hospital were completing a mandatory 3 day training course on learning disabilities and autism and 100% of staff had completed the first part of this training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to people and themselves well. They used restraint and seclusion only after attempts at de-escalation had failed.

Assessment of risk

Staff completed risk assessments for each person and reviewed this regularly, including after any incident.

Management of risk

Staff knew about any risks to each person and acted to prevent or reduce risks. Staff identified all risk and develop plans with the people admitted at the service to manage them.

Staff identified and responded to any changes in risks to, or posed by, people. Risk assessments were updated regularly and following any risk incidents.

Staff compliance to following the provider's observation policy for keeping people safe on the wards had improved since the last inspection. Staff followed procedures to minimise risks where they could not easily observe people. The service had CCTV in place to mitigate the risk in areas that were difficult to observe.

There had been at least 15 incidents relating to staff on night shifts sleeping in the month prior to the inspection. Although we were told that the service had a plan in place to address this with staff this was not included on the risk register. We also saw windows in the nursing office had blinds fitted that could be closed to prevent people seeing into the office. We saw that these were closed all the time during our inspection. This made it harder for staff to observe what was happening on the wards and address any risks.

There was a weekday handover meeting for the whole hospital to help address any identified risk, which was recorded. However, we attended this meeting and saw that the level of risk was recognised but staff were not being offered ways to help reduce the risk.

Requires Improvement

Wards for people with learning disabilities or autism

Staff followed the hospital policies and procedures when they needed to search people or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained people only when these failed and when necessary to keep the person or others safe. All staff who used restraint were trained using a recognised system that was approved by the British Institute for Learning Disabilities.

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

When a person was placed in long term segregation, staff kept clear records and followed best practice guidelines. At the time of the inspection there was one person being nursed in long term segregation. We reviewed the records and saw that the service were following the guidance appropriately. For example, the records were reviewed every day by the MDT. The provider also arranged for external reviews when required by the Mental Health Act.

However, we did find some blanket restrictions at the hospital for example we were told that all people had to return from section 17 leave by 7pm.

Safeguarding

Staff understood how to protect peoples from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff could give examples of what they would need to report as safeguarding.

Staff kept up-to-date with their safeguarding training. At the time of the inspection 92% of staff were up to date with their safeguarding adults training and 95% were up to date with their safeguarding children training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the hospital safe. The service had visiting rooms that meant young people and children did not need to visit the wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Ward staff advised us they would discuss their concerns with the ward manager and agree what action needed to be taken.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff had access to clinical information

Requires Improvement

Wards for people with learning disabilities or autism

The provider reported a nationwide cyber-attack on the electronic record system. Peoples care notes were comprehensive, but they were being stored in different computer and paper-based files which made it difficult to triangulate information for staff. However, staff we spoke to could explain what care each person needed and how they met them.

Records were stored securely within the hospital.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each person's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff used an electronic system to prescribe and record the administration of medicines. The clinical pharmacist was able to provide clinical input and advice.

Staff reviewed each person's medicines regularly and provided advice to people and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check people had the correct medicines when they were admitted or they moved between services. Staff could access advice about medication from the pharmacist during their visits and could contact them when they were not on site.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Medication was reviewed regularly and high dose monitoring forms were in place for any people on high dose anti-psychotics.

Staff reviewed the effects of each person's medicines on their physical health according to NICE guidance. Staff monitored ongoing physical health issues and took action to meet the people' needs. The hospital did not have a physical health lead nurse in post at the time of the inspection but was actively looking to employ one and was considering the use of international nurses.

Track record on safety

Reporting incidents and learning from when things go wrong.

The service managed person safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave people honest information and suitable support. However, at the time of the inspection they were not identifying themes from incidents.

Requires Improvement

Wards for people with learning disabilities or autism

Staff knew what incidents to report and how to report them. We saw that staff were reporting incidents appropriately during the inspection and staff told us what they would report as an incident.

Staff reported serious incidents clearly and in line with their policy.

Staff understood the duty of candour. They were open and transparent and gave people and families a full explanation if and when things went wrong.

Staff had debriefs following serious incidents. We saw that staff were offered a debrief following incidents and attended one session.

Managers investigated incidents thoroughly. However, they were not establishing themes and trends relating to incidents to help prevent them reoccurring in the future.

Staff received feedback from investigation of incidents, both internal and external to the service. However, at the time of the inspection the service was not identifying trends and themes relating to incidents that would help them prevent similar incidents occurring again.

There was a daily safety meeting, during the week, to discuss risks and incidents across the hospital.

Are Wards for people with learning disabilities or autism effective?

Requires Improvement

Our rating of effective improved. We rated it as requires improvement.

Not all care plans were holistic, personalised or recovery focussed.

Staff completed a comprehensive mental health assessment of each person. People's mental health needs were reviewed and care plans were put in place to meet any identified need.

People had their physical health needs assessed and regularly reviewed during their time on the ward. Staff used recognised tools to identified physical health needs. For example, staff used National Early Warning Score (NEWS2) which indicate if a person's physical health is deteriorating and needs further assessment by a Doctor. People with identified physical health needs had care plans to meet the need which staff supported them with.

Staff regularly reviewed and updated care plans when people' needs changed.

The standard of care planning across the wards had improved since the last inspection however there was still areas where further improvements could be made. We reviewed 11 care plans across the hospital and saw that the quality of the care plans varied. We saw that 5 out of 11 care plans we reviewed across were comprehensive, recovery focused and demonstrated that the people had been involved in developing the care plans. It was unclear in the 6 other care plans we reviewed how people had been involved in developing the care plans and they were not recovery focussed. For example, they did not focus on how people could develop the skills they would need when discharged.

Requires Improvement

Wards for people with learning disabilities or autism

Best practice in treatment and care

Staff provided a range of treatment and care for people based on national guidance and best practice. Staff supported people with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the people in the service. Since the last inspection the provider had changed how it provided psychological therapies and these were now provided by therapists that were employed directly by the hospital and were integrated into the MDT. The service had employed 4 psychology assistants and 2 psychologists. However, one psychologist had just started and one was due to start in January 2023, so the new model of psyhcological therapies had not yet been fully rolled out or embedded into the hospital's practice.

The service had developed a new clinical model that would include a focus on people' choice and control, keeping safe and quality of life, and incorporated the principles of Right Support, Right Care, Right Culture which described standards for delivering better quality services for autistic people and people with a learning disability. The new model of care defined the hospital as a specialist unit for people with learning disability and autism with three treatment pathways: forensic, challenging behaviour and trauma informed care. However, managers had not yet rolled out the new model of care at the hospital.

The provider was using a new model to work with a people in seclusion or long-term segregation.

The uses a new approached described as:

- It encourages teams to **H**arness the system through key attachments and partnerships
- Create **O**pportunities for positive behaviours, meaningful and physical activities;
- Identify **P**rotective and preventative risk and clinical management strategies;
- Build interventions to **E**nhance the coping skills of both staff and people in services
- Whilst engaging in these tasks clinical teams and the **S**ystem needs to be managed and developed to provide support throughout all stages of the approach.

The HOPE(S) clinical model follows "a relentlessly positive" approach to supporting people in long term segregation. The provider had engaged an outside organisation to lead the introduction of the model and help embed it into the hospitals practice. Staff told us that progress had been slow in implementing the model as they had needed to set up lots of meetings to implement the model and embed it into the staff practice with the person. It had also been difficult to release staff for training while increasing the staff team. However, progress was now being made which included more activity out of long-term segregation.

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

Staff made sure people had access to physical health care, including specialists as required. The hospital was visited regularly by a GP who liaised with the consultants at the hospital if a person needed to be referred to a specialist.

Staff met people' dietary needs and assessed those needing specialist care for nutrition and hydration. The hospital accessed dieticians and had developed a menu that was healthy and met people's nutritional needs. The people at the hospital told us the food was better than last time we inspected.

Requires Improvement

Wards for people with learning disabilities or autism

Staff used recognised rating scales to assess and record the severity of people' conditions and care and treatment outcomes. Staff used recognised rating scales such as Health of the Nation outcome (HoNOS) measures to review the effectiveness of the care and treatment offered to people.

Skilled staff to deliver care

The service had access to a full range of specialists to meet the needs of the people on the ward. However, some professionals had only recently started working at the hospital and were still developing their role. For example, the psychologist had been employed in the last month and there was only limited access to speech and language therapists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff.

Managers ensured all staff received a full induction before working on the hospital wards and this included learning disability and autism training.

Staff told us that supervision did happen but was more unplanned than formal and was not always recorded. Although staff supervision rates were increasing, at the time of inspection the compliance rate for all staff was below 60%. The service had rolled out coaching sessions to staff who had supervision responsibilities.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The daily hospital meeting was shared with staff who could not attend via emails.

The service provided good prospects for professional development and career progression including graduate and post-graduate funding and nursing associate roles. The role of charge nurse had been added to the ward staffing structure which gave opportunities for promotion and career progression.

Managers recognised poor performance, could identify the reasons and dealt with these. There were policies in place for managing poor performance and the provider gave us example of actions they had taken to support staff.

Multi-disciplinary and interagency team work

They had effective working relationships with staff from services providing care following a person's discharge.

Staff held regular multidisciplinary meetings to discuss people and improve their care. The multidisciplinary team was still being developed at the time of our inspection. Staff told us there was a good working relationship within the team.

Staff told us that handovers were useful and provided all the necessary information they needed to provide good care to the people admitted to the hospital. However, they were not being routinely recorded so that staff could identify what information was shared.

Ward teams had effective working relationships with other teams in the organisation. Staff were happy to work across wards when needed and supported each other.

Requires Improvement

Wards for people with learning disabilities or autism

Ward teams had effective working relationships with external teams and organisations. Staff told us how they were supporting people in their new placements and we saw that staff were actively supporting people to settle into their new placements.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

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. There was a Mental Health Act administrator in post at the hospital, who staff knew and were confident in approaching 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.

Staff explained to each person their rights under the Mental Health Act and recorded whether the person understood or not.

People and families told us section 17 leave (permission for detained people to leave the hospital) was often cancelled. The provider only recorded how often section 17 leave was accessed and not how often it should be accessed so could not tell us how often it was cancelled and how quickly the person would then have the leave rearranged, so we could not confirm this.

Doctors requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

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

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 supported people to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of the inspection 92% of staff were up to date with their Mental Capacity Act training.

Requires Improvement

Wards for people with learning disabilities or autism

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 told us they could get advise from the hospital social worker.

When staff assessed people as not having capacity, they made decisions in the best interest of people and considered the person's wishes, feelings, culture and history. We saw examples of appropriate capacity assessments in people's clinical records.

Are Wards for people with learning disabilities or autism caring?

Requires Improvement

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated people with compassion and kindness. They respected people' privacy and dignity. They understood the individual needs of people.

Staff were discreet, respectful, and responsive when caring for people. Interactions between people using the service that we witnessed demonstrated that staff understood the people using the services needs and were compassionate towards them. However, we saw that some newer staff did not engage with people using the service as much. We raised this with the provider following the inspection and the provider assured us they would take action to address this. Staff gave people help, emotional support and advice when they needed it. People using the service told us they could speak to staff when they needed help.

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

Most people said staff treated them well and behaved kindly. People using the service told us that staff were nice and they could speak to them about anything. However, one person felt staff were not always kind or supportive.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people. For example, staff told us they had raised concerns about how some staff were following the PBS plan and how this was dealt with and addressed by managers.

Staff followed policies to keep people information confidential. Information was kept securely on the wards.

Involvement in care

Not all people were actively involved in care planning and risk assessment. Involvement of people

Requires Improvement

Wards for people with learning disabilities or autism

We saw that people using services involvement in care planning was mixed. Some care plans did not demonstrate how people had been involved in developing their care plans and were clearly written in professional language. Staff had not always clearly documented if people did not want to be involved in developing their care plans. However, we also saw examples of staff using different approaches to engage people in their care. For example, we saw staff had been using video recording to help people express their wants and needs for the future.

Staff involved people in decisions about the service, when appropriate. The catering staff were meeting with people to help improve the quality of the food. Staff encouraged people to give feedback about their care at meetings and by making suggestion.

People could give feedback on the service and their treatment and staff supported them to do this. People could feedback during community meetings and there was a person survey. The 2022 survey was mainly positive with people saying the hospital was clean, they liked their bedroom and they felt safe. However, they also said they did not like the food, could not access a church or mosque and did not get to speak with an occupational therapist.

Staff made sure people could access advocacy services. There was an advocate who visited the hospital regularly to help people using the service

Involvement of families and carers

Staff did not always involved families and carers appropriately.

Family members we spoke to said they were happy with the service and felt staff were caring. However, family members told us they were not involved in developing care plans and were not always sure what was in them.

Are Wards for people with learning disabilities or autism responsive?

Requires Improvement

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

Access and discharge

Staff planned and managed discharge well.

Since our last inspection the service had focused more on discharge and more people had been discharged into the community. The service was working closely with their commissioners to ensure that people who were ready for discharge had a discharge plan in place and that delays to discharge were only caused by a clinical reason or because a suitable placement had not been identified.

The service was working with their commissioners to ensure they offered a service that was needed in the local area and complemented local services.

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

When people went on leave there was always a bed available when they returned. All discharges were planned and took place at an appropriate time.

People were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the person. As the service was closed to admission staff were encouraging some people to access services on other wards during the day. By accessing other wards they could socialise with other people.

Discharge and transfers of care

Managers monitored the number of people whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Despite having conditions which prevented new admissions to the hospital since the last inspection, the clinical team had moved ahead with many successful discharges of people to placements which better met their needs. The hospital senior management team were meeting with commissioners regularly to prevent unnecessary delays to discharge.

Staff carefully planned people's discharge and worked with care managers and coordinators to make sure this went well.

Staff supported people when they were referred or transferred between services. Staff supported people when visiting new placements and kept in touch to offer assistance once they were discharged.

Facilities that promote comfort, dignity and privacy

The wards at the hospital were in need of refurbishment to bring them up to modern standards.

Bedrooms were not ensuite and people had to share bathroom facilities. However, each person had their own bedroom, which they could personalise.

Access to bedrooms varied across wards. On Folkestone and Maidstone wards people did not have keys to their bedrooms and had to ask staff for access. On Tonbridge and Poplar wards access to bedroom keys was based on individual risk assessments.

People could store items in their bedrooms and had access to lockers. People told us they felt their belongings were safe at the hospital.

There were limited additional rooms on the wards for people to spend time or have therapy. However, there was an onsite academy that people could access. We heard mixed reports about how often the academy was being used. Some staff told us that the number of OT assistants had been reduced which meant they could not access the academy or facilitate as many activities on the wards. However, senior managers told us that this was because they had changed how occupational therapy was delivered at the hospital and now OT assistants were linked to the academy and not the wards. Senior managers told us they had changed to this model because the OT assistants had been drawn into covering for health care assistants and that now they should be able to provide more therapy time across the hospital.

The service had a room where people could meet with visitors in private, including children.

People could make phone calls in private.

Requires Improvement

Wards for people with learning disabilities or autism

The hospital had conducted an autism friendly environment audit, which had identified the wall colour and lighting as needing to be changed. The hospital had been repainted in an appropriate colour following the audit. The lighting at the hospital was too bright and staff could not dim the lighting to make it more pleasant for the people admitted. The lighting in the annexe had been changed and was dimmable. The refurbishment plans for ELS ward also included installing dimmable lighting. Staff had looked for a solution for the other wards that could be used before the wards were refurbished, this included putting a film over the lighting, but this had not worked. Therefore, the lighting on most wards was bright and not autism friendly.

The service had an outside space that people could access easily. However, some wards required staff support to access this space and this was not based on the risk of individual people. All wards had access to a garden, however some of the gardens were in need of some work to make them more pleasant and user friendly.

Access to kitchen areas so that people could make their own hot drinks and snacks were different across the wards. People on Maidstone ward could not access a kitchen due to a water leak which had stopped people using the kitchen for three weeks. Senior managers assured us that repairs would be completed the week of the inspection and the kitchen reopened to people after this. On Tonbridge ward, kitchen access was dependant on individual risk assessment.

Patients' engagement with the wider community

Staff supported people to access the community.

Staff made sure people had access to the community and were developing education and work opportunities within the community. At the time of the inspection most activities were based within the hospital with people' accessing section 17 leave at least once a week. Staff shadowed people in the community to help them develop skills.

Staff told us that people could only access the community during daylight hours. This included people on Poplar ward who were preparing for discharge into the community. This limited people's access to the community when they were close to being discharged.

Staff helped people to stay in contact with families and carers. Most people told us that staff helped them stay in contact with their families. However, one person told us that they didn't have a phone so couldn't contact their family and the person survey showed that 3 people didn't think they could talk to their families.

Meeting the needs of all people who use the service

The service met the needs of all people – including those with a protected characteristic. Staff helped people with communication and advocacy.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. We saw that some people had easy read care plans and staff could access information about medication and rights in easy read formats.

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

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

Requires Improvement

Wards for people with learning disabilities or autism

The service provided a variety of food to meet the dietary and cultural needs of individual people. The catering staff met with people to get feedback on the food they provided and what they needed to change.

Listening to and learning from 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 wider service.

People, relatives and carers knew how to complain or raise concerns. The person survey showed that most people using the service new how to complain and who to complain to.

The service clearly displayed information about how to raise a concern in ward areas. We saw information about how to complain displayed on the wards. However, the person survey showed that most people using the service had not seen it.

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

Managers investigated complaints. However, there had only been 2 complaints in the three months prior to the inspection and there had not been any themes or patterns established.

Staff told us that they were not aware when compliments were made about their work. We spoke to senior managers about this who told us they always spoke to staff members mentioned in compliments. For example, they told us that they received gold reports from the service that monitored the CCTV cameras that highlighted excellent care and would tell the staff involved.

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

Inadequate

Our rating of well-led stayed the same. We rated it as inadequate.

Leadership

Leaders had the necessary skills, knowledge and experience to perform their roles but had not fully embedded all identified improvements

Leaders had been focused on taking actions to address the findings of the last inspection report and making improvements to the hospital environment and improving care. We saw that some of these improvements were implemented but others required further work by the leadership team.

Since the last inspection in January 2022, the senior leadership team had been joined by a medical director, and a new hospital director was in place. A newly appointed lead psychologist had been appointed and was joining the senior team. The senior leaders were supported by two colleagues from NHSE/I improvement team who were developing and supporting the hospital management and governance processes.

The organisation had also appointed a medical director at provider level who visited the site, also they occasionally joined the hospital morning handover, and they were leading on the hospital's implementation of a new clinical model. Staff we spoke with said that the hospital leaders were more visible and present on the wards than previously.

Vision and strategy

Staff we spoke with were not aware of the provider's vision and values, however many staff were aware that the hospital had been developing a new clinical model for the hospital which better described its purpose.

The senior leadership team were developing the new clinical model to focus more on rights and choice and would include the principles of Right Support, Right Care, Right Culture. The new model of care would look to define the role of the hospital within the local care system.

We saw that the leadership team regularly met with staff to share updates on hospital improvements both face to face and by posting updates on noticeboards.

Culture

Staff felt respected, supported and valued and they could raise any concerns without fear.

Staff said that they felt supported and valued and that the senior leadership team had become more approachable and visible over recent months. However, some staff felt that decisions made by the senior team were not always explained well and they felt there was room for communication to be further improved. For example staff we spoke with were not aware why a decision had been made to reduce the numbers of nursing staff on day shifts, and the impact of this had not been discussed with them.

Leaders encouraged supportive relationships amongst staff so that they felt respected and valued. Staff felt more able to raise concerns without fear and they said that there was less distance between the senior team and the staff working on the wards. All staff we spoke with told us that the culture of the hospital had improved. However, they wanted the improvements to continue into the future.

Managers were working to increase the amount of supervision given to staff and were beginning to offer coaching and reflective practice sessions.

Governance

The provider's internal assurance checks needed to be embedded and were still at an early stage.

The senior team had developed team meeting structures at ward level and senior level and had introduced a monthly governance meeting with a comprehensive agenda. However, the new governance process had only been in place for three months and still needed further work to be fully embedded.

The hospital director chaired the governance meeting and the senior leaders meeting. The governance meeting agenda covered incidents, complaints, safeguarding concerns, the hospital risk register, staffing levels and audits. Although actions from the meeting were recorded on an action log and progress reviewed, the record of the discussion about items on the agenda was not well recorded. Therefore, it was not clear what aspects of any governance item had been considered in the meeting such as the mitigation of risk or emerging themes from incidents or complaints.

Requires Improvement

Wards for people with learning disabilities or autism

During the inspection we observed that a significant decision was taken outside the structure of the senior managers meeting, for example staffing levels for qualified nurses on the wards. This meant there was no record of a discussion and the rationale for these kinds of decisions, nor evidence that impacts and risks had been discussed or mitigated by the senior leaders.

We saw that these initiatives were still at an early stage and that senior leaders were learning to use the governance and team meeting structures. At the time of the inspection the governance meeting had only been held twice in its new form. Senior managers were committed to embedding the governance structures and were being supported by colleagues from an NHSE/I service improvement team to do so.

Management of risk, issues and performance

Since the last inspection in January 2022, the service had reviewed its risk register. Whilst the risk register was detailed, we saw during the inspection that senior leaders were not always using the register for emerging risks. A cluster of incidents that needed investigating regarding the behaviour of night staff, that they were sleeping on duty, had not been added to the risk register, although each incident had been appropriately investigated and the necessary steps had been taken to protect people.

The hospital had introduced a monitored CCTV system which covered the communal areas of the hospital. This represented a significant improvement over the CCTV system which was in place at the previous inspection. We saw that this system was being used effectively to monitor and review incidents and also to highlight where good practice and staff engagement with people was observed.

Information management

The service had been affected by a national issue where their electronic record system had suffered a security breach, and at the time of the inspection this was still unavailable for staff to use. However, we saw that staff had developed effective work-arounds to record clinical information including care plans and risk assessments. Although it was working safely, the absence of a complete clinical record system put extra pressure on staff time as they did not have a dedicated system to record all information. The service was working with the care records provider to address the issue or to identify an alternative records system.

There was a full audit programme in place and systems in place to review and action the outcomes. However, the process was not yet embedded in the governance and quality improvement process.

Engagement

Senior leaders had taken steps to improve communication with staff at the hospital since the last inspection and staff we spoke with said that they considered the senior team more approachable. Hospital managers held a weekly briefing with staff at a time where night staff could also attend. These briefings covered all notifications and updates for the week. Digital noticeboards had been placed around the hospital for briefings and updates.

The hospital had recently completed its six-monthly staff survey.

A peer support relationship had been maintained with leaders at a local NHS trust which provided a similar service to Cedar House.

Requires Improvement

Wards for people with learning disabilities or autism

The hospital was better connected to the local pathways for referrals which included joint assessments with a partner NHS provider for new referrals. At the time of inspection this development had not yet been put into practice as the hospital was closed to new admissions.

Learning, continuous improvement and innovation

Cedar House was part of two quality networks, the Quality Network for Forensic Mental Health Services and the Quality Network for Inpatient Learning Disability Services. These networks provided opportunities for the hospital to be reviewed by peers and to share good practice and innovation across similar services. We highlighted the need for governance processes to be fully embedded at the last inspection in January 2022 and this had only been partially achieved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured all known and emerging risks were recorded on the hospital risk register. This is a breach of regulation 17(2)(b).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that staff are up to date with their training in immediate life support and medication administration in line with the hospital policy. This is a breach of Regulation 18(2)(a).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that ensured that all restriction at the hospital were proportionate and individual risk assessed. This is a breach of Regulation 13 (4)(d)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not embed in practice the new clinical model which the guidance set out in Right Support, Right Care, Right Culture This is a breach of Regulation 9 (1)(a)(b)(c)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider has not ensured that there was an effective model of governance covering performance, risks, quality of care and learning from incidents that was fully embedded in practice. This is a breach of regulation 17(1).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that the people admitted to the hospital had access to appropriate therapies. This is a breach of Regulation 18(1).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured all staff had regular supervision. This is a breach of regulation 18(2)(a).

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not keep accurate records of cancelled section 17 leave. This is a breach of regulation 17(2)(c).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not that people and relevant other were involved in planning their care and they had not recorded when people did not want to be involved. This is a breach of Regulation 9 (1)(c) and (3)(d)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not ensured that care plans we of a consistent quality across the hospital. This is a breach of Regulation 9 (1)(a)(b)(c)