

Caireach Limited

Adarna House

Inspection report

279-281 Beacon Road
Wibsey
Bradford
BD6 3DQ
Tel:
www.cygnethealth.co.uk

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



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.

Right Support

- Staff did everything they could to avoid restraining people and there had been no restraint used since opening on 10 January 2022.
- The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. However, there was no access to activities linked to work or education and all the people we spoke to who used the service said there were not enough activities.

Right care

- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

- People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes.
- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Carers and relatives were not always included in the planning of people's care. Two relatives told us they were not informed about the care their relative received.

Summary of findings

Our judgements about each of the main services

Service

Wards for people with learning disabilities or autism

Rating

Good



Summary of each main service

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

- People were cared for in a ward that was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to people and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support peoples' recovery.
- The service had no instances of restraint, seclusion, long term segregation or rapid tranquilisation (medicine given to manage aggression or agitation) since the service re-opened in January 2022.
- 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. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism, or both).
- Staff undertook functional assessments when assessing the needs of people who used the service. Care plans reflected the assessed needs, were personalised, holistic and strengths based.
- Staff provided a range of treatment and care for people based on national guidance and best practice. Staff used recognised rating scales to assess and record severity and outcomes.
- The team included or had access to the full range of specialists required to meet the needs of people at the service. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Summary of findings

- Staff treated people with compassion and kindness. They respected people's privacy and dignity. They understood the individual needs of people and supported people to understand and manage their care, treatment, or condition.
- The design, layout, and furnishings of the ward supported people's treatment, privacy, and dignity. Each person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

However,

- Staff did not always inform and involve families and carers appropriately.
- Staff did not always support people with activities outside the service, such as work and education.
- The service had not ensured all actions listed on their 'right support, right care, right culture' plan had been completed.

Summary of findings

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Summary of this inspection

Background to Adarna House

Adarna House is a rehabilitation service for up to nine adult men with mental illness and a secondary diagnosis of autism spectrum disorder. People are admitted formally under the Mental Health Act, under a Deprivation of Liberty Safeguards or informally with their informed consent. At the time of our inspection there were five people on the ward. Four people were detained under the Mental Health Act and one person was informal. It is run by Caireach limited which is part of the Cygnet Health Care group, a national provider of health and social care services.

The hospital was registered with the Care Quality Commission in July 2011 to provide the following regulated activities:

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

The hospital had a service manager and a registered manager in post. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations.

Adarna House has been inspected on eight previous occasions when it was called Cygnet Woodside. We last inspected the hospital in March 2021 where we rated Cygnet Woodside as 'inadequate'. We rated the safe, effective, responsive, and well-led key questions as 'inadequate' and caring as 'requires improvement'.

We took enforcement action including the service being retained in special measures following this inspection. After our inspection in March 2021, the provider closed the hospital temporarily for refurbishment in May 2021 after all the people using the service were transferred or discharged.

The service re-opened in January 2022 after extensive changes at the service, these included a change of management, refurbishment of the building, and a change of service name. The service continues to be a ward for people with a learning disability and/or autism with a focus on providing a service to autistic people.

What people who use the service say

There were five people who used the service. Two people declined to speak to us, but three people told us they felt safe at the service and that staff were very supportive and available when needed. They all liked how quiet the service was and two people regularly attended the weekly service community meetings where they could raise concerns. All three people said there were not enough activities, and one person was concerned about the upcoming change in menu that they had not been consulted on and believed would provide less choice. The people we spoke to all knew who the independent health advocate was.

We asked the service for contact numbers of carers and one person we talked to was not aware that their relative had been moved to this service. We raised this with the service who called the relative directly that day and informed them of their relative's admission to the service. The persons next of kin and nearest relative as named on the Mental Health Act detention papers were not the same and this may have been the reason for the confusion.

Summary of this inspection

We spoke to four carers including the carer who was not aware of their relative's placement at the service. Two of the carers said they were happy with the service and that they were regularly kept updated on their relatives care and treatment whilst another carer said they were not kept up to date on their relatives care and treatment and that their relative was bored as there were no activities.

How we carried out this inspection

We inspected Adarna House on 3 and 4 May 2022. The inspection was unannounced.

Before the inspection visits, we reviewed information that we held about the service and reviewed a range of information from other organisations.

During the inspection visit, the inspection team:

- visited the hospital twice
- looked at the quality of the ward environment
- observed how staff were caring for people
- spoke with three people who were using the service
- spoke with four carers
- spoke with the service manager, the speciality doctor and four other staff members: including nurses and health care support workers
- observed one morning meeting
- spoke with the independent mental health advocate
- collected feedback from external commissioners
- looked at all the care and treatment records of people using the service
- and looked at a range of policies, procedures and other documents relating to the running of the service.

The team that inspected the service comprised of three CQC inspectors, a CQC medicines inspector and one expert by experience.

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 trust **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:

We told the service that it must take action to bring services into line with one legal requirement.

- The service must ensure that activities are reviewed alongside the people who use the service and with reference to the 'right support, right care, right culture guidance' to ensure there are suitable activities available to support the treatment and care being provided seven days a week. (Regulation 9)

Summary of this inspection

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 the housekeeping documentation clearly states the cleaning requirements and is fully completed.
- The provider should ensure that handover documentation is completed for all shifts.
- The service should ensure that people's carers and relatives are kept up to date on care and treatment where appropriate.






Our findings

Overview of ratings

Our ratings for this location are:

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

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism safe?

Good 

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

Safe and clean care environments

People were cared for in a ward that was safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff knew about any potential ligature anchor points and mitigated the risks to keep people safe. At the time of our inspection all the people who used the service were observed by staff at least every hour.

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

Maintenance, cleanliness, and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff did not always make sure cleaning records were up to date. There were 19 days out of 30 in April 2022 where there was no record of cleaning taking place by the housekeeper and the cleaning records did not state how often cleaning tasks were to be completed. There was no weekend housekeeper. However, all areas of the service were clean and there were other documents that included aspects of cleaning for the ward staff to complete during their shifts that showed cleaning had been completed.

Staff followed the providers infection control policy, including handwashing. All staff had completed their infection prevention and control e-learning.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Wards for people with learning disabilities or autism

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff who knew the people using the service.

Nursing staff

The service had enough nursing and support staff to keep people safe.

The service had low vacancy rates. There was a vacancy for a full-time nurse and a housekeeper had been recruited

The service had used 700 hours of registered nursing agency staff since opening.

The service had low rates of bank and agency health care support workers. The service had used health care support worker agency staff for 209 hours since opening.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Induction documents were kept in the agency profile folder so staff could review them at any time.

The service had no turnover since opening.

Managers supported staff who needed time off for ill health.

The service had 155 hours of sickness since opening in January 2022.

Managers accurately calculated and reviewed the number and grade of nurses, and health care support workers for each shift.

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

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

People rarely had their escorted leave or activities cancelled, even when the service was short staffed.

Staff shared key information to keep people safe when handing over their care to others. Information was shared via daily risk assessment meetings, twice daily handovers, and ward round. Whilst on site we found that staff did not always complete handover documents, there was a mix of online and paper documents. Following the inspection, the provider confirmed that documents had not been located for ten shifts.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Wards for people with learning disabilities or autism

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

Mandatory training

Most staff had completed and kept up to date with their mandatory training. Only 70% of staff had completed the Basic Life Support (BLS) with the use of an automated external defibrillator (AED). Following the inspection, the service completed this training and compliance for this was at 90% in June 2022.

The mandatory training programme was comprehensive and met the needs of people using the service and staff. The training included prevention management of violence and aggression, supporting people with learning disabilities, and supporting people with autism. There were five courses specific to people with a learning disability or autism that staff were required to complete. The service also provided additional training to staff about autism, these included a bespoke continuing professional development (CPD) course delivered by the National Autistic Society and an Understanding Autism CPD course delivered by a national online university. One nurse on the staff team had completed ECG training and four members of staff had been trained on venepuncture (when someone uses a needle to take blood from a vein).

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

Assessing and managing risk to people and staff

Staff assessed and managed risks to people and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support peoples' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating, and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of individuals' risk

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

Management of individuals' risk

Staff knew about any risks to each person and acted to prevent or reduce risks. The ward staff had regard to Mental Health Unit (Use of Force) Act 2018 and its guidance and complied with requirements.

Staff identified and responded to any changes in risks to, or posed by, people. The service held a daily risk assessment meeting to review the previous 24 hours.

Staff followed procedures to minimise risks where they could not easily observe people. Staff completed hourly observations on all the people who used the service and communal areas had CCTV monitoring.

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

Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques. The service had no instances of restraint, seclusion, long term segregation or rapid tranquilisation (medicine given to manage aggression or agitation) since the service opened in January 2022.

Wards for people with learning disabilities or autism

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards including the requirements of the Mental Health Unit (Use of Force) Act 2018 and its guidance.

Safeguarding

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

Staff received and kept up to date with their safeguarding training on how to recognise and report abuse, appropriate for their role. All staff had completed the safeguarding individuals at risk e-learning.

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

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

Staff followed clear procedures to keep children visiting the hospital safe. No children had visited the service since opening in January 2022, however, the service had a clear plan for how it would be facilitated should a child need to visit the service, and this was outlined in the carer's information leaflet.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had submitted six safeguarding referrals since January 2022.

Staff access to essential information

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

People's notes were comprehensive, and all staff could access them easily. Agency staff were provided with their own login when starting on shift for the first time.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

When people transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

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. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism, or both).

Staff followed systems and processes to prescribe and administer medicines safely. People could choose to take full or partial responsibility for taking their medicines themselves when this was safe and appropriate, as decided by a risk assessment completed by the multi-disciplinary team.

Wards for people with learning disabilities or autism

Doctors reviewed each person's medicines regularly. A specialist pharmacist visited the service to review prescription charts and provide advice to people at the service and staff about medicines.

Nurses completed administration records on prescription charts accurately and people's allergies (or that none were known) were recorded on charts.

Staff stored all medicines securely, at the right temperature and in a clean environment.

Medicines that are controlled drugs were managed safely.

Medicines for emergency use were accessible and checked regularly to ensure they were in date.

Staff kept records of the receipt and disposal of medicines so all medicines could be accounted for.

Staff kept a record of medicine safety alerts and the action taken when they were received.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines by regularly reviewing people's medicines. Doses of anti-psychotic medicines were all within BNF (British National Formulary) recommended limits. Staff had access to the current edition of the BNF.

The service worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism, or both). An easy read board had also been put in the communal area for people to review the aims of STOMP and how to seek support if needed.

Staff carried out physical health checks to monitor the effects of each person's medication on their physical health in line with NICE and current national guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed safety incidents well. Staff recognised incidents and reported them appropriately.

Managers investigated incidents and shared lessons learned with the whole team and the wider service.

When things went wrong, staff apologised and gave people honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents in line with the service's policy. Incidents were raised on the providers incident management system and reviewed regularly by management for learning opportunities.

The service had no never events on any wards.

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.

Wards for people with learning disabilities or autism

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

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to people's care. The service had daily multidisciplinary meetings from Monday to Friday to discuss people's care and treatment and agree any changes.

There was evidence that changes had been made as a result of feedback. There had been incidents at the service which involved people bringing banned items into the service and room searches had been completed. As a result, the service reviewed all the incidents and completed reflective practice with staff members. One lesson learned by the service was to change their admission process to ensure banned items were found as soon as possible.

Managers shared learning with their staff about never events that happened elsewhere.

Are Wards for people with learning disabilities or autism effective?

Good 

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

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of people who used the service. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

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

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

Staff developed a comprehensive care plan for each person that met their mental and physical health needs.

Positive behaviour support plans were present and supported by a comprehensive assessment.

Staff regularly reviewed and updated care plans and positive behaviour support plans when people's needs changed. The positive behaviour support plans were available in a grab folder for all staff to be able to access easily.

Care plans were personalised, holistic and strengths based.

Best practice in treatment and care

Staff provided a range of treatment and care for people based on national guidance and best practice. 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. The service had individualised psychology treatment for each person and there was a psychology drop in once a week that people who used the service could attend.

Wards for people with learning disabilities or autism

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g., NICE).

Staff understood people's positive behavioural support plans and provided the identified care and support. Four of the five patients at the service had positive behavioural support plans in place. One person was a new admittance and was in the process of having a plan created. The positive behaviour support plans listed potential triggers to people's wellbeing and what the best way of de-escalating those triggers were.

Staff identified peoples' physical health needs and recorded them in their care plans. Each person had a physical health file that included physical health monitoring records, electrocardiogram (ECG) results and blood test results.

Staff made sure people had access to physical health care, including specialists as required. Specialists, including dieticians and podiatrists, were actively involved in people's care.

Staff met peoples' dietary needs and assessed those needing specialist care for nutrition and hydration. Two patients had support from a dietician who visited the service, and their weight was monitored regularly. A speech and language therapist worked at the site one day a week.

Staff helped people live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of peoples' conditions and care and treatment outcomes. Waterlow scores for pressure sores and national early warning scores (NEWS) were used where required.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. The service completed regular audits, including monthly care plan audits and monthly health and safety audits.

Managers used results from audits to make improvements. The blanket restrictions audit completed in February 2022 had identified locked door access to the courtyard. As a result, the door lock was changed so that people could access the courtyard independently.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the people on the ward.

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 gave each new member of staff a full induction to the service before they started work. Inductions were two weeks long and all new staff were given an induction booklet to work through with their supervisor during their first six months with the provider. Three-month and six-month probation reviews were also completed.

Managers supported staff to develop through yearly, constructive appraisals of their work. Although the service had only been open since January 2022, all applicable staff had received their appraisal.

Wards for people with learning disabilities or autism

Managers supported staff through regular, constructive supervision of their work. 94% of staff were up to date with their clinical supervision and 86% of staff were up to date on their managerial supervision.

Managers made sure staff attended regular team meetings or gave information from those who could not attend. The service had monthly team meetings and staff were paid if they attended outside of working hours. All staff were e-mailed the meeting minutes.

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

Managers made sure staff received any specialist training for their role. The service ensured staff completed autism specific and learning disability specific training provided by the provider. They also provided staff with access to additional external training about autism.

Managers recognised poor performance, could identify the reasons, and dealt with these.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit people who used the service. They supported each other to make sure people had no gaps in their care.

Staff held regular multidisciplinary meetings to discuss people and improve their care. Ward rounds were scheduled to be completed monthly, and management told us that these could be increased if needed. However, the 'right support, right care, right culture' plan the CQC received from the service stated that ward rounds would occur fortnightly and on 16 March 2022 a person using the service had requested during a community meeting that their ward round occurred fortnightly so that things would get done more quickly. The services response to this request was to schedule in one-to-one time with their named nurse or with the doctor who visited weekly. The service also had daily multidisciplinary meetings from Monday to Friday.

Staff made sure they shared clear information about people and any changes in their care, including during handover meetings. However, the services handover file was missing 22 paper handover documents and the electronic handover record was missing 10 electronic handover documents out of 60 in April 2022.

Ward teams had effective working relationships with other teams in the organisation. The multidisciplinary team met daily during the week to discuss each person's care and treatment. The team also had regular support and supervision from additional members of the multidisciplinary team who worked at other sites.

Ward teams had effective working relationships with external teams and organisations. We spoke to four external commissioners who told us that they were happy with the care and treatment provided to people at the service and were positive about the communication they had with the staff at the service.

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. Managers made sure that staff could explain peoples' rights to them.

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.

Wards for people with learning disabilities or autism

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

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

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

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

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

Staff made sure people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

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

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

People at the service who were informal knew that they could leave the ward freely and the service displayed posters to tell them this.

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

The service had not yet completed a Mental Health Act audit. This was scheduled for June 2022.

Good practice in applying the Mental Capacity Act

Staff supported people to make decisions on their care for themselves. They understood the service's 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.

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

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

Staff gave people all possible support to make specific decisions for themselves before deciding a person did not have the capacity to do so.

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

Wards for people with learning disabilities or autism

When staff assessed people as not having capacity, they made decisions in the best interest of the person and considered the person's wishes, feelings, culture, and history.

The service had not yet completed a Mental Capacity Act audit. This was scheduled for May 2022.

Are Wards for people with learning disabilities or autism caring?

Good 

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

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

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

Staff were discreet, respectful, and responsive when caring for people. We observed interactions between staff and people who use the service on both days of the inspection. Staff were knowledgeable about people's needs and showed kindness and warmth to the people using the service.

Staff gave people help, emotional support and advice when they needed it. People said staff treated them well and behaved kindly. We reviewed eight community meeting minutes from February 2022 to May 2022. Seven of these minutes included thanks from people using the service to staff, these included thanks to staff for being helpful, supportive and one thank you was for saving a person's life when they had experienced a physical ailment.

Staff did not always support people to understand and manage their own care treatment or condition. One person we spoke to was not aware of why they were at the service and had not received a copy of their care plan. However, staff we spoke to could tell us about many aspects of the people who used the service, including their hobbies, any physical needs, and close relationships they may have.

Staff directed people to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each person. All staff we spoke to were aware of each person's needs and how best to provide care and treat them.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards people who used the service.

Staff followed policy to keep people's information confidential. 96% of staff had completed their information governance awareness e-learning.

Wards for people with learning disabilities or autism

Involvement of people who use the service

Staff involved most people in care planning and risk assessment. They ensured that people had easy access to independent advocates.

Staff introduced people to the ward and the services as part of their admission. The service provided all new people and visitors with a welcome booklet.

Staff involved most people and gave them access to their care planning and risk assessments. However, one person who had recently been admitted to the service told us they were not sure why they were at the service and not had received a copy of their care plan.

Staff made sure people understood their care and treatment and found ways to communicate with people who had communication difficulties.

Staff did not always involve people in decisions about the service, when appropriate. One person was not happy that they had not been involved in the decision to change the menu in an upcoming trial. The person had raised this in a community meeting and had requested feedback at the next community meeting, but this was not provided

People could give feedback on the service and their treatment and staff supported them to do this. The people who used the service had access to a weekly community meeting and a monthly people's council meeting. However, we requested the planned 'patient and carer surveys' that were to be completed every two months as outlined in the 'right support, right care, right culture' plan received from the service and were advised that the carers survey and the patient surveys will now only be sent every six months and was not due until the end of May 2022. The plan received from the service had said that the bi-monthly surveys would give the service the opportunity to listen to patients and those close to them, for example, "in relation to food, activities and other provision."

Staff supported people to make decisions on their care. The service provided people with an easy read model of care that informed them how the service intended to look after them and what would happen as they progressed at the service.

Staff made sure people could access advocacy services. An independent mental health advocate visited the service weekly and all people we spoke to were aware of this.

Involvement of families and carers

Staff did not always inform and involve families and carers appropriately.

Staff did not always support, inform, or involve families or carers. When we contacted one person's next of kin, they were not aware that their relative had been moved to this service. We raised this with the service who called the relative directly that day and informed them of their relative's admission to the service. The persons next of kin and nearest relative as named on the Mental Health Act detention papers were not the same and this may have been the reason for the confusion. The nearest relative had been informed by letter four days after the admission. The service had attempted to call the nearest relative by telephone on the day of admission but there had been no answer.

We spoke to four carers including the carer who was not aware of their relative's placement at the service. Two of the carers said they were happy with the service and that they were regularly kept updated on their relatives care and treatment whilst another carer said they were not kept up to date on their relatives care and treatment and that their relative was bored as there were no activities.

Wards for people with learning disabilities or autism

Staff did not always help families to give feedback on the service. The planned 'patient and carer surveys' that were to be sent out every two months as outlined in the 'right support, right care, right culture' plan received from the service had not been completed and we were told it would only be completed every 6 months, with the first due to be sent at the end of May 2022. As of June 1, 2022 the service had received one completed response which was positive.

Staff gave carers information on how to find the carer's assessment. The service had a carers information leaflet which included details about a monthly carers group provided by social workers, ward rounds and visiting the hospital.

Are Wards for people with learning disabilities or autism responsive?

Requires Improvement 

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

Bed management

Managers regularly reviewed length of stay for people to ensure they did not stay longer than they needed to.

The service had two people placed from out of the area of the five people who were at the service

Managers and staff worked to make sure they did not discharge people before they were ready. Four of the patients had a support to plan discharge within their care records. One patient was newly admitted, and this was not yet in place.

Discharge and transfers of care

Staff carefully planned peoples' discharge and worked with care managers and coordinators to make sure this went well. The services 'right support, right care, right culture' plan stated that they expected people to be at the service for an average of six months. Discharge was discussed regularly with the person using the service and appropriate third parties.

Staff supported people when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward supported peoples' treatment, privacy, and dignity. Each person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each person had their own bedroom, which they could personalise. People had been able to pick which bedroom they preferred due to their being a small amount of people at the service at the time of inspection.

People had a secure place to store personal possessions. Each bedroom had a lockable safe for people's valuables.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where people could meet with visitors in private.

Wards for people with learning disabilities or autism

People could make phone calls in private.

The service had an outside space that people could access easily.

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

The service offered a variety of good quality food. However, there was an upcoming change in menu that concerned one of the people who used the service as the choice available would be limited compared to the current menu. The person was not happy that they had not been involved in the decision to change this. The registered manager told us that this would be discussed at the next community meeting.

Peoples' engagement with the wider community

Staff did not always support people with activities outside the service, such as work and education.

Staff did not always make sure people had access to opportunities for education and work. people who use the service, one carer and three members of staff told us they did not think there were enough activities available at the service. Management at the service told us that there was currently no access to work or volunteer opportunities for people. Staff meeting minutes from 21 April 2022 state that group leave could only be facilitated on a weekday and not on a weekend. The service had provided CQC with a detailed report about how access to the community and activities would adhere to the 'right support, right care, right culture' guidance but none of the actions outlined were in place. The service website also states there are links with a local college with learning for adults with learning disabilities, but this was not seen on inspection.

We did see evidence where one person had been provided support to access a society group in an area of their interest, one person had accessed a museum and people's requests for activities to be done at the service were generally agreed and actioned quickly. Four of the people using the service had a personalised activity timetable in place and the 94% of people were achieving 25 hours and over activity time each week from 4 April 2022 to 1 May 2022. One person did not have an activity timetable in place, and this was due to being a new admission. Following inspection this person's activity timetable was received.

Staff did not always help people to stay in contact with families and carers. One carer we spoke to was not aware that their relative had moved to the service.

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, advocacy, and cultural and spiritual support.

The service could support and adjust for disabled people and those with communication needs or other specific needs. The service had ground floor level entry and there was a lift available for people who couldn't access the bedroom by the stairs. In the 2 May 2022 community meeting one person using the service had requested a bell to be put on the ward locked door entry as they were unable to gain access to the ward if no one was in the reception area. They also raised this with the CQC team on site. The provider stated that the door was located next to the staff base and also the reception office and staff in either one of these rooms could assist with entry to the ward. Following the inspection, the service installed a doorbell for the locked ward door.

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

Wards for people with learning disabilities or autism

The service could access information leaflets available in languages spoken by the people and local community.

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

The service provided a variety of food to meet the dietary and cultural needs of individual people. However, a new menu was being trialled in June 2022 for one month and the people using the service had not been asked for their feedback about this. The service told us they would ask for feedback from the people using the service through weekly community meetings once the trial had finished.

People had access to spiritual, religious, and cultural support. This included weekly church visits.

Listening to and learning from concerns and complaints

The service treated concerns seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

People using the service, relatives, and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in areas where people who used the service could access it. All staff had completed their dealing with concerns at work e-learning.

The service had not received any complaints since re-opening in January 2022.

The service used compliments to learn, celebrate success and improve the quality of care. The service had received three compliments since opening.

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

Our rating of well-led improved. We rated it as good because:

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for people using the service and staff.

The service had implemented extensive changes at the service including a change in the management team. Staff told us the management team were supportive and knowledgeable.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

All staff we spoke to were able to name the provider's values.

Wards for people with learning disabilities or autism

Culture

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

The service supplied staff with a staff support information booklet that outlined all available support for staff. The booklet included access details to managerial support, external agency support and multiple provider support networks and contact details. The provider had sent out an open culture survey and a workplace equality survey in March 2022, but the results had not yet been received. A staff survey had been sent out between 24 February and 7 April 2022 with the results showing an overall positive sentiment. 86% of respondents said they enjoyed working for Cygnet Health Care and 93% of respondents said their line manager treats them with respect.

Governance

Our findings from the other key questions demonstrated that governance processes were operated effectively at team level.

The missing records for cleaning schedules and handover documents had not had a negative impact on the cleanliness of the service or the staff knowledge of people's needs. The service was newly opened in January 2022 with a new management team. People who used the service were admitted at a rate of two each month to ensure the service was able to manage and to make changes as needed.

The service had submitted a 'right support, right care, right culture' plan to CQC when applying to have conditions on their registration removed. However, we found multiple areas where the plan was not being adhered to. This included the patient and carer surveys that not been completed and were not planned to be completed as outlined in the plan and ward rounds were not every two weeks but monthly. There was also no access to work or training opportunities.

Management of risk, issues, and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service had a risk register that was regularly updated by management with a risk assessment scoring matrix to ensure all risks were being reviewed and actioned as appropriate.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service regularly conducted audits including care plan audits, health and safety audits and infection prevention control audits.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

All external commissioners we spoke to were happy with their relationship with the service and found them to be responsive to any requests.

Wards for people with learning disabilities or autism

Learning, continuous improvement and innovation

Management told us that they were always looking to improve. Their current focus was on getting the service up and running and to capacity.

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

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

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- The service must ensure that activities are reviewed alongside the people who use the service and with reference to the 'right support, right care, right culture guidance' to ensure there are suitable activities available to support the treatment and care being provided seven days a week. (Regulation 9)