Cygnet Learning Disabilities Midlands Limited

Cygnet Manor

Inspection report

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Date of inspection visit: 22 - 23 February 2022
Date of publication: 06/05/2022

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

Ratings

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

Summary of findings

Overall summary

Cygnet Manor is a high dependency rehabilitation hospital that provides a service for up to 20 men with learning disabilities, people who are expressing emotional distress and mental health needs.

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

People were supported by staff to pursue their interests.

Staff supported people to achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

People had a choice about their living environment and were able to personalise their rooms.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

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.

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

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture

Summary of findings

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

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.

People and those important to them, including advocates, were involved in planning their care.

Our rating of this service stayed the same. We rated it as good because:

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.

People were protected from abuse and poor care. The service had sufficient, appropriately skilled staff to meet people's needs and keep them safe.

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.

People's risks were assessed regularly and managed safely. People were involved in managing their own risks whenever possible.

If restrictive practices were used, there was a reporting system in place and there were comprehensive reviews to try and reduce the use of these practices. We reviewed eight incidents on CCTV and saw staff had managed these appropriately.

People made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.

People received care, support and treatment that met their needs and aspirations. Care focused on people's quality of life and followed best practice. Staff used clinical and quality audits to evaluate the quality of care. We saw that these audits were reviewed, and actions were acted upon.

The service provided care, support and treatment from trained staff and specialists able to meet people's needs. Managers ensured that staff had relevant training, regular supervision and appraisal. All staff had received an appraisal at the time of this inspection.

People and those important to them, including advocates, were actively involved in planning their care. A multidisciplinary team worked well together to provide the planned care.

Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

People were in hospital to receive active, goal oriented treatment. People had clear plans in place to support them to return home or move to a community setting. Staff worked well with services that provide aftercare to ensure people received the right care and support.

Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Manor

Cygnet Manor is a high dependency rehabilitation hospital that provides a service for up to 20 men with learning disabilities, people who are expressing emotional distress and mental health needs. Some people at the hospital are detained under the Mental Health Act. The provider is Cygnet Learning Disabilities Midlands Limited.

At the time of our inspection there were 17 people at the hospital. All patients were detained under the Mental Health Act 1983. There was a registered manager in post.

Cygnet Manor is registered with the CQC 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.

CQC has inspected Cygnet Manor three times since 2017. At our most recent inspection in October 2020, we rated the service Good overall. We rated the service Outstanding in the caring domain.

What people who use the service say

People were positive about the service they received at Cygnet Manor. We spoke with nine people with learning disabilities or autism and they said that they enjoyed the food and staff spoke with them when they were distressed. People said they felt comfortable raising any concerns with staff. They said staff included their carers in decisions about their care.

People said staff were kind and helpful. They said they knew and spoke with the independent advocate on the ward. People said they felt safe on the ward and staff gave them enough to do with their day. Staff also took people out into the community to do activities meaningful to the person. People were all clear on the next steps for them after their stay at this ward.

Feedback from commissioners was positive. The host commissioner had approached all Clinical Commissioning Groups (CCGs) that placed people at the hospital, and they did not raise any significant concerns with the service. We also spoke with the independent advocate for the service who said that staff were supportive and kind.

How we carried out this inspection

What we did before inspection

We were on site for two days. Our inspection team comprised of an Inspector, an Assistant Inspector, a Specialist Professional Advisor and an Expert by Experience. An expert by experience is someone with lived experience of care services.

Before this inspection we spoke with the host commissioning group who collected feedback from all the commissioners for this service and spoke with the advocacy service providing advocacy to the hospital.

This information helps support our inspections. We used all of this information to plan our inspection.

Summary of this inspection

During the inspection

we spoke nine people with a learning disability or autism about their experience of the care provided.

we reviewed the CCTV footage of eight recent incidents.

we reviewed the environment of the ward, including the garden

we spoke with eight members of staff including the manager of the service, nursing staff, a psychologist and a speech and language therapist.

we used the Short Observational Framework for Inspection (SOFI) to observe the care people received. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

we reviewed 11 people's care records and medication records.

we reviewed records relating to the management of the service, including policies and procedures were reviewed.

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 SHOULD take to improve:

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

The service should ensure that people's physical health risks are assessed and mitigated.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism safe?

Good

Our rating of this service stayed the same. We rated it as good because:

Safe and clean care environments

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

People were cared for in wards where staff had completed risk assessments of the environment and removed or reduced any identified risks. These risks were assessed when changes happened to the environment, or yearly.

People had easy access to nurse call systems and staff had easy access to alarms. The service did not use seclusion or long-term segregation.

The service prevented visitors from catching and spreading infections. There were posters reminding visitors of the risk of infection of COVID-19, and frequent hand sanitizing stations. The service followed shielding and social distancing rules. Staff used personal protective equipment (PPE) effectively and safely. This included disposing of the PPE safely. The service admitted people safely to the service.

The service tested for infection in people using the service and staff. Visitors were required to lateral flow test before being allowed onto the ward.

The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

The service supported visits for people in line with current guidance.

All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. There was a kitchen on site with trained chefs.

Staff checked, maintained, and cleaned equipment. We saw that they used 'I am clean' stickers appropriately to mark clean equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the people and received basic training to keep people safe from avoidable harm. There were 10 support worker vacancies but the service used bank staff and its qualified nurses to cover these gaps. The service had recruited over their establishment for qualified nurses and they were used to support shifts that otherwise may have been understaffed. The service did not use agency staffing.

The service deployed enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.

The numbers and skills of staff matched the needs of people using the service. Staff recruitment and induction training processes promoted safety.

Staff knew how to take into account people's individual needs, wishes and goals.

Managers arranged shift patterns so that people who were friends or family did not regularly work together. They also arranged shift patterns so that staff worked a mixture of day shifts and night shifts. This was to mitigate the risk of a closed culture developing.

Every person's record contained a clear one-page profile with essential information so that new or temporary staff could see quickly how best to support them. Staff had access to 'grab' sheets. These one page summaries summarised the positive behavioral support plans and risk assessments of people using the service.

Managers made sure all bank staff had a full induction and understood people's needs before starting their shift.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and health care assistants for each shift. They had access to staffing ladders to guide them. A staffing ladder is a guide to tell staff how many staff are needed to care for a given number of people.

The ward manager could adjust staffing levels according to people's needs. This included increasing staffing where enhanced observations were needed.

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.

The service had enough staff on each shift to carry out any physical interventions safely. We reviewed eight CCTV records of incidents to confirm this.

Staff shared key information to keep people safe when handing over their care to others. We observed a handover and found staff to be compassionate and safety focused in handing over information to the new shift of staff.

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

Overall, staff had were up to date with 94.5% of their mandatory training. Where there were gaps, staff had been booked onto courses to bring them up to date. The training programme was comprehensive and met the needs of people and staff. This included training on learning disabilities and autism.

Assessing and managing risk to patients and staff

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.

People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, being involved in the creation of their positive behavioural support plan.

People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

The service helped keep people safe through formal and informal sharing of information about risks. For example, through formal handovers and informal debrief of risks after incidents.

Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. They did this with the aid of positive behavioural support plans and the grab sheets that summarised them.

Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.

There were three blanket restrictions in place for everyone in the hospital, including a ban on carrier bags, a ban on lighters and a ban on eating in the hospital's vehicles. It was a secure environment and these had been implemented due to incidents either at this unit, or at other hospitals run by the provider.

Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe.

Staff knew about any risks to each person and prevented or reduced risks. We saw comprehensive mental health risk assessments in all of the 11 records we reviewed. Staff had not assessed the physical health risks where patients had physical health needs in two of the care records we reviewed but when we raised this with the provider they immediately addressed these risks.

Staff considered less restrictive options before limiting people's freedom. If staff restricted a person's freedom, they took part in post incident reviews and considered what could be done to avoid the need for its use in similar circumstances. If

a person's freedom was restricted by staff, they received emotional support when needed. People were restrained only where evidence demonstrated it was necessary, lawfully justified, used for the minimum period of time, had a justifiable aim, and was in the person's best interest, and that it was used in a safe and proportionate way. All restrictions of people's freedom were documented, monitored and triggered a review of the person's support plan.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff understood how to protect people from abuse and the service worked well with other agencies to do so. 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 ward safe.

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

Medicines management

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

People received support from staff to make their own decisions about medicines wherever possible.

Staff made sure people received information about medicines in a way they could understand.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.

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

Staff followed national practice to check that people had the correct medicines when they moved into a new place or they moved between services.

Staff reviewed the effects of each people's medication on their physical health according to NICE guidance. This included completing regular health checks for those people who were taking antipsychotic medicines.

People received their medicines from staff who prescribed, administered, recorded and stored their medicines safely.

Good

Wards for people with learning disabilities or autism

Track record on safety

People received safe care because staff learned from safety alerts and incidents.

The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

When things went wrong, staff apologised and gave people honest information and suitable support. We reviewed eight CCTV records of incidents and found staff had accurately described the events that took place.

Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

Staff reviewed all use of restraint and used the examples as learning in their restrictive intervention's reduction programme. There was one incident of restraint that the hospital had commissioned an outside service to review. This was in progress at the time of this inspection.

Managers and staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. They supported the review process and made changes from any learning shared.

Are Wards for people with learning disabilities or autism effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

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

We reviewed 11 care records and found people had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.

Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.

Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Good

Wards for people with learning disabilities or autism

There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

Best practice in treatment and care

Staff supported people with their physical health and encouraged them to live healthier lives. This included access to psychological therapies, support for self-care and the development of everyday living skills.

Staff understood people's positive behavioural support plans if they had them and provided the identified care and support.

Staff made sure people had access to physical health care, including specialists as required.

Staff met people's dietary needs and assessed those needing specialist care for nutrition and hydration. This included pureed diets where appropriate.

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

Staff took part in clinical audits, benchmarking and initiatives. Managers used results from audits to make improvements. We saw in their monthly governance meeting minutes that actions had been carried between meetings to be actioned and this was reviewed at each meeting.

Skilled staff to deliver care

People received good care as managers supported staff through regular, constructive clinical supervision of their work. We saw that 92% of staff had received clinical supervision in line with policy and 98% had received managerial supervision in line with policy.

Staff received support in the form of continual supervision, appraisal and recognition of good practice. All staff had received an appraisal in the 12 months prior to this inspection. This created a positive work culture.

People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.

The provider had a rolling programme of training throughout the year on specialist topics in addition to mandatory training.

Staff were supported to apply their training to people's individual needs. Updated training and refresher courses helped staff continuously apply best practice to the people they cared for.

If people were assessed to lack capacity to make certain decisions for themselves or had fluctuating capacity, staff made decisions on their behalf which were in their best interests. This was supported by effective staff training and supervision.

Good

Wards for people with learning disabilities or autism

People benefitted from reasonable adjustments to their care to meet their needs, and their rights were respected. This was because staff put their learning into practice.

The service had clear procedures for team working and peer support that promoted good quality care and support.

Multi-disciplinary and interagency team work

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

The ward team had effective working relationships with staff from services that would provide aftercare following people's discharge and engaged with them early on in people's admission to plan discharge.

People had health action plans or health hospital passports that enabled health and social care services to support them in the way they needed.

Multidisciplinary team professionals were involved in, or made aware of, support plans to improve care. Staff had a 'patient of the fortnight' process where they reviewed a person's care in depth every two weeks on top of their monthly ward round.

Staff shared clear information about people and any changes in their care, including during handover meetings.

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

Staff understood their roles and responsibilities and were able to explain people's rights to them. People had easy access to information about independent mental health advocacy, and people who lacked capacity to make decisions for themselves were automatically referred to the service. Ninety-seven per cent of staff were up to date with their Mental Health Act training.

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

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

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw evidence that these SOADs were involved in care.

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

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

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

Good

Wards for people with learning disabilities or autism

Staff ensured people had an Independent Mental Health Advocate or were offered one as needed.

Good practice in applying the Mental Capacity Act

Staff supported people to make decisions on their care for themselves. They assessed and recorded capacity clearly for people who might lack the mental capacity to make certain decisions for themselves. Ninety-five per cent of staff were up to date with their Mental Capacity Act training.

Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive way.

Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity to make decisions for themselves and they had nobody else to represent their interests.

Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was well documented.

For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any decisions made on their behalf in their best interests.

Staff followed best practice on assessing mental capacity, supporting decision-making and best interest decision-making.

For people lacking capacity to make decisions about their medicines, staff followed best practice.

Staff respected the rights of people with capacity to refuse their medicines and ensured that people with capacity had the option to consent to receiving medicines.

Staff gave people all possible support to make specific decisions for themselves before deciding they 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.

When staff assessed people as not having capacity to make decisions for themselves, they made decisions on people's behalf in their best interest and considering their wishes, feelings, culture and history.

Are Wards for people with learning disabilities or autism caring?

Good

Our rating of caring went down. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Good

Wards for people with learning disabilities or autism

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

Staff saw people as their equal and created a warm and inclusive atmosphere.

People received kind and compassionate care from staff who used positive, respectful language at a level people understood and responded well to.

Staff were patient and used appropriate styles of interaction with people. They were calm, focused, and attentive to people's emotional and other support needs and sensory sensitivities. We used a short observational framework for inspection (SOFI) and saw that although there were few interactions, staff showed warmth to patients.

People felt valued by staff who showed genuine interest in their well-being and quality of life.

Each person had a support plan that identified target goals and aspirations and supported them to achieve greater independence including skills development.

People's rights were upheld by staff who supported them to be independent and have control over their own lives.

Staff knew when people needed their space and privacy and respected this.

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

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

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

Staff followed the policy to keep people's information confidential.

Involvement in care

Staff involved people in care planning and risk assessment. They ensured that people had easy access to independent advocates. People were enabled to make choices for themselves. Staff ensured they had the information they needed.

People were supported to access independent, good quality advocacy. We spoke with the advocate who said that the service was positively liaising with people and involving them appropriately.

People were listened to, given time and supported by staff to express their views using their preferred method of communication. People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. Staff took the time to understand and develop a rapport with people.

Good

Wards for people with learning disabilities or autism

Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics – for example, due to cultural or religious preferences. This included helping patients to attend religious services.

People and those important to them took part in making decisions and planning their care and in risk assessments.

People told us they felt listened to and valued by staff who engaged meaningfully with them.

Staff supported people to maintain links with those important to them.

Staff introduced people to the ward and the services as part of their admission. Staff had produced a welcome booklet for new people coming onto the ward.

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

Staff informed and involved families and carers appropriately. The staff were in the process of designing a carers information booklet with input from carers. Staff helped families to give feedback on the service.

Are Wards for people with learning disabilities or autism responsive?

Good

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

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. There were nine people out of 17 that had a delayed discharge. We requested the length of time people had been waiting for discharge but the provider was unable to provide this. These delays were for varying reasons including a lack of placements for people to move on to. Three of these people had their discharges delayed due to disagreements about the persons capacity between the hospital staff and the person's home care team.

If a person was not from the local area staff supported them, in line with their wishes, to have regular contact with family, friends or an advocate. This included using one of the units two computer tablets to stay in touch with relatives and friends.

When people went on leave there was always a bed available when they returned.

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

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

Good

Wards for people with learning disabilities or autism

Staff supported people when they were transferred between services.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported people's treatment, privacy and dignity. Each person had their own bedroom with an end-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and people could make hot drinks and snacks at any time. People told us they enjoyed cooking their own food.

The service's design, layout and furnishings supported people and their individual needs. Staff had made adjustments to one patients bedroom to meet their sensory needs.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment that met people's sensory and physical needs.

The service had quiet areas and a room off the ward where people could meet visitors in private. People could make phone calls in private.

The service had an outside space that people could access easily. There were two gardens that people could use, including a space with a poly tunnel where the service had held barbeques in the past.

Patients' engagement with the wider community

Staff supported people with family relationships and community activities outside the service, such as work, education and family relationships. During the COVID-19 pandemic, a lot of services that the hospital engaged with closed or had reduced capacity. This meant that a lot of the activities that used to take place were no longer taking place. Staff were trying to set these back up again as restrictions had been lifted.

Staff supported people to take part in their chosen social and leisure activities on a regular basis. For example, supporting people in their daily routines to access the community.

Staff gave people person-centred support with self-care and everyday living skills. People were encouraged and supported by staff to reach their goals and aspirations.

People who were living away from their local area were able to stay in regular contact with friends and family using the telephone, online voice or video calls, and social media. Clear plans and placement goals were developed with commissioners to enable people to move back to their local community as soon as possible.

People were supported by staff to try new things and to develop their skills. Staff enabled flexibility and helped people to have freedom of choice and control over what they did. Staff ensured adjustments were made so that people could take part in activities.

Staff enabled people to broaden their horizons and develop new interests and friends. Staff were committed to encouraging people, in line with their wishes, to explore new social, leisure and community-based activities.

Good

Wards for people with learning disabilities or autism

Staff helped people to stay in contact with families and carers. Staff encouraged people to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Staff discussed ways of ensuring targets for people were meaningful. They spent time with people understanding how they could be achieved.

Staff provided effective skills teaching because it was tailored to individual people. People learned everyday living skills, understood the importance of personal care and developed new interests by following individualised learning programmes with staff who knew them well.

Staff made reasonable adjustments to ensure better health equality and outcomes for people.

Staff identified people's preferences and appropriate staff were available to support people– for example, by having staff of people's preferred gender available to support them.

People were supported to understand their rights and explore meaningful relationships. People were supported with their sexual/ religious/ ethnic/ gender identity without feeling discriminated against. The service met the needs of all people using the service, including those with needs related to their protected characteristics.

Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff spoke knowledgably about tailoring the level of support to an individual's needs.

Staff had good awareness, skills and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. Staff ensured people had access to information in appropriate formats, which included (give examples i.e. photographs, symbols, electronic device). Staff provided information using photographs/symbols/other visual cues to help people know what was going to happen during the day and who would be supporting them.

People had individual communication plans/passports that detailed effective and preferred methods of communication, including the approach to use for different situations.

Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.

People received individualised support such as tailored visual schedules to support their understanding.

Staff made sure people could access information on treatment, local services, their rights and how to complain. The service had information leaflets available in languages spoken by people and the local community.

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

The service provided a variety of food to meet people's dietary and cultural needs.

Good

Wards for people with learning disabilities or autism

People had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

People and those important to them could raise concerns and complaints easily, and staff supported them to do so.

Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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

The service clearly displayed information about how to raise a concern in areas used by people.

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

Staff knew how to acknowledge complaints, and people received feedback from managers after the investigation into their complaint.

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. The service had received six complaints in the year leading up to this inspection, all had been responded to in line with the providers policy.

Managers shared feedback from complaints with staff, and learning was used to improve the service. For example, one person complained that they didn't have female members of staff caring for them and this was facilitated.

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

Good

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles and had a clear understanding of people's needs and oversight of the services they managed. Management and staff put people's needs and wishes at the heart of everything they did.

Leaders worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

Leaders and senior staff were alert to the culture in the service and as part of this spent time with staff, people and families discussing behaviours and values.

Good

Wards for people with learning disabilities or autism

Managers worked directly with people and led by example. We saw the manager providing caring support to people.

Managers promoted equality and diversity in all aspects of running the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how to apply them in the work of their team. These were clearly displayed in staff areas of the ward along with the service model.

The provider had a clear vision for the direction of the service that demonstrated ambition and a desire for people to achieve the best outcomes possible.

Managers set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives. Staff were able to tell us of times they had raised concerns and these had been listened to and acted upon.

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. We saw that there was an open and honest culture at the hospital.

The provider invested in staff by providing them with quality training to meet the needs of all people using the service. This included training on dysphagia and on positive behavioural support.

Staff felt able to raise concerns with managers without fear of what might happen as a result.

Staff we spoke with told us they felt respected, supported and valued by senior staff, which supported a positive and improvement-driven culture. They said they were happy to be working there.

Governance

Governance processes were effective and helped to hold staff to account, kept people safe, protected their rights and provided good quality care and support.

The provider kept up to date with national policy to inform improvements to the service. Staff received prompts from the provider, as well as subscribing to email reminder services for changes in national policy.

Staff did clinical audit, benchmarking and quality improvement work to understand and improve the quality and effectiveness of care. We reviewed the audit schedule and saw that actions were highlighted and acted upon.

The management of records and recordings of surveillance ensured they were protected and stored safely.

There was a clear, recorded purpose for the use of surveillance supported by relevant assessment

Management of risk, issues and performance

Good

Wards for people with learning disabilities or autism

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

Staff were committed to reviewing people's care and support continually to ensure it remained appropriate as people's needs and wishes changed.

Staff were able to explain their role in respect of individual people without having to refer to documentation. They showed good knowledge of the patients in their care. They gave good quality support consistently.

Staff acted in line with best practice, policies and procedures. They understood the importance of quality assurance in maintaining good standards.

Information management

Staff collected and analysed data about outcomes and performance and engaged in local and national quality improvement activities. This included stopping over-medication of people with a learning disability, autism or both (STOMP).

The psychology team at the service was also monitoring the improvements in various recognised scales that they used to measure patient outcomes. This was alongside the general assessment of progress scores that the service used to measure people's outcomes.

Engagement

People and those important to them worked with managers and staff to develop and improve the service. Staff had liaised with patients about setting mutual expectations for the ward. However, they had not displayed these at the time of this inspection.

Staff encouraged people to be involved in the development of the service. This included in the layouts of the rooms. People using the service had input into the creation of a therapy space, as well as naming the area and deciding on the colours of the room.

The provider sought feedback from people and those important to them and used the feedback to develop the service. This included seeking carer advice on what to include in their carer's booklet.

The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their health and life outcomes.

Senior staff understood and demonstrated compliance with regulatory and legislative requirements. They notified the Care Quality Commission and other external bodies appropriately when they were required to.

Staff engaged in local and national quality improvement activities.

Learning, continuous improvement and innovation

The provider kept up to date with national policy to inform improvements to the service.

Good

Wards for people with learning disabilities or autism

The provider invested sufficiently in the service, embracing change and delivering improvements.

The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible

The provider was planning to conduct a piece of clinical research and were awaiting approval from a national ethics board for an area of research which they wanted to conduct at the service.