

Wast Hills House

Quality Report

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

Ratings

Overall rating for this location	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Outstanding	☆
Are services caring?	Outstanding	☆
Are services responsive?	Good	●
Are services well-led?	Outstanding	☆

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

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

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

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

Summary of findings

Overall summary

We rated this service as outstanding because:

- Wast Hills was a safe, modern and environmentally suitable facility for patients. There was a secure door entry system to prevent unwanted visitors and closed circuit television in some areas.
- Staff managed risk well and Wast Hills had a good track record on safety. Staff undertook thorough risk assessments for each patient on admission, which they updated regularly. They also carried out environmental risk assessments and ensured equipment was tested and calibrated effectively.
- Staff had received training in safeguarding adults, and regularly reported safeguarding concerns to the local authority. Mandatory training compliance levels for staff were good.
- Staff knew how to report incidents. Local managers investigated incidents and there were systems in place so senior managers had oversight of outcomes. Local managers and the wider company shared lessons learned with staff in meetings and in a monthly newsletter.
- Wast Hills had safe systems to manage medication and to prevent the spread of infection.
- There was an ongoing recruitment programme to fill vacancies and managers had recruited a small bank of temporary staff to support the permanent team, most of whom were already familiar with the service. The company had agreed funding to “over fill” nursing vacancies so the unit would not be short staffed when patient numbers grew.
- Commissioners, families and external staff who visited Wast Hills told us they believed the service was safe and patients were cared for safely.
- Staff followed a model of care called ‘Personal PATHS’ that was developed by the Danshell Group. PATHS supported patients across five areas; positive behaviour support, appreciative enquiry for staff, patients and carers to reflect, to achieve therapeutic outcomes, promote healthy lifestyles, and provide safe services.
- Staff provided good quality care and treatment. They routinely supported patients to address their physical healthcare needs as well as their emotional needs. Different professionals worked very well together to assess and plan for the needs of their patients.
- The service followed Department of Health and the National Institute for Health and Care Excellence guidelines. Staff were able to access specialist training relevant to their roles. Staff used specialist tools to assess the specific needs of their patients.
- All patients had up-to-date care plans. These focused on positive behaviour support, person-centred care, treatment, rehabilitation and independence-building skills as well as social and leisure-based activities.
- To support their treatment, patients had access to specialist therapies, which included speech and language therapy, psychology, occupational therapy and creative art. Staff were keen to support patients to develop special interests and we saw examples of patients trying new experiences as well as things they had enjoyed for a long time. Some patients were involved in work experience placements. Staff encouraged patients to celebrate their achievements.
- Staff had a very well developed understanding of the Mental Capacity Act 2005 and the Mental Health Act 1983. Assessing mental capacity and enabling patients to make decisions was thoroughly embedded throughout the service. Staff routinely referred patients for advocacy support if they lacked the capacity to do so themselves. Mental Health Act and Deprivation of Liberty Safeguards paperwork was all in order and was effectively stored.
- Commissioners and community teams were extremely positive about the service and each commented on the high quality of multidisciplinary working and associated paperwork.
- Staff used the positive behaviour support model, which ensured they understood patient behaviours and responded in ways which promoted patients’ rights, preferences and communication needs.
- Staff treated patients with kindness, dignity and respect; and were able to accurately anticipate the needs of patients who could not verbally communicate.

Summary of findings

- Staff ensured patients and relatives were engaged with assessments, care plans and discharge arrangements. Patients were involved in developing their own care plans and staff gave them copies which were in an “easy read” format.
- Staff routinely sought feedback from people who used the service including patients, relatives, community teams, commissioners and staff. The company analysed this feedback and made changes as a result.
- Almost all relatives said they knew how to make a complaint and believed staff would deal effectively with any complaint. Relatives of patients using the service were highly complimentary and positive about the programme, the staff and the progress patients had made.
- The service went to extensive lengths to meet the needs of patients who were ready to move but had nowhere to go.
- Local managers led their team very well. They were available and accessible to staff. Staff and patient families spoke very highly of the local managers. Managers routinely held supervision and annual performance reviews with staff. They monitored mandatory training to ensure compliance. Managers did not tolerate poor staff performance and took effective action if any concerns came to light.
- The company invested in, and was responsive to the needs of staff. As a result, staff morale was very good. Managers listened to their staff and provided them with additional resources when they needed them.
- Staff had access to specialist training and the company routinely supported them to undertake vocational and academic study such as Masters degrees and diplomas. The company supported staff who needed to work flexibly due to caring commitments and provided confidential support and counselling if staff needed it. There were a range of benefits available to staff.
- The service had a detailed audit programme, the outcomes of which were open and transparent. The service had good systems in place so they could monitor and audit the quality of care. The senior management team were accessible to staff and local managers.
- The service was in the process of becoming accredited with the National Autistic Society.
- Between May 2015 and April 2016, a serious case review took place, which looked at issues surrounding the treatment and discharge of a patient at Wast Hills. The patient had been at Wast Hills between July 2013 - March 2014. During this inspection, we found that Wast Hills had addressed the issues raised in the Serious Case Review. We found they had changed their processes, implemented new procedures and improved monitoring.

Summary of findings

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Outstanding



Wast Hills House

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to West Hills House

West Hills House is an independent hospital providing assessment, treatment and care to people with a complex learning disability and autism.

West Hills House is owned by Oakview Estates Limited, trading as The Danshell Group. The hospital is known as West Hills. There are three units on the site; The Main House, The Annex (known as The Bungalow), and The Lodge. There are 26 beds in total; six in The Bungalow; four at The Lodge and 16 in The Main House. Bed numbers were recently reduced from 28 to 26 following work to reconfigure four bedrooms into two suites at The Main House for patients with specific needs. The total beds will be reduced again from 26 to 24 once work is completed at The Lodge, to do the same for two patients with complex physical needs. The service hopes to change the registration for Bungalow to provide registered activities for accommodation for persons who require nursing and personal care. They hope to use The Bungalow to provide stepdown care and support for patients who are ready to move on from the hospital. If this change takes place, bed numbers will reduce by a further six.

There were 14 patients at West Hills House when we carried out this inspection; three in The Bungalow; 10 in The Main House; and one patient on extended section 17 leave at a step-down placement.

West Hills House is registered with the Care Quality Commission (CQC) for the following registered activities:

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

For the purposes of their registration with CQC, West Hills House has a registered manager and a responsible officer.

The Main House is a large period property. The Lodge is detached period lodge house at the entrance of the site. The Bungalow is a purpose build, modern, single story building next to The Main House. The hospital is set in six

acres of grounds. The Main House and Lodge were formerly part of a country estate and had been sympathetically upgraded to provide suitable accommodation for patients.

Due to the extensive redesign work being undertaken at The Lodge, we did not include it in this inspection. There were no patients in The Lodge at the time of the inspection.

West Hills is situated in a rural location between Birmingham and Redditch. There are parking facilities on site.

West Hills was last inspected by the Care Quality Commission in August 2015. There were no compliance actions resulting from that inspection. The last unannounced Care Quality Commission Mental Health Act monitoring visit was carried out in June 2015. There were no outstanding issues relating to that visit when we carried out this inspection.

West Hills is located in Worcestershire and the service is commissioned through clinical commissioning groups (CCGs) in England and the equivalent in Scotland. Patients are referred to West Hills through clinical commissioning groups and funded through the NHS. In line with NHS England Transforming Care arrangements, CCGs would assess and refer patients following a care and treatment review, meaning patients, families, the patients' local clinical team and CCGs would hold a case conference to discuss the care pathway for an individual prior to admission. Patients with a diagnosis of a learning disability and/or autism are then regularly monitored by the funding CCG, NHS England and local clinical teams during their admission to West Hills. This monitoring is done using a combination of care and treatment reviews (CTRs), Care Programme Approach reviews (CPAs), multidisciplinary team meetings, community care coordinator contacts and visits.

Between May 2015 and April 2016, a serious case review took place, which looked at issues surrounding the treatment and discharge of a patient at West Hills. The patient had been at West Hills between July 2013 - March 2014 and at another unit before this. The serious case

Summary of this inspection

review looked at the patient's experience from April 2012 to March 2016. The issues relating to West Hills pertained to the admission, treatment and discharge of the patient during their time at West Hills. In September 2013, during the time the patient was at West Hills, the ownership and management of the hospital changed from a company called Castlebeck to the present company Danshell. Whilst the experiences of this patient lay outside of the timeframe for this inspection, the serious case review report was published in April 2016, which is within the reporting timeframe for this inspection. We spoke to the patient's family to hear their experience.

The serious care review made a number of recommendations for a variety of local and national

organisations. Some of the recommendations related specifically to West Hills so we looked at these for the purposes of this inspection. Recommendation themes included; admission process, diagnosis review process, the escalation process for placement breakdown, transfer of patients' comfort items, safeguarding, family engagement, the use of restraint and medication. During this inspection, we found that West Hills had addressed the issues raised in the Serious Case Review. We found they had changed their processes, implemented new procedures and improved monitoring ahead of the serious case review publication.

Our inspection team

Team leader: Claire Harper, inspector, CQC.

The team that inspected West Hills House comprised four CQC inspectors, and a variety of specialists: a nurse and an Expert by Experience, a person with experience of using or caring for a person who uses learning disability and autism services.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

We sought feedback from patients and their relatives using three comment card boxes placed at West Hills prior to the inspection. We also asked West Hills to email

the relatives of patients, asking if they would be willing to hold telephone interviews with members of the inspection team. We held a focus group for staff and arranged telephone interviews with senior company leaders.

During the inspection visit, the inspection team:

- visited The Main House and the Annex known as The Bungalow. We looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients who were using the service
- carried out 12 telephone interviews with relatives of patients
- carried out one face-to-face interview with a relative

Summary of this inspection

- carried out one telephone interview with the relative of a discharged patient
- spoke with the registered manager, deputy manager and the regional operations manager
- spoke with the company medical director and the director of nursing
- spoke with 21 other staff members; including support workers, nurses, an activity co-ordinator, the chef, a domestic assistant, two kitchen staff, three maintenance staff, the doctor, speech and language therapist, occupational therapist, psychologist and an administrator
- received feedback about the service from four patient community nurses from different regions and four different regional commissioners of the service
- received feedback from the local authority safeguarding team
- spoke with an independent advocate
- attended and observed two multidisciplinary flash meetings and two multidisciplinary patient meetings
- attended and observed a unit led clinical governance meeting
- collected feedback from one patient, two members of staff and seven family members using comment cards
- carried out four short observation framework for inspection observations
- carried out two lunchtime observations and two unstructured observations of activities
- looked at eight patient care and treatment records including one discharged patient
- spoke with 12 staff at a focus group
- carried out a specific check of the medication management in The Bungalow and The Main House
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

It was not possible to carry out formal interviews with many patients at West Hills due to the complex nature of their needs and communication barriers.

We were able to interview two patients. Both said they were happy and felt safe at West Hills. They were very complimentary about the manager and enjoyed all the activities available to them. One patient told us they could speak to staff about anything and could talk to the manager too. The patient told us that, a long time ago at West Hills, they were regularly restrained but that did not happen anymore unless they were really upset. They also said they were never locked in but they could spend time on their own if they wanted to. The patient said it was better at West Hills than their previous placement because it was more relaxed. Both patients told us that staff were always caring and respectful to them and their possessions were safe. They told us they felt safe at West Hills and the quality of the food was good. One of the patients told us they knew how to make a complaint but had never needed to make one. We asked if there were any bad points about West Hills and the patient said there were none. They said one of the good things were the staff, who were very good.

We carried out four 'short observational framework for inspection' sessions. We call these SOFIs. SOFI is a tool

developed with the University of Bradford's School of Dementia Studies and is used by inspectors to capture the experiences of people who use services but may not be able to express their experience fully for themselves. We also carried out less structured observations of staff and patient interactions. Both sets of observations showed meaningful, humorous and relaxed engagement between patients and staff.

We received 10 comment cards, one of which was from a patient, two from staff and seven from the relatives of four patients. Every comment card was highly positive. Overall, the comment cards praised the service, the programme and the manager at West Hills.

We carried out one face-to-face interview and 12 telephone interviews with relatives of current patients at West Hills. They were all positive about the service provided to their relatives. Two people said their relatives was still settling in at West Hills so were not able to comment upon every question we asked them but overall, they had no concerns about their relative's safety.

Everyone told us they felt their relative was well cared for and was safe at West Hills. A number of families told us their relative was much happier since moving to West Hills. One parent told us their son or daughter had some

Summary of this inspection

medication reduced, which they were pleased about. Three parents told us their son or daughter had poor experiences at previous placements and they were much happier at Wast Hills than they had been before moving there. Several families told us they really wished their relative could stay at Wast Hills and not have to move somewhere else in the future.

At the time of the inspection, we were contacted by an organisation that supports the families of people with severe learning disabilities, because they wanted to tell us what they knew about some families' experience of Wast Hills. They were concerned about the care and treatment provided at Wast Hills. Over the previous six years, they had heard from three families who were unhappy with the care at Wast Hills. They gave us the contact details for the relative of a patient who had been discharged from Wast Hills in the summer of 2016, before the inspection visit. We spoke with this relative so we could learn about their experience. They were unhappy with every aspect of the service provided by Wast Hills. We suggested they make a formal complaint to the hospital, so that Wast Hills could formally investigate their concerns. The support organisation also told us about a

complaint made by the family of a patient discharged from Wast Hills in the Spring of 2016. As part of the inspection, we looked at that complaint and the investigation Wast Hills had carried out to respond to it. The support organisation also told us about concerns a family had shared with them in 2011, relating to their experiences in 2010, when Wast Hills was owned by another company.

We also spoke with a relative of the patient who was the subject of the serious case review referred to earlier in this report. We listened to their experience.

We looked at a random sample of compliments, taken from a collection at Wast Hills. They were from relatives, community-nursing teams, students who had been on a work placement and one was from a member of the community who staff helped when they were being attacked by a dog. The compliments were all positive about the staff, the unit and the treatment programme.

We used all the information we received, from everyone we had contact with, to direct our assessment and to inform the judgement we reached about Wast Hills House.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The Main House was visibly clean, clutter free and well maintained.
- The service had policies for protecting patients from avoidable harm and all staff understood how to recognise and report safeguarding concerns.
- The service did not practice seclusion and only used restraint as a last resort. Staff did not use prone restraint. The use of restraint was monitored and learning discussed across the service.
- There were low vacancy rates for nurses and support workers. Managers were recruiting to fill the vacancies. There was only one other vacancy at Wast Hill, for a secretary. There was low use of agency and bank staff but those used were familiar to staff and patients.
- The service had a thorough induction process for all staff, including agency or temporary workers.
- Staff carried out appropriate risk assessments, to keep patients safe, and updated them regularly.
- The service carried out regular checks to ensure the buildings and environment were safe for staff and patients.
- Staff completed their mandatory training and managers monitored their attendance to ensure compliance. Overall compliance met the company target. .
- The unit had medication management policies in place and an independent pharmacy carried out regular audits.
- There was no pressure from the company for staff to fill hospital vacancies. Staff were given the autonomy to decline referrals for patients they did not feel able to support effectively.
- Staff knew how to report incidents or risks of harm. Staff logged incidents and managers investigated them. The service used staff meetings and a monthly staff newsletter to share information about incidents so they could learn lessons from anything that had gone wrong.
- Clinic rooms were well stocked and effectively organised.
- The service advised the Care quality Commission of all required statutory notifications.

However:

- Staff turnover rates were high.

Good



Summary of this inspection

- Mandatory training levels in some areas were below the company compliance target.

Are services effective?

We rated effective as outstanding because:

- The 'Personal PATHS' model of care, developed and used by the service, had recently been reviewed and endorsed by an external psychiatrist who was a specialist in the field. This model incorporated positive behaviour support, learning from incidents, the promotion of healthy lifestyles, safe care and treatment and therapeutic outcome measures including discharge planning.
- Staff, including domestic and maintenance staff, were trained in positive behaviour support and the Mental Capacity Act.
- Staff used the "intensive interaction" model to learn how to get communication and social relationships started with patients from admission.
- All patients had a Health Action Plan and a Hospital Passport. Best practise recommends these for people using learning disability and autism services. This meant health promotion was consistently considered in care plans and important information for each patient was available to external health professionals, for example, if patients needed urgent health care.
- Wast Hills used service specific outcome tools that met the needs of patients who have a learning disability and autism. These included the Health Equalities Framework, which is endorsed by the National Valuing Families Forum. Staff also used the Triangle Outcome Star for people with autism and the Health of the Nation Outcome Scales for people with learning disabilities.
- Staff planned and delivered patient care and treatment in line with current guidelines from the Department of Health and the National Institute for Health and Care Excellence (NICE).
- In line with NICE guidelines and the Mental Health Act Code of Practice (2015), patients received thorough physical health checks and medical care to promote their health and wellbeing.
- The Department of Health's "Positive and Proactive Care: reducing the need for restrictive interventions" (2014), was embedded within the service.
- External professionals praised Wast Hills for their high quality multidisciplinary and inter-agency working practices, noting they were amongst the best they had seen.

Outstanding



Summary of this inspection

- External professionals were highly positive about the progress their patients made at Wast Hills, noting significant reductions in self-harm behaviours, incidents and observation levels.
- The service had a mix of staff from different professions to provide a full multidisciplinary service. External professionals commented on the exceptional knowledge each member of the multidisciplinary team showed for patients.
- Record keeping throughout the service was to a very high standard.
- Staff received regular supervision and an annual appraisal. Compliance rates were high.
- Patients could access other health services when they needed them. We saw staff routinely arranged ophthalmic and dentistry appointments for patients. The service made private arrangements for physiotherapy when patients needed it.
- Care plans were up-to-date, showed patient and family involvement, and staff regularly updated them to reflect changes in patient need. Language used in care plans was person centred and meaningful to patients and their families.
- Staff developed detailed activity and therapy programmes, which gradually increased patients' exposure to new things and slowly increased their independence.
- Psychological therapies, such as cognitive behavioural therapy, were available for patients.
- Staff had a detailed and embedded knowledge of the Mental Capacity Act, which meant they consistently assessed capacity.
- Staff had a good understanding of the Mental Health Act. Patients had access to third tier Mental Health Review Tribunals, managers' hearings, and mental health advocacy. Staff routinely made patients aware of their rights under the Mental Health Act and had a good process for recording section 17 leave.

Are services caring?

We rated caring as outstanding because:

- We spoke with 13 relatives of current patients at Wast Hills. They were overwhelmingly positive about the service Wast Hills provided to their relatives. A number of families told us their relatives were much happier since moving to Wast Hills.
- We received 10 comment cards and all were highly positive about the care and treatment provided at Wast Hills. They complimented the service, its treatment programme and the manager.

Outstanding



Summary of this inspection

- We observed the care delivered by staff through structured observations. These observations showed interactions between patients and staff were relaxed, humorous and meaningful. We observed many kind, intuitive and caring interactions between staff and their patients.
- We saw that staff supported patients in a compassionate, kind and timely way. They treated patients with dignity and respect.
- We spoke with four commissioners from three different commissioning groups and four community nurses all of whom spoke very positively about the care and treatment provided by Wast Hills staff.
- The service actively encouraged families to play a part in the running of the unit. A family representative routinely attended the unit led clinical governance meeting.
- There was an independent advocacy service which regularly visited the hospital. Staff routinely referred patients if they felt the person would benefit, even if they lacked the capacity to know an advocate might be helpful. The advocate spoke very highly of Wast Hills staff and the service.
- Staff involved patients and their families as real partners in their care, treatment and rehabilitation.
- Patients and relatives told us staff treated patients in a kind and caring way.
- To promote patients' wellbeing, staff used positive behaviour support to effectively understand, anticipate and meet patients' needs.
- Patients chose how to decorate their rooms and staff used individual communication tools to determine colours and items of special interest which might please and comfort patients who could not verbalise their preferences.
- Staff anticipated needs then responded immediately and compassionately to their patients.
- Patients were encouraged to learn new skills and to develop independence with whatever skills they could. Staff encouraged patients to celebrate their successes and used a strengths based approach.
- Staff prepared care plans in a format which was accessible to individual patients.
- The service supported patients to establish goals and develop a better understanding of their needs and how to then communicate those needs.

Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- The service went above and beyond what would be reasonably expected of them to meet the changing needs of individual patients, even though it meant bedroom numbers would be reduced and the cost of redesign work was substantial.
- There was no pressure from the company for staff to fill hospital vacancies. Staff were given the autonomy to decline referrals for patients they did not feel able to support effectively.
- Staff assessed patients for the service in a timely manner. They kept referrers informed about the referral and assessment process.
- The service worked well with other agencies to support patients to move on from the hospital.
- Discharge was discussed early into admission. The pathway toward discharge was open and transparent for patients, their families and commissioners to understand. Staff provided regular updates to commissioners so they could track patient progress. They proactively discussed potential or actual delays in discharge with commissioners and external agencies. Wast Hills routinely sent their staff long distances to support discharge or transition arrangements for patients.
- Patients could access the right care at the right time because they had a range of professionals on site who worked very well together to support them.
- Staff constantly reviewed the general environment to ensure it met the needs of patients.
- Families knew how to raise concerns and there were opportunities for them to provide feedback about the service.
- The service had reviewed and acted upon the recommendations of a serious case review

Are services well-led?

We rated well led as outstanding because:

- Wast Hills was awarded The Great Autism Practice Award at the 2016 National Learning Disabilities and Autism Awards. They won the award for providing, what judges described as, "a passionate, person centred and outcome focused service that is delivering truly great innovative services and transforming the lives of the people they are working with".
- The service had been cited as a source for best practice in the Public Health England document "Making reasonable adjustments for people with learning disabilities in the management of constipation" (August 2016).

Outstanding



Summary of this inspection

- The service was involved in national research. The mATCH study - “People with Autism detained within hospitals: defining the population, understanding aetiology and improving Care Pathways” – a three year project, commenced in October 2015.
- The leadership, governance and culture within the service promoted the delivery of quality, person-centred care. Staff and managers showed a great commitment towards continual improvement and innovation. They were openly proud of their service and keen to showcase their achievements.
- The service was in the process of becoming accredited with the National Autistic Society.
- A nominated family member formed part of Wast Hills’ clinical governance meeting. They were able to bring a family carer perspective to the meeting.
- Managers carried out regular staff, family and patient satisfaction surveys. They routinely sought written feedback from external professionals for example using feedback forms for each Care Programme Approach and Care and Treatment Review meetings.
- The service was very responsive to feedback from patients, staff and external agencies. Based on feedback they received, staff looked for ways to improve how they did things.
- Local managers were visible and available to staff, patients and families. Senior company leaders regularly visited the unit.
- Managers listened to their staff when they described having seen poor practice for Wast Hills’ patients in other health settings. Managers met with these providers to agree an action plan, which led to improvements in patient care.
- Wast Hills staff delivered free training and education to community facilities such as hotels and leisure services where patients enjoyed activities.
- Morale amongst staff was very good. Staff were proud of the work they did and wanted to talk about it. The service used a “Positive Events Log” where staff wrote positive comments and recorded praise for their colleagues.
- Staff were confident they could speak up if they had concerns and felt their managers would listen and support them.
- There was clear learning from incidents and managers openly shared these with staff at the unit and across the company.
- There were good development opportunities for staff. Managers supported them to attend specialist training courses and national conferences so they could develop their careers and share best practice.

Summary of this inspection

- Staff identified the need for specialist training to work with people who had personality disorders. Managers listened to this and provided training, which staff felt improved their knowledge and skill.
- The service routinely monitored the quality of the care they provided. They had a detailed rolling audit programme and measured outcomes across the company.
- The company provided many staff benefits for its workforce.

Detailed findings from this inspection

Mental Health Act responsibilities

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






- The use of the Mental Health Act (MHA) was consistently good across the service. There were four detained patients on the unit when we carried out the inspection, one of whom was on section 17 leave at their new placement.
- The documentation we reviewed in patients' files was detailed, up-to-date and all relevant paperwork was present.
- The doctor completed consent to treatment and section 17 leave paperwork.
- Staff risk assessed patients before section 17 leave took place.
- Staff routinely and regularly explained patients' rights to them.
- There was access to an independent mental health advocate and an independent mental capacity advocate to support patients if they needed one.
- Staff received MHA training during their induction followed by annual updates. The company target for mandatory training in the MHA was 80%. At Wast Hills, 71% of staff were up-to-date with their MHA training. However, we found staff demonstrated a good understanding of their responsibilities under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- We found excellent examples of best practice in applying the Mental Capacity Act (MCA) at Wast Hills. Staff demonstrated a thorough and detailed knowledge of the principles of the MCA.
- Supporting patients to make decisions was completely embedded within the service. All care staff were able to give examples of their daily practice which clearly promoted patients' human rights in decision making. Understanding capacity and the right for individuals with capacity to make an unwise decision was clearly understood.
- Staff supported patients to make decisions and did not make assumptions that a patient lacked capacity simply based upon their inability to communicate their decision.
- Wast Hills staff were on target with the company compliance rate of 80% for completion of training in the Mental Capacity Act. This training was also undertaken by domestic and maintenance staff, which was particularly good practice.
- Staff demonstrated a clear understanding of Deprivation of Liberty Safeguards (DoLS). They knew which patients had a DoLS in place.
- The service had excellent systems in place to monitor DoLS. They routinely made applications to the local authority and knew when applications had been processed effectively. They kept detailed records of all applications and authorisations. They were supporting two patients at the High Court with respect to difficulties they were encountering between English and Scottish law. They challenged the supervisory body if there were delays in carrying out Best Interest Assessments or processing DoLS.



Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good



Safe and clean environment

- There was a secure entrance to The Main House and The Bungalow. Access to non-patient areas was by staff operated key fobs only.
- Patient bedrooms, toilets and bathrooms had call alarms so patients could request help if they needed to.
- Staff carried out environmental audits of ligature risks. A ligature is an anchor point, which some people use to tie things to, for the purpose of hurting themselves. They checked the building for fixtures or fittings patients could use to hurt themselves. There had been no ligature incidents recorded on the unit. Staff identified ligature risks and put in place appropriate measures to eliminate or reduce the risks.
- Bedroom doors had peep windows so staff could check on sleeping patients without disturbing them. These were covered when not being used, to ensure privacy and dignity.
- Patients and families told us they felt safe and their private possessions were safe. Patients had lockable spaces to store their possessions in their rooms. They told us their relatives appeared safe and were sure they would notice if their relative was unhappy because they would recognise changes in their behaviour or there would be an increase in incidents.
- The unit was visibly clean and well maintained. The corridors were clear and clutter free. However, the

laundry room in The Bungalow was cluttered with a few items such as new toothbrushes, old shampoo and creams and odd bits of clothing. We told a manager who dealt with it immediately.

- Staff supported patients to keep their rooms tidy and domestic staff did the cleaning. The bedrooms we looked at were visibly clean. However, one bedroom in The Bungalow had fluff and a dead insect between the internal and external bedroom window. We made staff aware of this and they agreed to ensure it was cleaned.
- Patients and relatives told us the unit was always clean and tidy. Cleaning logs were available for inspection.
- Domestic staff were a central part of the unit team and were visible on site. They knew patients well and managed cleaning schedules in a way which was person centred as well as effective. Domestic staff worked with nurses and support workers to manage risk. They also had systems in place to clean patient activity items such as foot spas.
- Patient items stored in fridges were clearly labelled and in date. Patient fridges on the unit were clean and domestic staff monitored fridge temperatures. However, the fridge in The Bungalow dining room was over frosted and one of the specialist patient chairs was stained. A manager acknowledged this and arranged for the issues to be dealt with.
- The unit displayed hand hygiene signs and sinks were available for patients, visitors and staff to use. However, the hand washing sink and dishwasher in The Bungalow was out of order on the day of the inspection. Staff had informed the maintenance team who were dealing with the repair.
- The service conducted regular infection prevention and control audits, to ensure patients and staff were



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protected against the risks of infection. There was a company audit schedule to monitor all of the company's services, the results of which were available on a company dashboard.

- Maintenance staff had a weekly schedule to inspect the water system to make sure it was clean. They followed company policy, using the Health and Safety Executive guidance, document L8 "Legionnaires' disease - The control of legionella bacteria in water systems".
- Staff appropriately disposed of sharp objects, such as used needles and syringes.
- The clinic room was visibly clean and well ordered. Records showed the service regularly maintained and serviced equipment appropriately. Servicing dates were visible. Emergency equipment, including defibrillators and oxygen, was in place. Staff checked this regularly to ensure it was fit for purpose and they could use it effectively in an emergency. Check and service dates were up-to-date. The checklist cleaning logs in clinic rooms were up-to-date.
- Maintenance staff were based on site and staff said maintenance carried out repairs in a timely manner. We saw active maintenance schedules being carried out.
- The unit carried out regular safety tests for electrical items. Testing of all items we looked at was up-to-date.
- Staff carried out regular pillow and mattress audits, replacing any that did not meet standards.
- Staff carried personal alarms. Managers carried pagers so if there was an incident, they could see where it was.

Safe staffing

- All staff reported they had enough colleagues on duty to do their job. Several staff told us there had been times in the past when recruitment had been difficult and they had sometimes felt short staffed. However, they all reported this was no longer an issue. The service did not use a specific tool to determine staffing levels but the company did have a "core staffing" level which was one member of staff to two patients during the day and one member of staff to three patients at night. We saw much higher staffing ratios at the time of the inspection, which were in line with individually assessed patient need. Staffing levels changed depending upon how many patients were on the unit and as each patient observation level was assessed. For the number of patients on the unit during the inspection we saw very good levels of staff to patient ratios.

- The service had increased support worker levels earlier in the year, to incorporate "floating" staff. This meant there were always additional staff available to provide support to colleagues and patients. This also enabled staff to complete paperwork effectively. Managers had also received company approval to increase basic level nurse cover from two to three for the day shift. At all other times, there were two nurses. Families and patients told us there were always plenty of staff visible on the unit.
- There was one senior nurse vacancy, four nurse vacancies (one of which had been recruited to) and three support worker vacancies (two of which had been recruited to). There was also one vacancy for a senior secretary. Managers were actively recruiting for these vacancies and were very positive about a new recruitment provider they had recently employed. They confirmed recruitment had been more difficult in the past but their vacancy levels now were manageable. The nursing vacancies included the recently agreed additional staffing levels. The extra recruitment was in anticipation and planning for accepting new patient admissions. Therefore, there were only 1.5 nursing vacancies at the unit and no support worker vacancies.
- Staff turnover in the 12 months leading up to the inspection stood at 39%. This figure represents a high turnover. We asked managers about this and they told us a number of staff had left for higher education and one member of nursing staff left soon after appointment due to performance management issues.
- In addition to the staffing establishment, the unit manager and deputy manager were registered nurses and were routinely available to provide extra support to staff and patients if needed.
- The service had established a regular small bank of staff who could work at short notice. There was also one agency nurse who had worked at the unit for a number of years. Agency and bank staff were required to undertake the same mandatory training and induction programme as permanent staff. Having a regular group of bank of staff and a regular agency nurse was beneficial for the unit because it meant temporary staff were familiar to staff and patients as well as the environment and processes. Managers were recruiting additional staff, over their required numbers in preparation for accepting new patient admissions.
- We saw the use of agency and bank staff had fallen in line with the increase in permanent staff. The use of



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agency support workers was down by a third over the two quarters leading up to the inspection, with 91 shifts being filled by agency staff. The same number of shifts had been covered by agency nurses between August and October 2016.

- During the day, members of the multidisciplinary team also supported patients to engage in activities and therapy sessions.
- Staff had undertaken training relevant to their role, including basic life support; cardiopulmonary resuscitation; first aid; safeguarding adults; fire safety; health and safety; moving and handling; mental health; mental capacity; autism; positive behaviour support; communication; dysphagia; allergy awareness; food safety; infection control; and restraint.
- All staff were required to undertake safeguarding training. The company target was 80% but at West Hills, 94% staff had completed the training. Managers monitored staff compliance with mandatory training and used a traffic light system to highlight when training was in date, nearly due or out of date. Eighty per cent of staff were up-to-date with their mandatory training. This was in line with company targets. Some staff were new in post and were awaiting completion of some mandatory training items. Medication management and fire safety training had the lowest compliance rates, standing at 70% against a company target of 80%.
- There was suitable psychiatric medical cover day and night. The unit also had a service level agreement with the local GP. There was a senior nurse on-call rota.
- Staff, patients and parents told us community leave was never cancelled because of staff shortages. We looked at the number of patient leave hours facilitated in the community and found these averaged 35 hours a month for each patient between June-September 2016. Some patients had considerably more leave, for example, one patient regularly had over 150 hours of community activity while others could only tolerate short periods.

Assessing and managing risk to patients and staff

- Staff carried out individual risk assessments for all patients. Risk assessments were clear and staff linked them to individual care plans. They included history, triggers, protective factors and de-escalation strategies for each patient. Staff regularly updated risk assessments, routinely assessed patients before they

took leave from the unit and while they were in the community. Some patients had specialised historical clinical risk assessments. Staff updated these to reflect new information.

- Staff were mindful of the needs of existing patients when accepting new referrals. The service did not run at full capacity. There was no pressure from the company to fill all beds. Staff were given the autonomy to decline referrals for patients they did not feel able to support effectively or safely.
- Informal patients could leave if they wanted to. In the past, staff had issued door entry / exit fobs to informal patients.
- Staff knew their patients well and were confident to enable patients with positive risk taking. We saw examples of patients using hydra pool and swimming facilities in the community. Patients who had previously not been able to have community leave in other placements, were regularly supported by West Hills to go out into the community.
- West Hills had policies to support staff and patients to manage risks. There were no banned items on the unit and patients were not searched. There were no “blanket” policies. All risks were individually assessed for each patient and each activity.
- We saw that if a patient was known to make allegations against staff, managers care planned additional staff support for the person. This provided protection for the patient and staff.
- Staff used the flash meetings and handovers to discuss individual patient risk, incidents, therapy plans and leave arrangements. We saw these meetings were effective, which meant staff shared important information well.
- West Hills did not practice seclusion. However, patients could use a quiet room or their bedroom if they were agitated and wanted a quiet space. Some patients liked to use the grounds as quiet space and staff supported this.
- The service employed a mix of male and female staff, which provided safeguards when providing intimate personal care to patients.
- Each patient had their own en-suite bedroom and there were separate male and female lounge areas. Lavatories and bathrooms were also located in each sleeping area,



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so patients did not have to walk past members of the opposite sex to use the facilities. This meant West Hills complied with Department of Health guidelines on same-sex accommodation.

- Training on conflict management (including restraint and breakaway) was mandatory for all staff, with the level depending on their role. The company used a model which was accredited by the British Institute of Learning Disabilities. At West Hills, compliance for direct care staff was 96% which exceeded the company target of 80%.
- Staff told us they used minimal restraint and only after de-escalation failed. Restraint included hand holding, seated support and occasionally face up (supine). Between 1 January and 30 June 2016, there were 158 recorded incidents of restraint for nine different patients. Of these, 29 were non-restrictive holds. One patient accounted for 56 of the overall incidents. However, there had been a gradual but significant reduction in the frequency of occasions when staff held the patient. The patient's family and commissioner noted this improvement, compared to previous placements. We looked in detail at records of restraint. We saw that another patient, who had been discharged by the time of the inspection, had accounted for 39 of the other incidents. However, there was a reduction in the frequency of recorded restraints by the time of discharge. We saw no records where the frequency of restraint on an individual had increased.
- There were no recorded incidents of face down (prone) restraint. All staff told us they did not and would not use prone restraint. The relative of a discharged patient told us staff had used the prone position restraint on their adult child but we saw no evidence of this in records.
- Staff told us they routinely used de-escalation techniques. Records confirmed this and we observed staff calming patients who were distressed. Some families told us staff at West Hills had needed to use restraint with their relative but not frequently and only if it was required to prevent harm to patients or staff. Some parents told us their son or daughter had previously been restrained a lot in other placements, including prone restraint, but this was not the case at West Hills. One family member said their relative had a long history of very serious self-injury that had required regular restraint, but this had significantly reduced since they moved to West Hills. When that patient did attempt to hurt themselves, staff would intervene appropriately

and did use the minimal amount of restraint required to keep the person safe. We looked at records and saw the patient had regularly caused themselves serious harm at other placements but there had been no significant incidents since they moved to West Hills. Records showed one patient had a history of biting staff so they had to be given protective clothing to wear if they were required to use restraint with that person.

- We looked at records of restraint. Staff recorded these as incidents. They also analysed these incidents routinely and looked at ways of doing things differently as a means of avoiding the use of restraint if they could.
- Staff demonstrated a clear understanding of safeguarding risks. They were confident to raise safeguarding concerns. We saw managers put measures in place if safeguarding concerns involved family members. We also saw evidence that staff, on all levels, had acted swiftly when there had been a safeguarding concern involving a member of agency staff.
- The service informed both the local authority and the Care Quality Commission about safeguarding concerns. The local authority confirmed that West Hills reported relevant safeguarding concerns, were open and transparent with the local safeguarding team and had low, but appropriate numbers of safeguarding enquiries.
- We reviewed the medicine administration records of 10 patients at the unit. West Hills had safe and effective medication procedures. For patients detained under the Mental Health Act, their medication was covered by the appropriate T2 and T3 documents. These are documents specifically relating to medication and the Mental Health Act. Staff identified when errors in medication administration had occurred. Managers compiled reports and staff discussed them in staff meetings so they could learn from them. We saw that the service worked to reduce mental health and antipsychotic medication if possible. One family told us they were very pleased by this.
- The learning disability census, published annually since 2013 by the Health and Social Care Information Centre, reports on a number of issues related to inpatient specialist learning disability services. The census of 2015, reported that 72% of patients received antipsychotic medication either regularly or 'as and when needed'. Between October 2015 and October



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2016, 62% of patients at Wast Hills were prescribed antipsychotic medication which was 10% lower than the national average. All patients had a recorded reason why they were prescribed antipsychotic medication.

- Patients did not manage their own medication at Wast Hills. Wast Hills staff supported them and their families to manage it when they went on home leave. They had been dispensing medication into dosette boxes for patients to take home but the most recent pharmacy audit advised against this, so home medication was issued in the original dispensing boxes. On the unit, nurses dispensed medication in a person-centred way, meeting each patient's needs and preference. Medication charts showed how each patient wanted their medication, for example at what time, with what flavoured drink and if they wanted something unique, such as staff to sing a specific song or hold their hand.
- We looked at a sample of pharmacy audits, which confirmed good practice was taking place and identified areas for improvement. We also saw managers drew up immediate action plans to deal with any issues identified by the pharmacy audit. Records showed the administration of medicines was clear and fully completed. This showed us staff gave patients the right medication when they needed it. The records contained written rationales for any medication which was prescribed outside of British National Formulary guidelines or outside of the licence. These indicated that the clinician, the MDT and pharmacy had been involved in the decision.
- Nurses were trained to give intra muscular (IM) rapid tranquilisation but it was rarely used at Wast Hills. There was one recent incident of a patient requiring IM rapid tranquilisation and we saw there were experienced staff available to administer the injection. Some patients were care planned to receive "as required" (PRN) medication if they were particularly agitated. Staff used efficacy charts to continually review if the PRN was useful for patients. If it was not useful, they stopped it.
- Patients were encouraged and supported to use community health facilities such as the GP, dentist and optometrist.
- The company had a contract with a pharmacy company to provide oversight of their systems and to manage their medication and prescription service. However, there was no direct input from pharmacy into patient

multidisciplinary meetings and reviews. The pharmacy did oversee prescribing and was available at all times (even out of hours) to provide support and to answer staff queries.

- Wast Hills held three times daily meetings where they discussed risk in addition to patient meetings and reviews.
- The chef used Food Standards Agency pictorial recipe templates to indicate allergens contained in each dish. These were easily accessible to staff and patients.
- Patients, relatives and staff told us they felt safe on the unit.

Track record on safety

- Between June 2015 and May 2016 there were 16 serious incidents requiring investigation. The most common type of incidents were patients carrying out acts of violence, aggression or sexual behaviour toward a member of staff. The service carried out detailed analysis of all incidents. They investigated these, using root cause analysis and included the views of the multidisciplinary team in the analysis. They looked at trends and what could be done differently to reduce the likelihood of similar incidents happening again.
- There had been one incident when the staff emergency alarm had stopped working for a period of 12 hours. We saw that staff put additional measures in place, such as bringing extra staff on to duty and the incident was investigated by managers. There had been one incident of the patient lift not working. We saw staff had developed specific care plans and evacuation plans so patients could safely exit the building in the event of an emergency.

Duty of Candour

- Staff understood the Duty of Candour. If they made mistakes, they understood the importance of being open and transparent with patients and their families.
- We saw good evidence that the service was open with patients and families. Managers dealt effectively with complaints, carrying out full investigations. They interviewed 10 staff in one case. The service wrote to the family and gave detailed findings, offering an apology. We also saw an example of staff identifying when a new agency worker had spoken to a service user in a way which staff did not find acceptable. Staff advised the patient's family, their social worker, the Care Quality



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Commission, the agency and the local authority safeguarding team. They provided a debrief for the patient and assurances the agency worker would not be permitted to work on the unit again.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents of harm or risk of harm. They were confident they could report incidents. There was a clear incident reporting policy and the electronic reporting system was easy for staff to access and use. Staff used the “flash meeting”, handovers, the communication book and team meetings to share information about risks and incidents.
- Staff told us there was an open culture so they were encouraged to report incidents. They could do so without being blamed.
- Managers analysed incidents and put measures in place to ensure staff, the service and the company learned from them to minimise re-occurrence.
- Staff informed senior managers of incidents and risks. There were additional processes in place to question and challenge the service which showed good senior level oversight.
- The company openly shared lessons learned in the staff newsletter which was given to staff with their monthly payslips. They considered company wide as well as national incidents to ensure important learning was shared.
- Records showed that managers offered staff and patients de-brief meetings following incidents. If they declined a de-brief, managers returned and offered them another opportunity. Managers, the psychiatrist and the psychologist were available to provide de-brief support to staff.

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

Outstanding



Assessment of needs and planning of care

- Staff carried out pre-assessments before they admitted patients to Wast Hills. We looked at eight patient records

and saw patients received a through multidisciplinary assessment on admission. Staff used specialist assessment tools designed for people with autism and associated complex needs. Some of the tools they used are listed in the next section, “Best practice in treatment and care”.

- Care plans addressed individual patient needs. They were thoroughly holistic, covering all aspects of patient need and preference. Staff reviewed and updated care plans regularly. Language used in care plans was person centred and meaningful to patients and their families. There were easy read versions and staff adapted them to specific patient requirements.
- The worker leading a patient’s transition to Wast Hill completed their positive behaviour support plan.
- Patients received regular physical health checks. Records showed staff routinely supported patients to deal with their physical health care needs. They used community dental, optometry and general health facilities.
- Patients had a Health Action Plan (HAP). Best practise recommends a HAP for people using learning disability and autism services. Wast Hills called them “health promotion care plans”. They included things such as immunisations, healthy eating plans, weight, bowel care and flu vaccination details.
- Patients also had Hospital Passports, which included essential information that other health professionals would need to know in order to provide effective care and treatment, for example at an accident and emergency department.
- The whole multidisciplinary team was involved in completing assessments and care plans. They included family views and incorporated information from previous providers.
- The service offered smoking cessation therapies to patients who smoked.

Best practice in treatment and care

- Staff used the “intensive interaction” model to learn how to get communication and social relationships started with patients. They provided a factsheet from the British Institute of Learning Disabilities (BILD) which explained intensive interaction to families. This model encourages staff and patients to concentrate on the quality of everyday interactions and is particularly useful for patients with complex or severe learning disabilities and autism (BILD, 2004).



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- The service used the positive behaviour support (PBS) model to understand patient behaviours which challenge. The foundation of PBS is to understand why an individual exhibits challenging behaviour, and address the issues that trigger that behaviour. It is based on the values of recognising each person's individuality and their human rights, a rejection of aversive and restrictive practices, and an acceptance that behaviours which challenge develop to serve an important function for people (Skills for Care website accessed November 2016). All except one member of Wast Hills care staff had been trained in PBS, as had the majority of domestic and maintenance staff, which was particularly good practice.
- The service used outcome measures to monitor their intervention. They used HoNOS-LD (Health of the Nation Outcome Scales – Learning Disability) which staff completed four weeks into admission and repeated after eight weeks. They were licenced to use The Triangle Outcomes Star™, the Spectrum version for people on the autistic spectrum. The Outcomes Spectrum Star was designed for adults of any age, to enable them to manage autism and help them make the choices that are right for them. They also used the Health Equalities Framework (HEF). HEF is an outcomes framework based on the determinants of health inequalities, developed by the UK Learning Disability Consultant Nurse Network in response to a request from the Department of Health. The National Valuing Families Forum endorses HEF. Inspectors looked in detail at patient care records and found that staff regularly reviewed outcome measures in multidisciplinary patient meetings.
- The service worked to National Institute for Health and Care Excellence (NICE) guidelines including; “Autism spectrum disorder in adults: diagnosis and management” (June 2012, updated August 2016), “Epilepsies: diagnosis and management” (2012), and “Self-harm: longer-term management NICE clinical guidelines 133” (2011). The Department of Health’s “Positive and Proactive Care: reducing the need for restrictive interventions” (2014), was embedded within the service.
- Staff used specialised tools such as the Glasgow Depression Scale and the Glasgow Anxiety Scale. These are tools specifically designed to assess depression and anxiety in people with communication difficulties. They also used the Abbey Pain Scale to establish pain levels in patients who could not fully express themselves.
- The service used specialist diagnostic tests for autism. These included the Diagnostic Interview for Social and Communication Disorders; the Adult Asperger Assessment; the Pragmatics Profile; Test Reception of Grammar; Communication Checklist - Adult; Autism Diagnostic Interview - Revised; Social Responsiveness Scale, Second Edition; Peabody Picture Vocabulary Test, Fourth Edition; Expressive Vocabulary Text, Second Edition; DSM-and the Adolescence/Adult Sensory Profile.
- The ‘Personal PATHS’ model of care, developed and used by the service, had recently been reviewed and endorsed by an external psychiatrist who was a specialist in the field. They confirmed it met the standards expected within the field and complied with national guidelines. Positive behaviour support plans identify the strengths of an individual, including sensory needs, to develop person centred goals to model behaviours that have a positive impact in their life. Appreciative enquiry was used by staff, patients and carers post incidents to identify what went well and what can be learnt. Therapeutic outcomes measures support the identification of discharge plans early into admission and monitor progress during treatment and recovery. Health lifestyles encouraged patients to recognise and manage their individual health promotion. Safe services provided a framework to proactively manage safe care and treatment for patients. Safe services encompassed information giving to patients and carers, safeguarding training, audit of care delivery, the duty of candour, learning from incidents and communication with families.
- The service sought a second opinion from another specialist in the field when considering changes to a learning disability or autism diagnosis. They also sought a full assessment for patients who moved to Wast Hills with recommendations for a specific eating plan, if there was no accompanying recognised assessment.
- There was a detailed clinical audit programme across the service. Senior company managers were responsible for overseeing specific audits. Staff at Wast Hills were involved in audits which included; records management, Mental Health Act process and documentation, epilepsy, medication management,



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infection prevention and control, ligature risks and mandatory training. The company used an electronic dashboard for oversight and benchmarking of the audit programme.

- Staff developed detailed activity and therapy programmes, which gradually increased patients' exposure to new things and slowly increased their independence. Patients were enabled to gradually learn skills such as how to manage their personal care, how to interact in groups and how to make their own drinks and meals.
- Patients with epilepsy had effective plans in place to manage the complexities of their condition.

Skilled staff to deliver care

- The service provided a full, multidisciplinary team including managers, nurses, support workers, a speech and language therapist, a psychiatrist, a psychologist, a psychology assistant an occupational therapist and activity co-ordinators. They privately commissioned specialist services when patients required them including physiotherapy and hydrotherapy
- Patients registered with a local GP who provided out of hours emergency cover under a service level agreement.
- All staff received an induction to the unit. The induction process was thorough and covered environmental and patient risk issues. Basic induction included the conflict resolution training and mandatory training items. This lasted for two weeks and was followed by several weeks of shadowing more experienced staff on the unit. Induction also included positive behaviour support and autism training. Nurses received additional training in vagal nerve stimulation, epilepsy, tissue viability, diabetes management, pain management and medication management.
- The service had identified lead staff for areas such as infection prevention and control, physical health, spirituality, person centred care and mental health.
- Staff received appropriate training, supervision and professional development. Many staff had been given development opportunities such as time off for study leave and support to undertake higher education programmes including diplomas and masters degrees.
- Staff told us they received regular supervision. Records showed supervision rates were high and averaged 92% in the three months leading up to the inspection. They consistently exceed the company target of 80%. Staff were able to participate in clinical and managerial

supervision. Managers used supervision to address areas such as incidents, performance and safeguarding. They also encouraged staff to reflect on their practice and their development needs. Appraisal rates were high at 90%. Managers routinely carried out appraisals throughout the year. They used an electronic dashboard to monitor supervision and appraisal rates with a traffic light system to show when each was due.

- There were regular team meetings for sharing information. Newsletters kept staff, patients and others informed of company updates and developments.
- The company carried out Fit and Proper Persons Requirement checks for board members. This means they performed thorough background checks. They also had processes in place to ensure staff working with patients had references and full Disclosure and Barring Service checks.
- The majority of maintenance and domestic staff at Wast Hills had received training in positive behaviour support and in the Mental Capacity Act. Domestic staff had also recently received training in personality disorders. One told us how it had helped them to develop a greater understanding and empathy with aspects of some patients' behaviours. By providing specific diagnosis awareness training to non-care staff, the service ensured they were able to work as a whole team when supporting patients to develop healthy and effective behaviour strategies. This was important because some recently admitted patients also had a diagnosis of personality disorder.

Multidisciplinary and inter-agency team work

- We observed two multidisciplinary team meetings (MDT) and looked in depth at patient records. We saw that the meetings were very thorough and considered all aspects of patients' progress. Every commissioner and external community nurse we spoke with told us how thorough they felt patient MDT meetings were, remarking they were amongst the most thorough they saw. Staff routinely invited families to MDTs. Those families who attended told us the meetings were open and thorough. One relative told us they were unable to attend regularly but staff gave them updates after the meetings. The dates of these meetings were planned in advance so families had notice.



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- In line with NHS England guidance, commissioners of the service routinely attended care and treatment reviews at West Hills. They told us the meetings were well attended, and staff were thoroughly prepared with detailed records.
- The company employed regional consultant nurses. They were involved in sharing best practice, attending the national company clinical governance meetings and carrying out audits of the individual services. They were available to staff to provide support and guidance and specialist advice when required.
- The service used communication books for sharing important patient and unit information. Staff routinely referred to these as important sources of information.
- Commissioners, families and external professionals all told us that patient meetings were thorough and West Hills paperwork was excellent. Professionals told us staff knew their patients very well and they said this about each West Hills professional who attended the meetings. External professionals commended West Hills on the quality of their recording and the way each member of their MDT could speak knowledgeably about their patient.
- We spoke with the area local authority safeguarding team. They told us West Hills staff were open and transparent in their dealings regarding any safeguarding enquiries.
- The service worked well with other agencies to support patients through transition in and out of West Hills.
- The service worked with local universities to provide student placements. They also delivered lectures to student nurses about autism. One student was on placement at the time of the inspection and there were others hoping to get a placement. A recent student at West Hills had recently taken up a qualified nursing post at the unit.
- The doctor completed consent to treatment and section 17 leave paperwork.
- Staff risk assessed patients before section 17 leave took place.
- Staff routinely and regularly explained patients' rights to them.
- There was an independent mental health advocate and an independent mental capacity advocate to support patients if they needed one.
- Staff had a good understanding of the MHA. They received training during their induction and updates every year. West Hills performed lower than the company target level for the number of staff who were up-to-date with Mental Health Act training. The company target was 80% and 71% of West Hills staff had updated their Mental Health Act training. Managers noted there had been a problem with the electronic training system, which meant the dates for MHA refresher training had not been recorded effectively. They were aware this had affected their compliance rates. However, we found staff had a good knowledge of the Mental Health Act and how it applied to their patients.
- We found some particularly good practice with regard to informing patients of their rights under the MHA. The doctor and the multidisciplinary team had completed a best interests decision under the Mental Capacity Act, to reduce the frequency from three to six monthly. This was done because the patient found the process particularly difficult and distressing.
- The company carried out regular audits of MHA processes and paperwork. If there were areas for improvement, these were clearly identified and managers put action plans in place to deal with them.
- Staff knew where to get advice about the MHA if they needed it.
- There were no informal patients at the time of the inspection. Four patients were detained under the Mental Health Act and the others were subject to Deprivation of Liberty Safeguard authorisations. However, in the past, staff had provided informal patients with door access fobs so they could leave the unit when they chose to.

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

- The use of the Mental Health Act (MHA) was consistently good across the service. There were four detained patients on the unit when we carried out the inspection, one of whom was on section 17 leave at their new placement.
- The documentation we reviewed in patients' files was detailed, up-to-date and all relevant paperwork was present.

Good practice in applying the Mental Capacity Act



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- We found excellent examples of best practice in applying the Mental Capacity Act at Wast Hills. Staff demonstrated a thorough and detailed knowledge of the principles of the Act.
- Supporting patients to make decisions was completely embedded within the service. All care staff were able to give examples of their daily practice which clearly promoted patients' human rights in decision making. Understanding capacity and the right for individuals with capacity to make unwise decision was clearly understood.
- Staff supported patients to make decisions and did not make assumptions a patient lacked capacity simply based upon their inability to communicate their decision.
- Wast Hills staff were achieving the company compliance rate of 80% for completion of training in the Mental Capacity Act. This training was also undertaken by domestic and maintenance staff.
- Staff demonstrated a clear understanding of Deprivation of Liberty Safeguards (DoLS). They knew which patients had a DoLS in place.
- The service had excellent systems in place to monitor DoLS. They routinely made applications to the local authority and knew when applications had been processed effectively. They kept detailed records of all applications and authorisations. They were supporting two patients at the High Court with respect to difficulties they were encountering between English and Scottish law. They challenged the supervisory authority if there were delays in carrying out Best Interest Assessments or processing DoLS.

Are wards for people with learning disabilities or autism caring?

Outstanding



Kindness, dignity, respect and support

- It was only possible to gather views from two patients during the inspection, so we carried out four short observational framework for inspection sessions. We call these SOFIs. SOFI is a tool developed with the

University of Bradford's School of Dementia Studies and is used by inspectors to capture the experiences of people who use services but may not be able to express their experience fully for themselves.

- The results of the SOFIs showed high levels of meaningful staff engagement with patients. They showed us that when patients were unsatisfied, perhaps because they wanted a different activity or wanted a drink but couldn't ask for one, staff were able to accurately interpret the patients' behaviour, reactions, expressions and demeanor. We saw that staff were able to respond effectively to patients because they understood them. We saw that the quality of interventions was good. We saw no negative staff interactions and there was a high level of patient interaction with staff and with meaningful activities.
- Relatives and external professionals told us staff treated patients in a kind and caring way.
- We observed staff interacting with patients in a caring and compassionate way. They were kind and timely in their responses. They treated patients with dignity and respect. We saw staff supporting patients who had no verbal communication and staff were able to respond effectively, meeting patient need which reduced any frustration they might have felt because they could not express themselves fully. We saw staff working intuitively with patients.
- Staff responded to patients in a calm and respectful way. Their interactions were natural and open. They used humour when it was appropriate. We saw staff using comforting tones, gestures and actively listening and interpreting needs. They had gentle and persuasive discussions with patients when they needed to.
- The use of positive behaviour support enabled staff to effectively understand, anticipate and meet patients' needs which reduced incidents and promoted patients' wellbeing.
- Patients and all but one relative told us staff always treated them with kindness and respect.
- The service had carried out a patient safeguarding survey. This showed 100% of patients believed staff spoke to them in a good way, 86% were happy in the service and 100% believed they were cared for in a safe way.



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- We talked to staff about patients and they discussed them in a respectful manner and showed a great understanding of their individual needs and preferences.
- Patients were able to approach staff freely when they wanted help and support or if they were upset.
- Patients told us staff always knocked their bedroom door before entering.
- Staff supported patients to talk with their families using “Skype” so they could keep in touch.
- Families told us they believed staff were genuinely interested in patients’ wellbeing.
- Staff appeared passionate and genuinely interested in providing good quality care to their patients.

The involvement of people in the care they receive

- Staff involved patients and their families as real partners in their care, treatment and rehabilitation. Patients had individual daily activity plans. These included independence building, therapy and social activities. For patients who needed to carry out ritualistic routines, staff built in time for these during the plan. Staff acknowledged the importance of these behaviours to patients.
- The service made reasonable adjustments in line with the Equality Act 2010, to ensure that people who used the service were supported to communicate their needs and to participate in their own care as fully as possible. They produced easy read leaflets for patients on subjects including bullying, making decisions, door alarms, safe holding and how they felt if they saw a restraint.
- The service arranged family and carer days, and most relatives were aware of these. Those who attended told us they enjoyed the experience. Several families told us they had attended the recent “family day” held at West Hills, where they had the opportunity to meet each other and spend time with their relatives. They were very positive about this experience.
- The company produced regular family carer newsletters. However, one parent of a patient admitted to West Hills within the last three months said they were not aware of the newsletter or of the family days.
- Almost all families told us staff kept them informed of their relative’s progress and any incidents which may have occurred. They said staff kept them informed of important things, such as if their relative was unwell or had an accident.
- Some families told us how staff had made specific arrangements with them, so staff telephoned them at agreed times on the same day each week. The families who used these arrangements found it helpful because it meant they got regular updates about their relative and could incorporate the telephone calls into their routines and other responsibilities. However, two families of relatively newly admitted patients said staff had not set up arrangements like this. These families felt staff did not give them regular updates. One of these families felt they had to contact the unit and when they did, they often spoke to different staff, which they did not find helpful. The relative of one patient, discharged from West Hills earlier in the year, told us staff had not involved them in their relative’s care. However, they said they had been involved in attending patient meetings and Mental Health Review Tribunals, made regular visits to the unit and had frequent telephone contact with staff and their relative.
- Some families told us about the Family Carer Newsletter they had received and thought this was a useful way of getting updates about the service. Almost all families told us they either attended the monthly multidisciplinary meetings at West Hills or got regular feedback about the meetings from staff.
- The company held regional family forum meetings and provided updates of these in newsletters.
- Staff supported patients to keep their support networks such as with their families and home communities. One external professional told us West Hills regularly drove their patient on a 50 mile round trip so they could remain active in their home community. Several family members told us how staff drove their relative long distances home to spend time with them at weekends and for family celebrations.
- Families were welcome to visit the unit. Many families told us they visited their relative.
- Almost all families told us when they visited the unit they could see their relative in a lounge or private place. The family of one patient and one discharged patient said visits took place in the family room. Staff told us they preferred patients to see visitors in their usual environment rather than be taken out of their comfort areas to the family room. However, there were times when staff felt it was necessary for individual patients to see visitors in the family room.



Wards for people with learning disabilities or autism

- Patients could choose how to decorate their rooms and staff used individual communication tools to determine colours and items of special interest which might please and comfort patients who could not verbalise their preferences.
 - Patients were encouraged to learn new skills and to develop independence with whatever skills they could. Staff encouraged patients to celebrate their successes and used a strengths based approach.
 - The service supported patients to establish goals and develop a better understanding of their needs and how to then communicate those needs.
 - The company actively encouraged families to play a part in the running of the unit. A family representative routinely attended the unit led clinical governance meeting and the family carer forum. They presented information to the family carer newsletter and to the staff newsletter.
 - Staff provided patients and their families with information about the service before they were admitted to the unit. They had a website with information for families, patients and professionals. The easy read patient booklet was detailed, giving patients lots of useful information about West Hills. Staff facilitated visits to West Hills unit before patients moved there. Some parents recalled coming to visit the unit and some remembered getting brochures. Some families told us their relative had been admitted a number of years ago so they couldn't remember what information they had been given. Two families told us their relative had been admitted at very short notice due to reasons beyond the control of them or West Hills so they had not been given much information.
 - Patients had copies of their care plans which were presented in a way which was meaningful to them. They had communication passports to help them when they needed to use other services. Staff prepared key documents in easy read formats.
 - Patients, their families and their commissioners could attend regular monthly multidisciplinary meetings.
 - Managers told us that traditional "community meetings" did not work for their patients because most could not tolerate sitting in a group and discussing hospital issues. So staff gathered individual patient feedback using specialist communication tools such as talking mats, flash cards and picture cards. They used this information to support patients to express themselves.
- They also ran a regional and national forum. Patients who wanted to attend a forum were supported by staff. Information from fora was included in patient and staff newsletters.
- The service ensured patients knew how to contact an independent advocate. They displayed posters and leaflets for the advocacy service. These were in easy read formats. The advocate came to see patients regularly. They told us they were very impressed with the service at West Hills and felt staff had a real understanding of advocacy. They were able to visit the unit at various times of the day, including evenings. They told us that staff would refer a patient to them if they were worried the patient may be unhappy. Staff routinely referred patients if they felt the person would benefit, even if they lacked the capacity to know an advocate might be helpful.
 - The service made sure patients could also use an independent mental health advocate (IMHA) and an independent mental capacity advocate (IMCA) when they needed to. Staff made referrals for patients who lacked the capacity to understand they could benefit from this independent support. All of the detained patients at West Hills had an IMHA.
 - Patients and family were routinely encouraged to provide feedback about the service. The unit displayed a "You said, We did" board. We saw many examples of patient feedback and what the service had done as a result. Examples included a patient telling staff they liked the colour blue so staff bought blue curtains and painted a wall blue. Other examples related to activities patients wanted to try or places they wanted to visit. Managers had listened to this feedback and had supported staff to implement changes to address the feedback.
 - We also saw the chef carried out patient satisfaction surveys about the food at West Hills and made changes to reflect what patients said. We also saw a lot of positive feedback about the food. The service had been awarded a five star Food Hygiene Rating, which is the highest rating.
 - The company used Experts by Experience for some of their internal audit programme Experts by Experience are people who have experience of using services or someone who cares for a person using services. They planned to recruit more Experts by Experience because a number had moved on and were no longer involved.



Wards for people with learning disabilities or autism

- Staff had designed a “community mapping” board for patients. The board showed pictorial representations of activities and places of interest in the community. We saw patients taking staff to the board to indicate where they would like to go.
- The service had a suggestions box in the reception area where patients and family could put suggestions.
- A family member attended the unit led clinical governance meeting. They were able to bring a family carer perspective to the meeting. Having a family representative at the meeting demonstrated a commitment to openness and transparency within the service.

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good



Access and discharge

- Staff carried out thorough pre-admission assessments. Depending on vacancies, if staff were confident they could meet the patient's needs, they would accept urgent referrals but would only do so if they believed they could meet the patient's needs. Staff were mindful of the needs of existing patients when accepting new referrals. The service did not run at full capacity. There was no pressure from the company to fill all beds. Staff were given the autonomy to decline referrals for patients they did not feel able to support effectively or safely.
- Commissioners who used West Hills said they did so because of the quality of care provided and the positive outcomes the service achieved with patients.
- Admission assessments were completed by the doctor and senior nurses. The multidisciplinary team were involved in discussing new admissions.
- Patients usually came to West Hills because a previous placement had broken down, or they were stepping down from secure services or because commissioners believed West Hills could bring about a positive outcome for them.
- Bed occupancy was 58% at the time of the inspection and had not risen beyond 60% in the preceding 12 months. In the 12 months leading up to the inspection, patient numbers ranged from 13 to 17.
- Staff planned discharge arrangements in conjunction with patients and their families as well as with their NHS commissioners and community teams. Some patients experienced a significant delay in their discharge but this was due to circumstances beyond the control of West Hills. Staff liaised with commissioners to address delayed discharges this as best they could, even though they had no control over the availability of step-down resources within the sector. Staff were also supporting two patient cases at the High Court to facilitate cross border discharge to Scotland.
- Commissioners told us they believed West Hills treated patients for just as long as they needed to, enough time to support them to improve, gain new skills and move on safely. They were satisfied with the length of admission but accepted length of stays could be reduced if there were suitable placements for patients to move on to. They were confident in the care and support provided by West Hills.
- The average length of stay for patients, where there was no delay in discharge, was 457 days (15 months). This was inclusive of the period October 2015 to October 2016. The average length of stay increased to 639 in The Main House and 943 in The Bungalow when adding delays. Delays in discharge related to issues which were beyond the control of West Hills. Some delays related to legal proceedings which West Hills were proactively supporting to promote patient discharge.
- We saw no evidence of patients having to move because of non-clinical reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- West Hills had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. The internal aspects of the buildings were modern and rooms were light and airy. Furniture was comfortable and modern. It was suitable for the patient group.
- There were two sensory rooms at West Hills, both of which were well used by patients. There was also a well-stocked arts and crafts room.



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- The service had a computer room for patients where staff could support them to safely use the internet and there was free Wi-Fi on site.
- The environments were designed taking into account best practice and national guidelines for people on the autistic spectrum. There was no florescent lighting and the flooring produced minimal noise levels. When designing the environment at Wast Hills, the service worked within National Institute for Health and Care Excellence (NICE) guidelines and the Autism Act 2009 (associated guidance 2015). They ensured the environment reflected the needs of patients on the autistic spectrum. They also used the National Autistic Society's SPELL framework. SPELL stands for; Structure, Positive approaches and expectations, Empathy, Low arousal, Links. It is a framework to support people on the autistic spectrum and highlights the importance of low-stimulus environments.
- Areas such as the dining room were low stimulus rooms. The colours of the walls were painted pale green, which is believed to be a soothing and calming colour for people. The walls were free from decoration and objects which could distract or distress patients at important meal times.
- The Patients who could tolerate colours had brightly coloured areas to enjoy. Those who needed a low stimulus environment could be comfortable in communal areas.
- Patients had been involved in choosing some of the decoration for their bedrooms and all were en-suite. Bedrooms we looked at were personalised to individual tastes. Some bedrooms had minimal items and this was based upon risk and what was assessed as the most enabling environment for the individual.
- The service had been very responsive and installed electric blinds to meet the specific needs of one patient. However, we found they were very slow to open and close which was not helpful for staff or the patient. We advised a manager who agreed to have the blinds checked. One patient had been unable to tolerate a bed until they moved to Wast Hills. We saw the service had supported this sensitively and at the time of the inspection, the patient felt comfortable enough to sleep in a bed they had adapted.
- Staff ensured temperature met the needs of individual patients. The service installed air conditioning for patients who could not tolerate hot rooms and fans for patients who derived comfort from them.
- Staff used assistive technology to promote patient safety and independence. Examples included motion sensor pads.
- There was a range of lounge and recreation areas so patients could choose where to spend their time.
- Patients had free access to the grounds and to quiet areas throughout the hospital. We saw a number of patients enjoyed using the swings in the garden.
- There were large TVs in communal areas and patients could have music and TV equipment in their rooms if they wished.
- The service had designed a therapeutic "training kitchen" for patients to use with staff support. This had a dining area and access to the gardens and toilet facilities. We saw staff supporting patients to develop their skills in this area. Patients who were progressing through their treatment plan could make meals and snacks with staff.
- Patients had access to a variety of hot and cold drinks throughout the hospital. There were also various selections of fresh fruit, which patients could take freely.
- Patients could manage their own laundry if they were able to. There was a laundry room in each building for them to use and the service provided free laundry products.
- Staff prepared sensory boxes with patients. These provided activity and the opportunity for patients to self-soothe.
- The service provided £24 every week for each patient to enjoy community activities. This money was in addition to the welfare benefits patients received. Wast Hills paid admission fees for staff to take part in patient activities.
- Families told us they felt there were a variety of activities for their relatives to participate in, which were available routinely and regularly. They felt the range of activities were suitable for their relative. A number of families told us their relative often refused to join in an activity, so staff would try different approaches and try a number of times to give them every opportunity to change their mind. Two parents felt their adult child was given too much choice regarding what they wanted to do. One of these parents felt their relative should be given less choice and made to do things.
- The Main House had recently undergone building work to provide spacious self-contained suites for two patients. This redesign of the unit had meant the service had lost two bedrooms, thereby reducing future potential income. However, staff felt it was more



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important to provide a specialised environment to suite the two new patients. West Hills was also redeveloping The Lodge specifically to meet the needs of another two patients. The patients' physical needs had increased significantly and despite them being ready for discharge, there was no identified place for them to move to. There was no state funding to pay for the work, so the company were paying. Managers told us they did this because meeting the needs of the patients was very important to them. The redevelopment work meant bed numbers would be further reduced by two, which meant a loss in longer-term income for the unit. This redevelopment work was particularly responsive to patient need.

Meeting the needs of all people who use the service

- Staff respected patients' cultural diversity and human rights.
- The service had recently developed a multi-faith room and they supported patients to meet their spiritual and religious needs. They ensured patients who needed to, could attend their preferred place of worship.
- In line with Department of Health guidelines "Religion or belief: A practical guide for the NHS" (2009), the service could access culturally sensitive meals for staff and patients. One family preferred to cook and deliver meals for their relative. Staff also took patients out to eat in restaurants which catered for their specific religious needs. The chef was very proud of their ability to design and prepare meals that patients liked and enjoyed whilst ensuring they were nutritious and balanced. They researched culturally appropriate meals and presented them to a high standard. Patients and families who ate there told us they like the food at West Hills.
- The chef presented menus in pictorial form in the morning so patients had time to make their choices. The service operated a four-week rotating menu. We saw the chef made changes to the menu in response to patient feedback. Kitchen staff made sure dishes were well presented and nutritionally balanced. The menu showed a traffic light system to help patients and staff make healthy eating choices. Menus also showed the calories for each dish. There was a meat and a vegetarian option for each meal along with a range of salads. Patients and families told us they really liked the food. During the inspection, we saw the chef delivering

freshly baked low calorie muffins to patients one afternoon, which patients appeared to be enjoying. Staff said the chef regularly made and delivered healthy treats for the patients and staff at West Hills.

- West Hills was accessible for people who used wheelchairs. There were lifts in The Main House and at The Lodge and wheelchair friendly toilets for visitors. One patient used a wheelchair outdoors and enjoyed being out in the grounds, so staff regularly took them for a stroll.
- The service was committed to ensuring patients were given every opportunity to communicate effectively. Staff used a variety of personalised communication tools including flash cards, Makaton, picture boards, talking mats, speech and writing. Families told us they felt staff communicated using their relative's preferred method.
- West Hills had several vehicles they used for patients to access the community. The vehicles catered for patients with different levels of risk and need.

Listening to and learning from concerns and complaints

- Staff displayed information in the reception and in patient areas which explained how to make a complaint. They also displayed information about the advocacy service. Patients told us they knew how to make a complaint but had not needed to. Families told us they knew how to raise concerns. Most families said they would speak to the manager if they were unhappy about the service. The advocate supported patients to make a complaint if they needed help.
- The service had received three complaints in 2016. We looked at the complaints handling process and looked in detail at one of the complaints. We found that the service had handled the complaint effectively. The concerns raised in the complaint had been investigated by a member of company staff, independent from West Hills. Each concern was addressed individually and the service upheld some issues, partially upheld others and did not uphold some. They then sent the complainant a written apology. A second complaint related to a delay in providing medication on discharge. This was upheld however the medication was delivered on the same day and did not impact on the therapeutic levels of the



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medication. The third complaint was unrelated to patient care and the service had subsequently complained about the attitude of a community health provider due to the manner of the complaint.

- Managers shared lessons learnt from complaints with staff. The service made changes to the way they did things in response to complaints. A family contact policy and procedure had been introduced following a complaint. As a result of this, patients all had a family contact protocol, detailing who they wished to be involved in their care and how frequently contact would be made.
- A serious case review had been undertaken regarding the care and treatment of a patient who was a previous patient at West Hills. Whilst the serious case review related to issues which had occurred between two and three years prior to this inspection, the report was not published until 2016. Therefore, its recommendations fall within the timeframe of this inspection. The serious case review made a number of recommendations, some of which related to West Hills. We looked in detail at the serious case review and at the recommendations. We spoke to the family involved in the serious case review and a number of external organisations who made reference to the review. At the time of this inspection, we found that West Hills had already implemented the recommendations they were asked to make.
- The service produced satisfaction surveys for patients, families, staff and external professionals. Respondents were able to provide positive and negative comments about the service. We found satisfaction surveys were highly positive about the service. Additionally, the service had received 15 formal compliments during 2016.

disability lead to West Hills and showed them what worked well for their patients. They worked together across specialities to devise a protocol for how West Hills patients would be supported when they went to hospital. They agreed patients would be seen quickly and would not have to wait in the waiting room. This reduced stimulus overload from crowds and noise. They agreed a quiet place for patients to wait and provided sensory boxes for patients to use as distraction and self-soothing opportunities. As a result, patient experiences were improved when they went to hospital.

Good governance

- West Hills had a governance structure which promoted the effective delivery and monitoring of good quality care.
- There were clear policies to protect patients and staff. The policies were easy for staff to locate. We looked at a range of policies and all had been updated within the agreed timeframes.
- Mandatory training levels were monitored and managers reported monthly to senior leaders. Overall, West Hills met the company target of 80% compliance in mandatory training. However, some subject areas were 96% while others, including fire safety and medication management, were at 70%. Some new staff were still in their induction period and this had impacted on some mandatory training figures.
- Managers gathered performance data and used it to address quality and staff performance issues. When they identified areas for improvements, managers supported staff to improve. We saw evidence of managers having identified a learning requirement with respect to medication management and a member of staff. They dealt with the issues swiftly and effectively.
- The company readily bought in specialist expertise if staff identified it was required. We saw examples of private physiotherapy having been engaged for a patient who was struggling to access community physiotherapy services.
- The manager had enough time and autonomy to manage the hospital effectively. The senior management team were readily available to provide support and guidance when staff needed it. The company employed consultant nurses who were available for support and expertise.

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

Outstanding



Vision and values

- Staff were committed to the values of the company and the service.
- When staff identified practices their patients found difficult to cope with at a local acute hospital, they challenged it. The manager invited the local learning



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- Managers made sure that staff had regular supervision and appraisals. They monitored compliance rates, which were high.
- The service carried out monthly checks of professional registers to ensure all relevant staff remained up-to-date with their professional registration. They also carried out new Disclosure and Barring checks every three years.
- Managers ensured staff had access to specialist training to understand the needs of people with additional diagnosis, such as autism and personality disorders. The company was keen to provide development opportunities for staff. There was a senior support worker role which gave support workers more opportunities to develop their career. There were senior nurse roles and management opportunities. The manager included a support worker to deliver lectures to student nurses because they had shown a special interest.
- The company arranged regular continued professional development groups for staff to attend. These provided learning and development as well as peer support and networking opportunities for staff.
- Clear and safe systems were in place for medication management. We saw independent pharmacy audits relating to medication management. They checked practice for storage, expiry date and disposal of unwanted drugs and medicines. The service was looking at ways to increase pharmacy involvement in direct patient care.
- The company had a rolling programme of audits including records management, infection prevention and control, Mental Health Act, Deprivation of Liberty Safeguards and epilepsy management. They were in the process of introducing a human resources audit which would look at staff engagement and support.
- The company had an effective system to audit Mental Health Act compliance. The service was subject to regular audits and managers quickly drew up action plans to address any areas for improvement.
- The service had contingency plans to deal with bad weather. These considered the rural location, power, fuel and physical access issues.
- Managers produced detailed monthly reports, which considered trends in incidents, observation levels, patient progress, discharge planning and new referrals. The reports showed managers were continually analysing evolving patient need and implementing changes to improve patient outcomes.
- The company held a “risk register” where they recorded organisational risk. Within the company risk register, West Hills held their individual service risk register. We saw good evidence that risks were discussed openly within the service.
- We saw that managers listened to staff when they had identified risks. Examples included situations when staff felt a patient could not be safely or effectively supported at West Hills. We saw managers took swift action to ensure commissioners listened to their concerns and identified alternative placements.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and senior level. Managers were visible during the day-to-day provision of care and treatment. Managers were accessible to their staff. They were not counted in staffing rotas and were available to provide clinical support if staff needed it. Staff told us managers enjoyed directly supporting staff and patients.
- Following feedback from staff, the company were increasing the induction period for nurses to 12 weeks. The consultant nurses were taking the lead on this initiative nationally.
- We saw that the service was keen to develop staff specialist interests and gave them opportunities to study for relevant qualifications. We saw staff were achieving National Vocational Qualifications and some were studying for masters degrees. The company was financially supporting these studies. Staff successes were celebrated in the monthly staff newsletter which staff received with their payslips. A number of staff who had left to pursue full time education courses in nursing, continued to work bank shifts at West Hills.
- Staff were able to put a case to managers for specialist learning opportunities. They could attend national conferences and took part in regional specialist interest groups.
- Morale amongst staff at West hills was high. Staff were proud of the work they did and felt supported by colleagues and managers.
- The company provided staff with access to a wide range of benefits including counselling, shopping discounts and child care vouchers which some staff said were really useful for them.
- Staff gave examples of when managers and the company had been supportive to them when they needed it.



Wards for people with learning disabilities or autism

- Staff were encouraged to support each other. The service used a “Positive Events Log” where staff wrote positive comments and recorded praise for their colleagues. They used the log to note when something had gone particularly well. Staff told us they felt supported by their colleagues and they all said it was a happy team in which to work.
- Staff were very complimentary about their managers.
- Staff appeared to be enthusiastic and engaged with their roles. They demonstrated a commitment to providing quality care and treatment for their patients. They were openly proud of the work they did.
- Staff told us they felt able to report incidents and raise concerns without fear of recrimination.
- Staff were kept up-to-date about company developments with newsletters and team meetings.
- Staff were able to share ideas for improvement within the service and were confident managers listened to their ideas.
- The company carried out annual staff satisfaction surveys. The results from the most recent survey indicated staff wanted a review of salary scales. The company did this and as a result introduced starting salaries above the national living wage for all staff regardless of age.
- The company held staff and service awards. The chef had won the “Service Staff of the Year” award having been nominated by colleagues because of the quality of their food and because he “made the day” for both patients and staff.
- The service was involved in national research. They were part of the mATCH study – “People with Autism detained within hospitals: defining the population, understanding aetiology and improving Care Pathways”. The mATCH study is a three-year project running from October 2015.
- West Hills was awarded The Great Autism Practice Award at the 2016 National Learning Disabilities and Autism Awards. They won the award for providing, what judges described as “a passionate, person centred and outcome focused service that is delivering truly great innovative services and transforming the lives of the people they are working with”.
- The service had been cited as a source for best practice in the Public Health England document “Making reasonable adjustments for people with learning disabilities in the management of constipation” (August 2016).
- Staff were keen to identify services in the community which might benefit from receiving training and education about autism. The manager offered and delivered this training free of charge, solely with the aim of helping others understand autism so patients could have better access to community services. Staff had recently heard shop staff using negative language about a patient’s condition and behaviour. Staff challenged this and the manager offered to provide free autism awareness training to the shop. They also offered the training to services that patients wanted to use, such as local leisure facilities. They did this so services would be better prepared to support patients.
- Staff had developed strong working relationships with local health services. They shared best practice with staff from other disciplines and worked hard across external boundaries to ensure their patients got suitable access to services. They delivered free autism awareness training to staff in other agencies.
- Staff had been asked to sit on the review panel at a local acute NHS trust. The review panel was set to look at making reasonable adjustments in the optometry department. This followed West Hills staff identifying areas for improvement for patients with autism.

Commitment to quality improvement and innovation

- Staff were open to trying new communication tools to support staff and patients to communicate effectively.
- The service was working toward accreditation with the National Autistic Society (NAS). One of the managers was participating in the NAS peer review programme.

Outstanding practice and areas for improvement

Outstanding practice

- Wast Hills was awarded The Great Autism Practice Award at the 2016 National Learning Disabilities and Autism Awards. They won the award for providing “a passionate, person centred and outcome focused service that is delivering truly great innovative services and transforming the lives of the people they are working with”.
- Wast Hills staff delivered free training and education to community facilities such as hotels and leisure services where patients enjoyed activities. They did this to raise awareness, share best practice and improve access for people with autism.
- Wast Hills was cited as a source of best practice by Public Health England in the management of constipation for people with learning disabilities and autism.
- Staff were confident to challenge other organisations and services when they felt their patients were being treated differently or not given equal access to services. By doing this, they had improved access for their patients, increased awareness of autism and built relationships in the community.
- The service funded extensive environmental improvements to meet the changing physical needs of two patients whose discharge was delayed. The redesign work meant the loss of future income through the loss of two bedrooms. Managers told us the company agreed to meet the costs because it was the right thing to do for the individual patients, even though they hoped the patients would move on soon.
- The majority of maintenance and domestic staff at Wast Hills had received training in positive behaviour support and in the Mental Capacity Act. Domestic staff had received recent training in personality disorders. One told us how it had helped them develop a greater understanding and empathy with aspects of some patients’ behaviours. By providing specific diagnosis awareness training to non-care staff, the service ensured they were able to work as a whole team when supporting patients to develop healthy and effective behaviour strategies.
- A family member attended the unit led clinical governance meeting. They were able to bring a family carer perspective to the meeting. Having a family representative at the meeting demonstrated a commitment to openness and transparency within the service.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff compliance rates with mandatory training reflect the company target.