Cedar Vale

Quality Report

93 Kneeton Road
East Bridgford
Nottinghamshire
NG13 8PJ
Tel: 01949 829378
Website: danshell.co.uk

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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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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 Cedar Vale as good because:

- The service provided safe care. The ward environment was safe and clean. There were enough nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients with autism and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward team included access to the full range of specialists required to meet the needs of patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with those outside the service who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Staff did not always record that they had checked and cleaned equipment.

Summary of findings

Contents

Good

Cedar Vale

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cedar Vale

Cedar Vale is an independent hospital registered to provide treatment of disease, disorder or injury and assessment or medical treatment for up to 14 male patients with learning disabilities, autism, and behaviours that may challenge who may be informal or detained under the Mental Health Act 1983.

Each patient had their own bedroom with en-suite facilities on the ground and first floors. An apartment area has been developed to accommodate up to six patients. Bedrooms are all en- suite and there is a separate lounge area and fully equipped life skills kitchen.

Danshell Limited owned Cedar Vale. However, Cygnet Healthcare Limited purchased Danshell Limited on 01 August 2018.

Cedar Vale is registered with the CQC to provide the following regulated activities:

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

There have been three previous inspections to Cedar Vale. The latest was on 2 November 2016. We rated Cedar Vale as good overall and good in all five key questions.

The last Mental Health Act review was in February 2016. Concerns included confusion around observing patients following oral rapid tranquilisation, copies of care plans not given to patients or relatives, no visiting independent mental health advocate, long term segregation not treated as such for one patient and no evidence of relatives' involvement in section 17 leave risk assessments. The provider submitted an action statement to CQC detailing how they planned to address the concerns raised. The provider had addressed these concerns apart from giving copies of care plans to patients.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one CQC assistant inspector and one specialist advisor who was a nurse with experience in working with people with autism.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. We announced this inspection the afternoon before due to the needs of the people living there.

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 commissioners, care coordinators and advocates for information.

Summary of this inspection

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- met with eight patients who were using the service
- spoke with four relatives of patients by telephone
- spoke with the registered manager
- spoke with ten other staff members; including doctors, nurses, occupational therapist and speech and language therapist
- looked at four care and treatment records of patients
- carried out a specific check of the medication management and looked at 12 patients' prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The patients who used the service were unable to tell us their experience of using the service due to their autism and communication needs. We spent time observing staff interaction with patients and spoke with four relatives of patients and one social worker after the inspection by telephone.

Most relatives told us that staff were excellent, motivated their relative to do activities and were responsive to any concerns they raised. They said they were involved in their relative's care plans and were always given detailed updates of how their relative was progressing. However, relatives also raised concerns that not all staff met their relative's emotional needs. They had raised this with the provider.

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?

Good

We rated safe as good because:

- The environment was safe, clean, well equipped and furnished and maintained to a safe standard. Staff observation practices were in line with best practice, and reduced risks to patients.
- Staff kept accurate and complete records of the care and treatment provided to patients. Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. This included individual plans to prevent the use of restraint and prescribed medication to manage violence and aggression. Staff completed regular environmental risk assessments that included ligature risk assessments. Staff had access to working alarm systems.
- The registered manager regularly reviewed staffing levels based on the needs of individual patients. This had ensured that the staffing levels kept patients safe.
- The provider trained staff, including agency staff, in key skills which included basic and intermediate life support, infection control and safeguarding. Staff knew how to raise concerns about safeguarding and these were reported promptly.
- Staff reported incidents appropriately and managers acted to investigate these. Managers made the relevant notifications to external organisations and worked well with safeguarding teams.
- Staff managed patients' medicines safely and were proactive in reducing the amount of medicines prescribed to patients.

However:

- Staff did not always record that they had cleaned and checked all clinical equipment so it was safe for patients use.
- The clinic room was not fit for purpose but the provider planned to refurbish this in the next month.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the physical and mental health needs of all patients on admission. They developed individual care plans and updated them when needed. Staff provided treatment and care for patients based on national guidance for people with autism. Staff supported patients with their physical health and encouraged them to live healthier lives.

Summary of this inspection

- Staff communicated with each other across the multidisciplinary team and at handovers between shifts.
- The provider trained all staff in the Mental Health Act and the Mental Capacity Act. Staff had a good understanding of the Mental Health Act and worked in accordance with it. Staff supported patients to make decisions on their care for themselves. The provider had a policy on the Mental Capacity Act to guide practice, and staff assessed and recorded capacity clearly.

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with compassion, kindness and respected their privacy and dignity. Staff knew patients well and how to meet their individual needs.
- Staff used pictures and sign language to produce information in a way that was easier to understand. This helped patients to be involved in their care and treatment.
- Relatives told us they were involved in their relative's care plans and invited to meetings about them. Staff looked at different ways, for example, Skype and email to help patients communicate with their family.
- Staff referred all patients to the independent advocacy service. Advocates told us that staff welcomed their input on behalf of patients.

Are services responsive?

Good

We rated responsive as good because:

- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, and treat patients were in line with good practice. Staff developed discharge plans with patients that specified their individual needs.
- Staff supported patients with a range of activities inside and outside the hospital to meet their individual needs.
- Patients had their own rooms which they could personalise and keep their personal belongings safely. Staff knew individual patients, their preferences and needs well.
- The hospital was accessible to all patients. The provider had approved funding to make further adjustments to accommodate all patient needs.
- Staff responded well to concerns and complaints and discussed these regularly.

Summary of this inspection

Are services well-led?

Good

We rated well-led as good because:

- Since our last inspection, the manager had changed and registered with CQC. Staff reported that the registered manager was approachable and knowledgeable about the needs of patients. Staff thought the patients benefitted from stable management and multidisciplinary team.
- Staff reported that morale was good and could raise concerns without fear of being victimised.
- Staff understood the providers vision and values and agreed with these. They said that senior managers were visible within the hospital and listened to any concerns they had.
- The provider sought feedback from patients, their relatives, staff and commissioners. They made improvements because of this feedback. Managers looked at ways to improve the service and the outcome for patients and staff responded to these.
- There was an audit programme in place to improve the quality of care and treatment to patients.

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 provider trained all staff in the Mental Health Act 1983. They provided additional training to registered nurses so they were clear of their responsibilities.

Staff understood their roles and responsibilities under the Mental Health Act and Code of Practice. A copy of the Code of Practice was available for staff to refer to.

Staff risk assessed patients prior to them taking Section 17 leave (permission for patients to leave hospital) when this had been granted. Section 17 leave described the period of leave granted, the area in which the patient could go and how many staff and of which gender should go with them. One record of four we looked at did not state that a copy of the leave form had been given to the patient.

Managers made sure that staff could explain patients' rights to them. Staff assessed patients understanding of their rights. When staff had assessed that patients did not understand, they looked at ways to explain them in a way the patient could understand.

Patients had access to an independent advocate who visited the hospital weekly. Advocates represented patients at multidisciplinary meetings. This was not an Independent Mental Health Advocate as defined under the Mental Health Act 1983. Staff explained that the criteria for accessing this service in Nottinghamshire had now changed and was needs led only, for example, to represent a patient at a tribunal.

Mental Health Act administrators monitored adherence to the Mental Health Act. This included regular audits.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider trained all staff in the Mental Capacity Act 2005.

Staff supported patients to make decisions for themselves. Staff had a good understanding of the Mental Capacity Act 2005 and its guiding principles. Staff assessed and recorded capacity clearly.

Staff were aware of the providers policy on the Mental Capacity Act and knew how to access it.

Staff recorded in patient records that they gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it.

Records showed that, for patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. This was done on a decision-specific basis regarding significant decisions.

When patients lacked capacity, staff recorded how decisions were made in the patient's best interests, recognising the importance of the person's wishes, feelings, culture and history.

Mental Health Act administrators monitored adherence to the Mental Capacity Act. This included regular audits.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

Safety of the ward layout

- The environment was safe, clean, well equipped and furnished and maintained to a safe standard. The provider had identified some improvements were needed to the environment due to repair and to ensure it met current safety standards. They had a plan which showed appropriate timescales and had approved funding for this. During our inspection, contractors were on site replacing the flooring in the dining room. Works were planned in stages to reduce the impact on patients and ensure their safety and wellbeing.
- Staff accessed the ward area through doors from reception using 'fobs', which reduced the need for bunches of keys.
- The provider had installed closed circuit television cameras in communal areas of the hospital. Managers did not actively monitor the cameras but could use camera recordings as evidence in the review of incidents.
- It was not possible for staff to observe all areas of the hospital. However, at least one staff member was assigned to work with each patient on each shift and this reduced the risks related to any blind spots in the hospital.
- Staff knew about all ligature anchor points and actions to reduce risks to patients who might try to harm themselves. The provider completed annual ligature risk assessments. They last completed this on 30 April 2018, where they identified no high risks. Managers updated this every time a new patient was admitted and if any patient behaved in a way that showed that they were at risk of ligating. Where ligature risks were identified, staff acted to manage the risk, including increased staff observations. Ligature points are fixtures to which people intent on self-harm might tie something to strangle them self. Any patients with a risk of ligating would be on at least one to one observations by staff and staff would complete a separate ligature risk assessment for the patient.
- Staff completed environmental risk assessments regularly. This included daily ward environment checks, building risk assessments and fire audits. The provider had approved funding to replace the fire alarm panel as the current panel only highlighted zones not specific rooms.
- All bedrooms were en suite so each patient had a private shower, wash basin and toilet. One bedroom had an en suite bath. There were also two communal bathrooms with a bath, toilet and wash basin. The maintenance plan showed that the provider planned to upgrade the showers as there was a step into these and they needed updating. Contractors had started these works.
- The hospital accommodated only male patients. This complied with national guidance for eliminating mixed sex accommodation.
- Staff had access to personal alarms, and the provider had installed a fixed-point call system throughout the hospital. During the inspection, we saw all staff responded to alarm calls from around the hospital. Arrangements were in place to check the alarm system to make sure it worked. The manager told us that they

reviewed the use of the audio system regularly and where appropriate the volume of the sounders had been reduced to meet patients' sensory needs. They said that to meet the current needs of the patient group audio alarms were the most appropriate way of keeping patients safe.

Maintenance, cleanliness and infection control

- All areas of the hospital appeared clean. The provider had a programme in place to make improvements to the hospital furnishings and decoration.
- The provider had trained ninety three percent of staff in infection control. Staff adhered to infection control principles including handwashing. Hand gel dispensers were located throughout the hospital.
- Staff completed monthly audits of the environment and maintenance. These showed that a staff member was allocated to complete the improvements needed, for example, replacement of items due to damage of property by patients.
- Staff completed monthly cleaning audits. These highlighted where further cleaning such as dusting or deep clean of a bathroom was needed to ensure the hospital was clean for patients.

Seclusion room

- There was not a seclusion room in the hospital. We saw no evidence that patients were secluded in any other rooms in the hospital.

Clinic room and equipment

- The provider had recognised that the clinic room was not fit for purpose. They had approved funding to refurbish it which included knocking down a wall to create more space and installing an air conditioning unit. The current air conditioning unit was placed on a cupboard with the pipe going out the window. There was no space for staff to carry out physical health checks of patients. The refurbishment would include provision of an examination couch. In the interim staff used portable equipment to check patients' physical health.
- Staff did not complete the clinic room cleaning rota every night as the rota instructed them to do. We found some gaps in this for the last month.
- Some patients had epilepsy monitors that were in their bedroom at night that would alert staff if the patient was having a seizure. Staff had not signed to say they had checked these on five days in September 2018. We made the manager aware of this in feedback at the end of our inspection. They agreed to take immediate action to ensure staff checked these monitors each night.
- Staff made daily checks of clinic room and medicine fridge temperatures. Staff recorded the actions they took to safeguard medicines when room or fridge temperatures went above recommended safe ranges. The quality and effectiveness of medicines can be affected by changes in storage temperatures.
- Staff checked the emergency grab bag including oxygen, and an automated external defibrillator, each night to ensure it was safe to use.

Safe staffing

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- The provider used the staffing ladder tool to ensure that the established staffing level met the need for current observation levels. Managers reviewed staffing levels on each patient admission.
- There were two registered nurses on each day shift and one registered nurse at night. Staff spoken with said that the registered nurses were always available. The number of support workers on each shift varied depending on the individual needs of patients and how many staff they needed to support them in their activities that day. Each patient had at least one staff member allocated to work with them on each shift.
- The hospital had a rolling programme of recruitment. At the time of our inspection, there were three registered nurses and 49 support worker vacancies. The high vacancy rate was due to increased staffing depending on individual need which often increased when a patient was admitted. The service had recently received funding to provide a 'core' staff member who worked eight hours across the shift, for example from 9am to 5pm, so that all patients could go out on leave with safe staffing levels. This had increased the vacancy rate.
- The registered manager had recently presented a business case to the provider for a change in the organisational structure, which the provider had approved. The new organisational structure had created five senior support worker posts, which would help to lead staff to maintain a safe environment for patients. The provider had advertised these posts.

Good

Wards for people with learning disabilities or autism

- From 1 March 2018 to 31 May 2018, the provider reported that bank staff had filled 82 shifts and agency staff had filled 2026 shifts to cover sickness, absence and vacancies. In the same period, bank or agency staff had not filled 38 shifts. Managers and members of the multidisciplinary team worked as part of the shift to reduce risks to patients when needed. The hospital held a contract with two local nurse agencies and only used agency staff that were familiar with the hospital, had completed the induction training and shadowed shifts. All bank and agency staff were required to attend handovers at the start of a shift. Managers supervised all agency staff. Most agency staff had worked there for over 12 months. The provider encouraged agency staff to apply for permanent posts.
- The provider employed an internal recruiter who had looked at incentives to increase permanent staff including subsidising taxi fare from train station. They screened all applications received which had improved the number of applicants shortlisted for interview who were suitable to attend interviews.
- The staff sickness rate in the last 12 months was 1.7%. This was lower than the NHS average of 4.8%.
- Senior management staff and members of the multidisciplinary team worked during the day Monday to Friday and were supernumerary to ward staffing numbers. Senior and multidisciplinary staff reported that they were occasionally asked to assist to maintain patient safety, or assist to facilitate patients' approved leave.
- The hospital manager could adjust staffing levels daily so that there were sufficient staff to safely meet patients' needs. They reported they could use bank or agency nursing staff to maintain safe staffing levels and did not identify budgets as a barrier to safe staffing.
- Staff we spoke with told us that the hospital was not short staffed and escorted leave and activities were not cancelled because of too few staff.
- Staff said there were enough staff available to assist when a patient needed physical intervention. The provider reported that ninety four percent of staff had completed the full physical intervention training and eighty eight percent of non – nursing staff had completed the breakaway training to help keep them safe when on the ward.

Medical staff

- The provider employed one whole time equivalent consultant psychiatrist to work at the hospital. They had recruited one whole time equivalent staff grade doctor who was due to start in November 2018. The consultant and another consultant from another of the provider's hospital contributed to an on-call rota and could be at the hospital within an hour.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The hospital had an overall completion rate of ninety two percent. Mandatory training covered areas including basic and intermediate life support, health and safety, safeguarding, and equality and diversity.

Assessing and managing risk to patients and staff

- We looked at four patients' care and treatment records. All showed that staff completed and updated risk assessments for each patient and used these to understand and manage risks individually.
- Staff used the provider's risk assessment tool which covered all areas of risk including the environment, behaviours of the patient, triggers for behaviour and sensory needs which could present a risk.

Management of patient risk

- Staff were aware of specific risk issues like falls and pressure sores. Staff assessed each patient's mobility and skin condition as part of a physical health assessment as soon as possible after admission. Staff escalated concerns to the general practitioner.
- Staff identified and responded to changing risks to, or posed by, patients. Staff did this through observations and knowledge of patients. Staff escalated concerns to senior staff. Staff told us managers issued 'brief notes' to staff if there were any changes to a patient's risk; this was also written in the communication book which all staff were expected to read during handover. Shift leaders made new staff aware of risks as part of the shadowing and induction period.
- The provider had an engagement and observation policy and procedure to guide staff practice. Staff had assessed all current patients as needing at least one to one observation. Staff reviewed these observation levels weekly for the first month of the patient's admission and at least monthly after. The provider trained all staff in security and safety.

- Staff followed the providers search policy and did not search patients. Staff said they had searched a patient's bedroom when the patient said they had secreted razor blades to hurt themselves with in line with the policy. They had not found any but the multidisciplinary team reviewed and updated the patients risk assessment.
- There was no evidence of blanket restrictions. Blanket restrictions are the restriction on the freedoms of patients receiving mental healthcare that apply to everyone rather than being based on individual risk assessments.
- None of the patients smoked. Staff were not allowed to smoke on the premises. Staff said that if a patient smoked this would be individually risk assessed.

Use of restrictive interventions

- Staff minimised the use of restrictive interventions and followed best practice when restricting a patient.
- The provider reported no incidents of seclusion or long – term segregation at Cedar Vale between June 2017 to May 2018. The provider had a policy and procedure for seclusion and another for long-term segregation. All staff reported that seclusion and long-term segregation were not used.
- Between December 2017 and May 2018, the provider reported 214 incidents of restraint on 14 different patients. None of these incidents resulted in prone (face down) restraint. Staff reported that prone restraint was not used.
- The provider had a safer restrictive physical intervention policy. The provider trained all staff, including agency staff, in MAYBO techniques. These are approved conflict resolution techniques tailored to meet the patients' specific needs using a low arousal approach. Ninety-four percent of staff had completed the full MAYBO training and eighty eight percent of non -nursing staff (administrative and maintenance staff) had completed MAYBO Breakaway. Staff reported that restraint was rarely used, and only after de-escalation techniques had failed.
- Each patient had a positive behaviour support plan in place. The provider had trained all staff, including agency staff, in positive behaviour support. The plans guided staff as to how to work with the person in a way that reduced triggers to the patient behaving in an aggressive way or becoming agitated. The plan showed staff which de-escalation techniques worked for the individual. These directed staff in the use of least restrictive interventions before escalating to the use of restraint or rapid tranquilisation.
- The providers safer restrictive physical intervention policy included the use of rapid tranquilisation. This guided staff to safely administer medication where physical intervention was needed. All patients had as required medicine plans in place. These directed staff in the use of least restrictive interventions before escalating to the use of restraint or rapid tranquilisation. The provider reported that intra muscular rapid tranquilisation had not been used at Cedar Vale in the last 12 months. Plans for as required medicines included the use of oral rapid tranquilisation.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Commissioners told us that staff were open and transparent regarding safeguarding incidents and that managers completed detailed investigations.
- The provider trained staff, including agency staff, on how to recognise and report abuse and they knew how to apply it. The provider reported that ninety three percent of staff had completed safeguarding training. This included safeguarding children and adults.
- The provider reported eight safeguarding concerns to the CQC between June 2017 to June 2018. During our inspection, a staff member made an allegation of abuse. They reported this to the local safeguarding team and police and acted to safeguard patients from harm.

Staff access to essential information

- Staff kept detailed paper records of patients' care and treatment. Records were clear and up-to-date. Each patient had four files which included their positive behaviour support plan, health action plan, communication passport and risk assessments. There was a lot of information held about each patient but each patient had a one-page guide that was easily available to all staff providing care. Staff regularly reviewed and updated these.
- Staff stored paper records securely in locked cabinets so to protect patients' confidentiality.

Medicines management

Good

Wards for people with learning disabilities or autism

- Staff followed best practice when storing, dispensing, and recording medicines. The clinic room was due to be refurbished which would increase storage space and maintain the correct temperatures for storing medicines.
- The provider reported that eighty six percent of staff had completed training in medicines management.
- During the inspection, we reviewed 12 patients medicine charts. We found all medicine charts were in good order, contained a complete record of medicine administration, and recorded patient allergies or drug sensitivities. Staff stored patients' medicines in individual boxes with a photograph of the patient on the outside of box, which helped staff to identify the patient.
- Staff kept a record of drugs liable for misuse (controlled drugs). These were stored as required in a locked cupboard within a locked cupboard. Two registered nurses counted these at each handover and recorded these. Two staff members always gave these drugs to the patient they were prescribed for in line with the regulations. The hospital had a nominated controlled drugs accountable officer.
- There was a contract in place for the disposal of clinical waste.
- Staff had access to current British National Formularies for reference when giving medicines.
- The provider reported that they had signed up to the STOMP (Stopping over medication of people with a learning disability) project. Staff showed us how they were working to reduce medicines and no patients were currently prescribed hypnotic medication. In April 2018, the providers medical director completed an audit of anti-psychotic medication and the hospital scored hundred percent with no recommendations made.
- An external pharmacist completed an annual audit and at the last audit scored the hospital at eighty four percent. We saw that staff had complied with the recommendations from that audit and made the necessary improvements. This was evident from internal clinical audit reports which ensured safe management of medicines.
- The provider had systems in place to manage medicine administration errors. When an error was identified, it was reported as an incident and managers completed root cause analysis investigations. Between, December 2017 and May 2018 staff reported nine medication errors. Staff had identified these errors as part of the medication counts that had taken place within the service. Any recommendations were implemented to try and reduce the number of medication errors and to support the nursing team.
- Staff regularly reviewed the effects of medications on each patient's physical health and in line with National Institute for Health and Care Excellence guidance. This included blood tests and electrocardiograms.

Track record on safety

- Between June 2017 and May 2018, the hospital recorded eight serious incidents. Two of these were found to be safeguarding concerns and staff had dealt with these appropriately. Other serious incidents reported included the failure of the personal alarm system and incidents of patients behaving in an aggressive or disruptive way.

Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff used an incident reporting form to record incidents. They recorded details of the incident in patients care records and, where necessary, updated risk assessments. Staff had access to a range of policies to guide their practice in the reporting and management of incidents.
- Staff were open and transparent and explained to patients when something went wrong. The provider's policy for incident reporting and management detailed what Duty of Candour applied to, and the requirements and processes for staff to follow. Staff could give examples of speaking with patients and carers when things went wrong. This included an explanation of the incident and an apology in a way that the patient could understand.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. All serious incidents were discussed at clinical governance meetings, staff meetings, manager meetings and internal service review meetings.
- Managers offered staff debriefs following incidents and staff spent time with patients to debrief them following incidents.

Are wards for people with learning disabilities or autism effective?

Good

Wards for people with learning disabilities or autism

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff assessed the physical and mental health of all patients on admission. Where patients refused examinations, staff tried again and worked with the patient to make sure their physical health needs were assessed. We reviewed four care and treatment records. All contained a comprehensive assessment that staff had completed during the initial patient assessment period.
- Staff completed National Early Warning Signs to help identify patients' physical health needs.
- Each patient had a health action plan and hospital passport. All people with a learning disability or autism should have these. The health action plan records all the health needs of the person and any tests or appointments related to health. The hospital passport details the person's health needs and when a patient is taken or admitted to hospital this goes with the person so that hospital staff know the person's health needs if the person is unable to communicate these. Staff told us that all patients were booked to have their flu vaccination during October.
- Staff developed individual care plans and updated them when needed.
- Care plans addressed the individual needs of patients, linked to assessments and covered a full range of needs. Additional care plans provided staff with guidance on the use of as required medicines and de-escalation techniques to manage aggression or agitation.

Best practice in treatment and care

- Staff provided a range of treatment and care for patients based on national guidance for people with a learning disability or autism and best practice. There was evidence that staff followed national guidance in prescribing medicines in people with learning disabilities whose behaviour challenges. The service was working on the STOMP (Stopping over medication of people with a learning disability) project and the provider had trained registered nurses in this.
- Staff provided care that reflected the Transforming Care new model of support. Staff offered psychological therapies to patients with a learning disability and autism based on their individual need as recommended by the National Institute for Health and Care Excellence. The psychologist worked across three of the providers hospitals in the area. A psychology assistant completed one off assessments on patients based on the needs the psychologist identified. The psychologist assessed all new patients and helped to develop their positive behaviour support plan.
- Staff supported patients with their physical health and encouraged them to live healthier lives. This included access to a gym, regular walking, gardening groups, healthier options on menus, smoothie group and annual health checks.
- All patients were registered with the local GP. Records showed that staff sought advice from the GP when needed. Patients were registered with a local dentist who visited patients at the hospital. Records showed that staff made a physical examination of patients as soon as possible on admission and provided ongoing physical health care. Staff supported patients to access community opticians.
- Staff used recognised rating scales to assess and record severity and outcomes. Staff used Health of the Nation Outcome Scales to record and review a patient's progress. Occupational therapists used the Model of Human Occupation Screening Tool to gain an overview of patients' occupational abilities. Staff also provided examples of other tools including the Spectrum Star, specific to people with autism.
- Staff participated in the hospital's clinical audit programme. The hospital benchmarked its performance against other Danshell services.
- Cedar Vale had recently signed up to undertake the National Autistic Society accreditation programme. The hospital clinical governance group monitored progress with this.

Skilled staff to deliver care

- In addition to registered learning disability nurses and support workers, the hospital had a multidisciplinary team to meet the needs of patients. This included a consultant psychiatrist, an occupational therapist, speech and language therapist, consultant nurse, psychologist, assistant psychologist, and an activity coordinator. Staff understood the needs of people with autism.

- The providers human resources staff ensured that staff were qualified and experienced for the positions they held. This included professional registration and disclosure and barring checks. There was a recruitment, selection, and appointment policy and procedure to support managers through the recruitment process. The hospital stored staff records securely and only authorised staff had access to them.
- The provider had a comprehensive induction programme which was tailored to the needs of the patients. All staff, including agency staff, completed this and at least five shadow shifts before they worked at the hospital. All staff were appointed a mentor during the induction period. Managers reviewed staff progress with their induction after one, three and six months as part of the probationary process.
- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Between June 2017 to May 2018, ninety two percent of staff had clinical supervision which was higher than the target of eighty percent.
- The hospital provided staff with annual appraisals of their work performance. Appraisals included discussion about continued professional and career development. The hospital manager reported that eighty two percent of non-medical staff had an appraisal.
- Managers discussed learning needs with staff during supervision and appraisals. The hospital had an annual training plan that identified mandatory and additional training to equip new staff members essential to their roles. This included specialist training relevant to patient's needs, for example, autism, epilepsy and positive behaviour support. Staff told us they took part in reflective practice sessions, which helped to improve their learning and performance.
- Managers initially addressed poor staff performance in probation reviews or supervision. The organisation's human resources department supported managers to escalate and manage concerns. The registered manager reported that between August 2017 and April 2018, there had been three incidents of staff suspension. All incidents had been investigated and appropriate action taken.
- When we inspected the hospital, it did not have any roles filled by volunteers.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The multidisciplinary team met together weekly to discuss individual patients. This included support workers who worked closely with the patient each day.
- Staff attended handovers between each shift and managers provided staff with information that they needed to know about patients' changing needs in memos and the communication book.
- We looked at minutes of monthly staff meetings from January 2018 to September 2018. Staff discussed a range of topics including safeguarding, complaints and compliments, training, recruitment and physical observations. However, there were no clear actions from the meetings or review of the notes from the last meeting.
- Staff described good working relationships with teams outside of the organisation. This included the general practitioner service, local authority safeguarding team, and local voluntary services. Commissioners we spoke with told us that staff were very knowledgeable about the patients and the paperwork produced for meetings was of a good standard. Advocates told us they had found staff and the multidisciplinary team very welcoming and they responded positively to advocate visits and involvement.

Adherence to the MHA and the MHA Code of Practice

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. There were 13 patients at the hospital, 12 of whom were detained under the Mental Health Act 1983.
- The provider made Mental Health Act and Code of Practice training available to staff as part of mandatory training requirements. At the time of our inspection, all eligible staff had received this training and seventy five percent of nurses had completed further training for registered nurses.
- Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice. Policies and procedures reflected the most recent guidance available. A copy of the Code of Practice was available at the hospital.

Good

Wards for people with learning disabilities or autism

- Staff risk assessed patients prior to them taking Section 17 leave (permission for patients to leave hospital) when this had been granted. Section 17 leave described the period of leave granted, the area in which the patient could go and how many staff and of which gender should go with them. One record did not state that a copy of the leave form had been given to the patient.
- Managers made sure that staff could explain patients' rights to them. Staff provided information to patients in line with section 132 of the Mental Health Act. Staff explained to patients' their rights under the Mental Health Act and made information leaflets available. Staff assessed patients understanding of their rights. When staff had assessed that patients did not understand, they looked at ways to explain them in a way the patient could understand.
- Patients had access to an independent advocate who visited the hospital weekly. This was not an Independent Mental Health Advocate as defined under the Mental Health Act 1983. Staff explained that the criteria for accessing this service in Nottinghamshire had now changed and was needs led only, for example, to represent a patient at a tribunal. However, independent advocates did represent patients at multidisciplinary meetings.
- Staff adhered to consent to treatment and capacity requirements. We reviewed 12 medicines charts and those needing legal authorisation had correctly completed forms attached. This meant that nurses administered medicines to patients under the right legal requirements. Staff requested an opinion from a second opinion appointed doctor when necessary.
- Mental Health Act administrators monitored adherence to the Mental Health Act. This included regular audits.

Good practice in applying the MCA

- Staff supported patients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.
- The provider made Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training available to staff as part of mandatory training requirements. At the time of our inspection, all eligible staff had received training.
- The provider had a policy on the Mental Capacity Act that included Deprivation of Liberty Safeguards. Staff were aware of the policy and knew how to access it.
- Between December 2017 to May 2018, the hospital had made one Deprivation of Liberty Safeguards application.
- Records we looked at showed that where patients lacked the mental capacity to make a decision, staff gave the patient every possible assistance to make the specific decision for themselves. Records demonstrated that staff made and recorded capacity assessments for specific decisions including the capacity to consent to treatment.
- Records showed that, for patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. This was done on a decision-specific basis regarding significant decisions.
- When patients lacked capacity, records showed how staff made decisions in a patient's best interests, recognising the importance of the person's wishes, feelings, culture and history. Records showed that staff organised multidisciplinary meetings that involved all professionals, advocates, families and carers to inform decisions about patient care.
- Mental Health Act administrators monitored adherence to the Mental Capacity Act. This included regular audits.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs. Patients were not able to tell us their experiences of using the service due to their autism and communication needs. We spent time observing activities and observed that staff listened to patients, gave them time to respond and used their preferred communication method. We observed that staff respected patients' privacy and dignity. Staff working one to one with patients engaged with them in activities. However, at times staff observed the patient from a distance to give them space and privacy. Visiting professionals told us that staff supported patients with kindness and dignity.

Good

Wards for people with learning disabilities or autism

- Visiting professionals told us that staff knew the patients well and how to meet their individual needs. We observed that staff had a good awareness of individual needs of patients.

Involvement in care

Involvement of patients

- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.
- We saw that the 'Welcome to Cedar Vale' book for patients was produced using pictures and short sentences making it easier to understand.
- Patient records included a communication passport that showed staff how to communicate with the individual in a way they could understand. This helped staff to involve patients in their care. Staff told us they were developing scrap books with each patient. They had taken photographs of patients involved in their individual activities to be used as an aid for communicating their experiences during the time they were at Cedar Vale. There was a board in the hospital that had Makaton (sign language used by people with a learning disability) signs on it. There were a few signs posted on the board each week. Staff said this helped them to learn more signs so they could communicate better with patients who used Makaton and involve them in their care.
- We looked at monthly meetings of the service user forum since March 2018 which four to eight patients attended. Staff had written these in an easier to read format that used pictures. Patients talked about food and activities with staff and staff recorded patients' views in the minutes. Staff told us that they used patients' feedback about food to develop and make changes to the menus.
- There was evidence in the four care plans we looked at that staff had involved the patient. Each patient had a Person Centred Plan file. This included an easy read version of their positive behaviour support care plan, health action plans, person centred statement, communication needs (called grab sheet) and hospital passport. The hospital passport is to assist staff in acute general hospitals to know the needs of the patient if they were admitted there.
- Staff told us about the annual sports day held in the summer which involved all patients and patients from other services in the Midlands. Patients relatives were invited to this. Photographs showed that staff involved patients and encouraged them to take part in different activities.
- Bedrooms contained individual patient's personal possessions and had been decorated in different colours so respecting individual likes and tastes.
- Staff referred patients to the independent advocacy service who visited the hospital weekly. Advocates told us that staff welcomed their involvement in meetings about patients on the patient's behalf.

Involvement of carers

- Relatives we spoke with told us they were always invited to meetings about their relatives care and kept up to date with changes to their care plan.
- The provider produced a family carers newsletter, information booklet and had a page on their website for family carers to access support and information.
- We spoke with staff from advocacy services who told us they were involved in decisions made about patients care and planning for discharge and that staff encouraged their input.
- Staff told us that some patients used Skype to contact families. Where appropriate, staff had set up an email account for patients so they could email their relatives using their mobile phone.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

Bed management

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. The provider reported that there were on average nine days from the time a patient was referred to staff carrying out their initial assessment of the patient. There were on average 19 days from the initial assessment to the patient starting their treatment at the hospital.

- Between June 2017 and May 2018, the average bed occupancy at the hospital was 92%. There were 13 patients at the time of our inspection.
- Between June 2017 and May 2018, the average length of stay for patients discharged in the last 12 months was 1320 days. For current patients, the average length of stay was 510 days. This is compared to the national average of 1680 days. All patients could return to their own bedroom following a period of leave.

Discharge and transfers of care

- Staff told us they planned for patients discharge from the point that the patient was admitted. At the patients 12 week review, staff had completed a full discharge plan and service specification. Three of the four records we looked at included a discharge plan and service specification. This showed what the service that the patient would move to should look like and the skills and number of the staff who would support the patient needed to be. The fourth record reviewed was for a patient that had been admitted less than a month before our inspection. They had a brief plan about the purpose of admission but not a full discharge plan as staff were still getting to know the patients needs.
- Staff reviewed each patients discharge plan in multidisciplinary and Care Programme Approach meetings. Commissioning teams completed care and treatment reviews for each patient. These are part of NHS England's commitment to transforming services for people with learning disabilities and autism.
- Between June 2017 to May 2018, the provider reported one delayed discharge and no readmissions within 90 days of being discharged from the hospital. The delayed discharge was due to commissioners not being able to find a suitable placement in the community for the patient.
- Staff worked with staff from the next placement identified for each patient. Staff from the new placement worked at Cedar Vale with the patient and staff team to help with the transition process which helped prevent any breakdown in the future.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own rooms where they could keep personal belongings safely. Patients bedrooms supported their comfort, privacy and dignity. Each patient had their own bedroom and en suite shower and toilet. One patient had an en suite bath and toilet. Some bedrooms needed redecoration but the registered manager had identified this and these were on the rolling programme of redecoration.
- Patients could bring in their personal belongings which promoted comfort and person-centred care. Patients could choose the colour of their bedroom. Relatives told us they were involved in choosing the furnishings and decoration for their relative's bedroom as they knew their individual tastes. Where patients chose not to have many personal items or furniture, their wish was respected.
- The building was a listed property so there were limits on adapting it and the provider had to find ways to make adaptations while complying with building regulations. At the time of our inspection, contractors were laying new flooring in one of the dining rooms. Refurbishment work was completed in stages to reduce the impact on patients. The provider had approved a quote for acoustic treatment panels to be installed to reduce echo and reverberation in the main lounge area.
- Communal areas were adequate. The apartment area for six patients had its own lounge and kitchen where patients could prepare their own meals with support from staff.
- Staff and patients had access to a range of rooms and equipment to support treatment and care. There was a clinic, sensory room, laundry room, activity room, small lounges, main lounge and dining room. The sensory room included different textures on the walls to meet patient sensory needs, lighting and chairs and soft cushions to relax on.
- There was not a separate visitors room but visitors could meet with the patient in the conference room or the small lounges. Staff said that some patients found it difficult to meet their visitors in the conference room as this was not familiar to them.
- The provider had installed air conditioning throughout the patient areas to make it more comfortable.
- The provider employed an occupational therapist and an activity co-ordinator. The occupational therapist assessed each patient within the first 12 weeks of their admission. They aimed to speak with staff from the patient's previous placement if possible. They also completed an interest checklist with each patient following their admission. From this assessment, staff developed an individual activity plan with each patient.

- Around the back of the hospital there was a large garden, which was split into different areas. There was a large walled garden with raised beds where patients had been supported to grow vegetables from seed. The chef had used these in the meals provided and we saw that these were also used in the 'smoothie group' session. Other garden areas had a trampoline, swings, football goal, swing ball and a trim trail with paths that patients could walk safely on. One patient who enjoyed outdoor work had dug up an area of the garden, levelled it off and laid slabs. They had worked with the maintenance staff and painted fences and garden furniture.
- Activities included gardening, equine assisted therapy, animal and bowling groups. Patients attended a local gym and swimming pool. On the day of our inspection, we observed the coffee morning and afternoon 'smoothie session'. Staff supported patients to come and go as they wanted to and encouraged them to be involved as much as they could.
- We observed during the 'smoothie session' that the door to the room where it was held banged loudly each time it was opened and closed. One patient seemed to find this upsetting and jumped each time this happened. We discussed this with the managers. The registered manager responded to this and told us that the door closures were fixed the following day to reduce the impact of this on patients.
- There were picture signs on bathroom doors to help patients identify these.

Patients engagement with the wider community

- The hospital had a vehicle and staff registered as drivers to take patients out on leave or to community based activities.The occupational therapist had made contact with the local sports organisation to arrange for patients to use their sports pavilion. This would give patients better access and engagement with the local community.
- Relatives told us that staff supported their relative to visit them when appropriate or meet them at a mutual venue. Some relatives lived a long distance from the hospital and this supported them to maintain relationships.
- Staff supported patients to email and Skype their relatives.
- Staff supported one patient to attend a local 5 aside football team, (staff member's own team) which was positive for the patient.
- Staff at Cedar Vale had started to work with a local school for children with autism, looking at how together they could better develop therapies for people with autism.

Meeting the needs of all people who use the service

- The hospital was accessible to all who needed it and took account of patients' individual needs. A lift was provided and ground floor bedrooms had a sloped entry so were accessible. En suite shower rooms were being adapted to make them accessible without using a step. One patient had been assessed as needing a shower chair and reclining chair and these were provided.
- Staff helped patients with communication, advocacy and cultural support. Staff made a range of information available to patients. This included advocacy, how to make Mental Health Act complaints, safeguarding and patient activities. All information was in English but staff told us how they could get information translated into other languages. At the time of our inspection there were no patients who did not have English as a first language. However, several patients needed information in easy read and picture format and staff provided this. The speech and language therapist assessed patients' communication needs and records we looked at included a communication passport. Staff used objects of reference, sign language, pictures and talking mats to help patients to communicate their needs and wants.
- Staff were aware of patient's individual needs and supported patients to express themselves through dress, hairstyles and personal care products they used.
- The hospital catered for patients with dietary intolerances, for example, lactose intolerance. At the time of our inspection, there were no patients with specific religious or cultural dietary requirements. However, staff told us that halal, cultural and vegetarian diets had been catered for in the past. Staff told us that one patient did not like roast meat but preferred sausages with their roast dinner and this was provided. Staff asked patients what they would like to eat and gave them a choice of dishes.
- Staff told us that they would support patients with their spiritual needs and spiritual needs formed part of the

assessment process. Records we looked at confirmed this. There were no patients at the time of our inspection who wished to attend places of worship but staff had supported this previously.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The provider displayed information on how to make a complaint. This was available in an easy to read format that included pictures. Relatives we spoke with also told us they knew how to make a complaint.
- From June 2017 to May 2018, the provider received 24 compliments and no complaints about the service. At the time of our inspection there had been one formal complaint made, which was being investigated.
- Staff knew how to deal with complaints made and treated them seriously. They discussed complaints and compliments in staff meetings.
- Relatives told us that managers had responded well to any concerns they had raised and sought to resolve them.

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

Good

Leadership

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. The hospital manager had been in post since August 2017. They were registered with the CQC in November 2017.
- Staff told us there had been changes to management in the past but now this and the multidisciplinary team had stabilised. Staff reported that the registered manager and deputy manager were knowledgeable of patients' needs, approachable and visible to all staff. All staff we spoke with were aware of senior managers within the organisation. They said senior managers visited the hospital often and were approachable.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients. All staff we spoke with knew and understood the provider's vision and values and how they were applied in their work. Staff said it could be a difficult environment to work in due to the needs of patients but there was good teamwork and clear goals to achieve.
- Cygnet Healthcare had purchased Danshell Limited in August 2018. However, all staff we spoke with said that there had not been any changes to the running of the hospital, its policies and procedures. Staff were positive about the change and thought being part of a larger company could provide more opportunities for learning and development.

Culture

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff we spoke with told us they liked working at the hospital, they worked as a team and there was good morale. The registered manager felt supported, valued and respected by their managers. Staff reported that all managers and members of the multidisciplinary team were approachable and they respected and valued the opinions of all staff.
- The provider had a whistleblowing policy. All staff we spoke with said they knew how to raise concerns and felt able to without fear of victimisation. Staff were confident that their concerns would be listened to and action taken to safeguard patients.
- Managers dealt with poor performance when needed. Between August 2017 and April 2018, there had been three staff suspensions in three separate incidents. Managers took appropriate disciplinary action. Staff meeting records showed that managers raised concerns with staff directly.
- The registered manager said there were no bullying or harassment cases.
- Staff appraisals included conversations about career development and how it could be supported. Recently the provider had approved funding for six senior support worker posts. Staff said this would help to give support workers greater opportunities for development.
- Staff completed equality and diversity training as part of mandatory training requirements. When we inspected, ninety five percent of staff had completed this training.

Staff made an equality and diversity assessment on all policies and procedures introduced at the hospital. Equality and diversity impact assessments help organisations to make sure they do not discriminate or disadvantage people.

- The staff sickness rate in the last 12 months was 1.7%. This was lower than the NHS average of 4.8%.
- The provider had a health management programme that provided staff with support for their own physical and emotional health needs. This included a counselling helpline. All staff could have a free flu vaccination at their GP by showing their pay slip.
- The provider had an awards programme that recognised the success of teams and individual staff members. Staff had been nominated for the forthcoming provider awards. Each month at Cedar Vale, there was an award for employee of the month. Staff made several nominations and told us this raised morale.

Governance

- The provider used a systematic approach to continually improve the quality of its services. There was an annual audit schedule which included audits of anti-psychotic medication, epilepsy management and safer restrictive physical intervention. Staff also completed monthly audits of clinical records, hand hygiene, environmental, cleaning and medication**.** However, the clinical records audit did not include a date for review of the actions identified and it was not clear that staff had reviewed these.
- The provider had a clear framework of what must be discussed at hospital clinical governance and regional clinical governance meetings. This included key performance indicators to gauge the performance of services, and benchmarking performance against similar services within the region. For example, staff looked at trends from incident reports in clinical governance meetings and how they compared to other of the providers similar services. They looked at what strategies were in place to prevent incidents occurring and discussed improvements that could be made.
- The registered manager said they had enough authority to do their job, and always had managers to go to for support and advice if needed. They said they had enough administrative staff to support them to do their job.
- Staff understood the arrangements for working with other teams to meet the needs of patients. This included communicating effectively within the hospital as a multidisciplinary team and with external bodies as needed.

Management of risk, issues and performance

- The provider had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The hospital had a local risk register in place. The registered manager reported that staff could submit items to the risk register through staff meetings, clinical governance meetings or escalate concerns directly with them.
- The hospital's risk register included staff recruitment and retention, which reflected staff concerns. Actions were present to address concerns, which included the work of the internal recruiter.
- The hospital had a business continuity plan to prepare for, and manage emergencies. For example; adverse weather or infection outbreaks.
- The registered manager reported that there were no cost improvements taking place. They said that the provider never pressured them to admit patients who were not suitable for the service. They reported that If they requested something that was needed and could justify this, it was always approved and financial pressures had not compromised care. We saw evidence of investment from the provider that would improve patient care at the hospital.

Information management

- The provider collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards. The registered manager had access to information to support them with their management role. The hospital used key performance indicators to gauge the performance. These included incidents, safeguarding, staffing, complaints, training and meaningful activity hours for patients. Staff completed incident reports and safeguarding concerns electronically.
- Staff said they had access to equipment and information technology they needed to do their work. All staff had a work email account and access to the

providers intranet. However, some staff reported frustrations with paper patient records. The provider planned to address this by introducing an electronic patient records system.

Engagement

- Staff, patients and relatives had access to up-to-date information about the work of the provider and the service. This included intranet access for staff, information in the reception area, and the provider's website. Staff told us they had an opportunity to feedback and input into service development at monthly staff meetings.
- Patients had opportunities to give feedback on the service they received through service user forum meetings. We saw boards displayed with feedback from service user forum meetings. These included what patients had said and what staff had done in response. Patients were also asked for their views in a survey. This was produced in an easier to read format with pictures. Managers provided feedback to the survey responses to patients in an easier to read format.
- The multidisciplinary team invited patients and their relatives to give feedback on their care during meetings. Relatives told us they were asked for their views in a survey given to them when they attended meetings.
- The registered manager showed us the results of the recent staff survey. Staff expressed concerns about communication, support and feeling valued. The action plan showed that action had been taken in July 2018 to improve communication and support and this was ongoing. The human resources director had reviewed staff terms and conditions.
- Managers reported they engaged with external stakeholders, including commissioners and safeguarding teams. Commissioners told us that the registered manager and the multidisciplinary team were open and transparent. They said meetings were well organised and all information they requested was readily accessible.

Learning, continuous improvement and innovation

- The provider reported a commitment to innovation and quality improvement. Registered nurses were working on the STOMP (stopping over medication of people with a learning disability) project. They had displayed the work they were doing for all staff to see and how improvements would benefit the patients.
- The registered manager told us that the hospital had applied to the National Autistic Society accreditation scheme. They were currently working on the self – audit part of this programme.
- The provider employed a regional nurse consultant. Staff showed us how their input had improved the monitoring of patients' physical health care.
- Clinical governance meeting minutes showed that all incidents were investigated and managers shared learning from these with staff. Staff discussed one incident where staff from the ambulance service did not understand the patient's needs. The registered manager responded to this by offering training in autism to ambulance service staff.

Outstanding practice and areas for improvement

Outstanding practice

Staff supported one patient to attend a local 5 aside football team, (staff member's own team) which was positive for the patient.

Staff at Cedar Vale had started to work with a local school for children with autism, looking at how together they could better develop therapies for people with autism.

The occupational therapist had made contact with the local sports organisation to arrange for patients to use their sports pavilion. This would give patients better access and engagement with the local community.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff record that they have cleaned and checked all clinical equipment, including patients' epilepsy monitors, so to ensure they are safe for patients use.
- The provider should ensure that the clinic room is fit for purpose.
- The provider should ensure that staff record actions in staff meeting minutes and review these at the next meeting.