

Cygnets Cedars

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?	Outstanding	☆
Are services effective?	Outstanding	☆
Are services caring?	Outstanding	☆
Are services responsive?	Outstanding	☆
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

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

Patients were protected by a strong and comprehensive safety system and a focus on openness, transparency and learning when things go wrong. Cygnet Cedars had a genuinely open culture in which safety concerns raised by staff and patients who use the service were highly valued as integral to learning and improvement.

Staff took a positive approach to risk management. Patients and those close to them were actively involved in managing risks. Positive risk taking and least restrictive practice was embedded within the culture of the unit. Patients were actively involved in managing their own risks using risk assessments, positive behavioural support plans and worked collaboratively with staff.

Staff understood and focussed on least restrictive practice. Cygnet Cedars had a least restrictive practice group, completed restrictive practice audits and sought to use the least restrictive approaches when managing challenging behaviour. Patients were involved in shaping least restrictive practice through governance and community groups. We found no evidence of blanket restrictions. The providers had a transparent policy on the use of restrictive interventions, with an overarching restrictive intervention reduction programme with a board-level lead.

Staff supported the national STOMP pledge to reduce the long-term use of anti-psychotic medicines without the use of appropriate clinical justification. All patients at the hospital who were on anti-psychotic medicines had a care plan in place with the prescribing rationale, reduction plan and side effect monitoring.

Staff used a truly holistic approach to assessing, planning and delivering care and treatment to patients. The staff were actively supported by management to use innovative approaches to care. The model of care promoted patients' recovery, comfort and dignity. Staff worked with patients to create excellent care plans that were holistic, recovery focussed, and person centred. They wrote these care plans in the voice of the patient. Staff reproduced care plans and other documentation in

easy read formats for each patient. The multidisciplinary team provided a clear care pathway through the service from admission to discharge. Care plans fully reflected individual circumstances and preferences.

Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients, families and carers in care decisions to make sure patients were active participants in their care and treatment. We saw positive, professional and respectful interactions between staff and patients during our inspection. Staff showed patience and warmth. Staff and patients shared humour and were relaxed with each other whilst maintaining professional boundaries. Patients knew the staff well and were complimentary about all the staff at Cygnet Cedars.

The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. All staff engaged in clinical audits to evaluate the quality of care they provided and learned from these to improve their practice.

We saw evidence of best practice in the application of the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA). All staff we spoke with had a comprehensive understanding of the Mental Health Act, the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. Staff had excellent understanding of capacity. They fully involved patients in decisions about their care. All patients had a file that documented what reasonable adjustments to communication should be considered when assessing the patient's capacity. This ensured staff undertaking the assessment clearly understood the patient's communication needs and was aware of any communication tools needed to support the patient.

The staff team were committed to providing active support to patients. Staff helped patients to be actively, consistently and meaningfully engaged in their own lives regardless of their support needs. One example of this was staff supporting patients to exercise their civil rights to vote and become active members of society. They

Summary of findings

supported patients to get involved with projects at the hospital and in the wider community. For example, helping staff with clinical audits and undertaking voluntary work in the local community.

Staff empowered patients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. Staff ensured that patients' individual preferences and needs were always reflected in how care was delivered.

There was a holistic approach to planning people's discharge, transfer or transition to other services, which staff started on admission. 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 took patients that had already spent a long time in care and enabled them to move into lesser dependant services in a reasonable time frame. This is the aim of Transforming Care

Governance structures were clear, well documented, followed and reported accurately. There were controls for managers to assure themselves that the service was effective and being provided to a high standard. Managers and their teams were fully committed to making positive changes. We saw changes had been made to maintain improvements in quality using audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence the service learnt from when things had gone wrong.

The staff team were committed to improving and taking part in innovative practice. We saw excellent evidence of learning and developing projects within the hospital and throughout the provider region, staff shared ideas and good practice across sister units. Staff were supported to undertake research and present findings at national conferences.

Summary of findings

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Outstanding



Cygnnet Cedars

Services we looked at:

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cygnet Cedars

Cygnet Cedars provides a rehabilitation service for up to 24 men with a learning disability and other complex needs, who may be detained under the Mental Health Act 1983. Many of the patients are referred to Cygnet Cedars from secure facilities. Cygnet Cedars provided inpatient beds within the main body of the unit and two self-contained 'step down' flats, allowing for further community integration and a focus on independent living skills. Cygnet Cedars' philosophy was that everyone has a personal best.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Cygnet Cedars is registered to provide the following regulated activities:

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

There have been three previous inspections at the hospital, the most recent inspection being March 2016. Following this inspection, the hospital was rated outstanding. The hospital was rated good for safe, caring and well led. It was rated outstanding for effective and responsive.

Our inspection team

The team that inspected the service comprised three CQC inspectors, an assistant inspector and a specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing 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?

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for patients

- spoke with seven patients who were using the service
- spoke with the registered manager and head of care
- spoke with 18 other staff members; including doctors, nurses, occupational therapist, psychologist and social worker
- spoke with an independent advocate
- spoke with three commissioners
- attended and observed one multi-disciplinary meeting
- collected feedback from 12 patients, five completed comment cards and we spoke with seven different patients
- spoke with eight carers

Summary of this inspection

- looked at 12 care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients we spoke with liked staff and said that they were helpful. Patients told us they liked being able to cook

their own meals when they wanted to and that it was a better place than previous hospitals they had been admitted to. Carers gave positive feedback and stated that the staff were approachable and kind.

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?

Our rating of safe improved. We rated safe as outstanding because:

- There were comprehensive systems to keep people safe, which took into account current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. People who used services were at the centre of safeguarding and protection from discrimination.
- A proactive approach to anticipating and managing risks to people who used the service was embedded and was recognised as the responsibility of all staff. Risk management was everyone's responsibility and patients and carers where appropriate were actively involved in managing their own risks. Staff were able to discuss risk effectively with people using the service. People who used the service and those close to them were actively involved in managing their own risks.
- Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely. Staff kept accurate records of medicine. Patients received the right medicine at the right time.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and they were fully supported when they did so.
- Learning was based on a thorough analysis and investigation of incidents. All staff were encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local and national programmes.
- The environment was safe, clean and well maintained. Equipment was kept in good working order.
- The hospital had enough staff to meet the need of the patients. The staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff understood and took a person centred, least restrictive approach in line with the Mental Health Code of Practice and the Department of Health guidance entitled Positive and Safe (2013). Staff and patients worked together to reduce restrictive

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Summary of this inspection

interventions. We found no blanket restrictions. Any restrictions were individually assessed recorded and regularly reviewed. Staff took creative approaches and used modern technologies to be as least restrictive as possible.

- Staff fully understood and took a person centred, least restrictive approach in line with the Mental Health Code of Practice and the Department of Health guidance entitled Positive and Safe (2013).
- Staff knew how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Are services effective?

Our rating of effective stayed the same. We rated effective as outstanding because:

- Staff undertook thorough and holistic assessments of the physical and mental health of all patients on admission. All care plans were excellent. They were comprehensive, personalised, holistic and recovery orientated. Patients we spoke with told us they were encouraged and empowered by staff to be to be fully involved in the planning of their care needs. All patients had a discharge plan in place which reflected individual circumstances and preferences. Each patient had a copy of their care plan drawn up in a way they could understand.
- Staff provided a wide range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and went above and beyond to support patients to live healthier lives through a range of initiatives that all staff were engaged in. Doctors sought to prescribe the least amount of medication necessary in line with STOMP. STOMP is a national NHS campaign which is aimed at stopping over medication of people with learning disabilities, autism or both.
- The recovery approach taken by Cygnet Cedars was underpinned by the Department of Health 'My Shared Pathway'. This meant patients and staff worked together to reduce the length of time the patient needed in hospital by working together, planning and following agreed goals, using outcome measures.
- All staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

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Summary of this inspection

- The staff team included or had access to the full range of specialists required to meet the needs of patients. Managers made sure they had staff with a range of skills needed to provide high quality care. The provider proactively supported staff with appraisals, supervision and opportunities to update and further develop their skills and share best practice. Staff were supported to access specialist training and to undertake health care apprenticeships.
- 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 provider ensured that the systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them. The provider actively monitored and reviewed consent practices and records to improve how patients were involved in making decisions about their care and treatment.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. All patients had a file which documented what reasonable adjustments to communication should be considered when assessing the patients' capacity. This ensured staff undertaking the assessment clearly understood the patients' communication needs and was aware of any communication tools needed to support the patient in making a decision.

Are services caring?

Our rating of caring improved. We rated caring as outstanding because:

- There was a strong culture of enablement and person-centred care. Patients were fully involved in planning and evaluating their care. Patients were active partners in their recovery and risk management. Patients were involved in developing and leading groups and activities. All care planning documents where appropriate were signed and agreed by the patients. Staff understood individual patients' physical and emotional needs. Staff knew about patients' likes and dislikes and their beliefs and values.

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- People who used the service were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff always empowered people who used the service to have a voice and to realise their potential.
- People's emotional and social needs were highly valued by staff and were embedded in their care and treatment. People's individual preferences and needs were reflected in how care was delivered.
- Staff treated patients with kindness, dignity and respect.
- Relatives and carers were involved where appropriate. The hospital had arranged open days and completed carers' surveys.
- Staff introduced new patients to the hospital prior to admission. This involved visits, introductory/ buddy groups and information packs. Admissions were tailored to individual need.
- Patients knew who the independent mental health advocate was. The advocate met with patients individually, as well as attending the weekly community meeting and patient reviews when needed. Staff supported patients to access the advocate service.
- The staff team were committed to ensuring the patients actively participated in society beyond daily functional living. They were supported to exercise their civil rights to vote and become an active member of society.
- Patients were involved in developing the service. This included patient representatives at the governance group, community groups within the hospital and at provider level.

Are services responsive?

Our rating of responsive stayed the same. We rated responsive as outstanding because:

- The service was discharge oriented and committed to discharging patients to independent or support living. Proactive discharge planning took place from the point of admission. The service worked in conjunction with the patient and partner agencies to facilitate discharge as soon as was safely possible. The service enabled patients to be discharged to lesser dependent or independent living in a reasonable time frame. All partner agencies we spoke with gave positive feedback regarding Cygnet Cedars. They were described as transparent and responsive.

Outstanding



Summary of this inspection

- Staff ensured that patients' individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care, particularly for people with multiple and complex needs.
- This service took patients that had already spent a long time in care and enabled them to move into lesser dependant services in a reasonable time frame.
- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included patients with protected characteristics under the Equality Act 2010, and people who were in vulnerable circumstances or who had complex needs.
- Patients who used the service and others were involved in regular reviews of how the service managed and responded to complaints. The management demonstrated where improvements had been made as a result of learning from reviews and the learning was shared with other hospitals. Investigations were comprehensive, and the hospital used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach.
- Therapeutic jobs were available to the patients. Jobs were advertised, and patients were interviewed for them. Patients supported staff with audits and tasks around the hospital, for example, a daily environment audit.
- There was excellent accessible information in a variety of formats for both patients and carers. Staff worked creatively to support patients' communication needs, taking a personalised approach to every patient and auditing the accessibility of the environment.
- Staff and patients had access to a wide range of facilities to support treatment and care. For example, a gym, sensory room, games room, computers and multi faith room.
- Patients had access to their own personal smart phones and Wi-Fi.
- Patients always had access to a kitchen where they could make refreshments.
- Staff supported patients to engage with the wider community ensuring access to education and work opportunities. Staff also supported patients to maintain and develop relationships that mattered to them, including pets.

Summary of this inspection

Are services well-led?

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

- There was a great commitment towards continual improvement and innovation.
- The service was very responsive to feedback from patients, staff and external agencies.
- Low morale amongst some staff had been recognised and the service had worked actively with staff to respond to their concerns and make changes that would benefit them. Staff we spoke with on inspection were highly motivated and reported that they were a strong supportive team and that morale was good.
- All staff knew and understood the vision and values of Cygnet Cedars. It was evident throughout the inspection that staff agreed with them and incorporated them into their daily work.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Although the registered manager had only been in post for two months, staff stated he was supportive, visible and ‘got stuck in’ – indicating that he did not shy away from ‘hands-on’ clinical work.
- Cygnet Cedars had robust governance structures in place which fed into the provider’s regional and national systems. This ensured that quality of patient care and safety were reviewed, performance measures monitored, lessons learnt and good practice shared. Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and ensured staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Outstanding



Summary of this inspection

- There were consistently high levels of constructive engagement with staff and patients, including equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and nationally.

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.

Staff were trained in and had a good understanding of the Mental Health Act with 100 % of staff up to date with Mental Health Act training.

Mental Health Act paperwork in relation to consent to treatment and capacity to consent was in good order.

Staff completed Section 17 leave forms thoroughly stating purpose and conditions of leave.

Records showed that detained patients were informed of their rights on a regular basis. Staff completed regular Mental Health Act audits.

Patients had access to an Independent Mental Health Act advocate.






Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in and had a good understanding of the Mental Capacity Act with 100% of staff up to date with Mental Capacity Act training.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff ensured patients were fully supported to make decisions, ensuring all reasonable adjustments to communication were made when capacity was assessed.

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Outstanding 

Safe and clean environment

Safety of the ward layout

Staff undertook regular risk assessments of the care environment. Staff completed an annual environmental risk assessment which included an audit of ligature points. A ligature point is anything that can be used by a patient to self-harm. We reviewed an up-to-date assessment and found staff had identified risks throughout the environment at Cygnet Cedars. Staff had documented how these risks should be managed. Management of these risks included care planning, staff awareness, individual risk assessment, observation and relational security. All staff we spoke with were aware of blind spots and ligature risks both throughout the ward and garden area. Staff knew where the ligature cutters and emergency lifesaving equipment were kept.

The ward layout did not allow staff to observe all parts of the ward easily. Staff monitored the safety of the environment using observations, individual patient risk assessment and management plans. We observed staff allocating and carrying out the role of observations throughout the inspection. Staff understood the importance of being able to observe patients who might be at risk.

The ward complied with guidance on eliminating mixed-sex accommodation. The hospital only admitted male patients.

Staff had easy access to alarms and patients had easy access to nurse call systems. Reception staff tested the alarms daily. The maintenance team tested and maintained the alarm call points.

Maintenance, cleanliness and infection control

All ward areas were clean, had good furnishings and were well-maintained.

Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly.

Staff adhered to infection control principles, including hand washing. Training records showed that staff undertook training in infection prevention and control. Hand sanitiser was available for people to use.

The kitchen had achieved a five-star rating for hygiene and cleanliness by the Food Standards Agency.

Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. The service had resuscitation equipment on each floor of the building.

Staff maintained equipment well and kept it clean. Any 'clean' stickers were visible and in date. Records showed that staff undertook checks and maintenance when required.

The clinic room was clean and well organised, staff were able to easily locate items they needed.

Safe staffing

Nursing staff



Wards for people with learning disabilities or autism

At the time of inspection, the hospital had eight whole time equivalent registered nurses and 24 whole time equivalent support workers. There were two whole time equivalent registered nurse vacancies and two support worker vacancies.

The number of shifts filled by bank staff to cover sickness, absence or vacancies in between 1 April 2018 and 1 January 2019 was 109. The service has only used internal bank staff and has not needed to utilise agency staff. In the same period, eight shifts were not filled by bank or agency staff.

The staff sickness absence rate for 12 months prior to inspection was low at 2.3%.

In the twelve months prior to inspection 14 out of 42 substantive staff had left to move on to promotions or other jobs.

Minimum staffing levels had been previously agreed by the provider when the service was set up. The manager had authority to increase staffing levels if necessary to meet patient need.

Managers had calculated the number and grade of nurses and healthcare assistants required.

We reviewed three months of rotas and found the number of nurses and healthcare assistants matched this number on all shifts.

When bank nursing staff were used, those staff received an induction and were familiar with the ward. Cygnet Cedars had not used agency staff in the 12 months prior to inspection. Instead, they used permanent members of staff from the provider's bank pool of support workers and nurses. This ensured all staff had received up to date mandatory training and were familiar with Cygnet Cedar's policies and procedures. It also reduced the risk of care being compromised as the patient group were familiar with and recognised bank staff.

Staff shortages rarely resulted in staff cancelling escorted leave or ward activities. Patients and staff told us sometimes leave or activities were rearranged but rarely cancelled.

Staffing levels allowed patients to have regular one-to-one time with their named nurse. Staff documented one to ones in care records.

Throughout the inspection, we saw staff to be present on all the communal areas of the hospital. Patients and staff told us this was usual practice.

All staff were trained in managing violence and aggression, including administration and housekeeping staff. This meant there was always enough staff to safely carry out physical interventions if needed.

Medical Staff

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The provider had a locality out of hours on call rota in place. Staff could access doctors when needed. During the weekdays one of the two hospital doctors was available 24 hours a day and could attend emergencies within an hour and at weekends a rota cover existed so that a consultant could provide emergency cover within an hour. Patients said they saw their consultant regularly.

Mandatory training

Overall, staff in this service had undertaken 98% of the various elements of training that the provider had set as mandatory. Mandatory training was comprehensive and a mixture of face to face and e learning. It included topics such as Managing Actual and Potential Aggression to advanced level, Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, basic life support, fire marshal, report writing and record keeping, dealing with concerns, infection control, health and safety, equality and diversity, and food safety.

Assessing and managing risk to patients and staff

Assessment of patient risk

On inspection we reviewed 12 patient care records, and all demonstrated excellent practice for risk assessment and management, safeguarding and use of least restrictive interventions.

Staff completed a risk assessment with every patient prior to admission and on admission. Staff updated the risk assessment regularly, including after any incidents. Staff and patients had signed the risk assessments to confirm they had been reviewed and updated to reflect changes in patients' risk levels where applicable. The psychologist updated the risk assessments every eight weeks or as and when needed. This was done in conjunction with the multidisciplinary team and patient.



Wards for people with learning disabilities or autism

Staff used recognised risk assessment tools appropriate to the patient needs. These included START (short term assessment of risk and treatability), RSVP (the risk for sexual violence protocol) and HCR20 (historical, clinical, risk management).

Management of patient risk

Staff understood key principles in risk enablement, balancing wellbeing and risk. Staff had produced documents to guide balancing wellbeing and risk with patients. Staff shared examples such as smart phones usage and internet access. Risk enablement is whereby staff and patients balance the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether. One example of this was open access to the kitchen, whereby patients had access to items which may put themselves or others at risk. This was risk assessed and managed by staff to ensure patients' safety whilst promoting independent living skills. Another example shared by staff was how they worked with sex offenders to promote healthy sexual safety and prevent abuse within the hospital. A trainee forensic psychologist conducted research at Cygnet Cedars on this topic and the paper was due to be published in a leading journal.

Staff took a proactive approach to anticipating and managing risks to patients and this approach was embedded and recognised as the responsibility of all staff. Staff were able to discuss risk effectively with patients who were using the service. Patients were actively involved in managing their own risks. The provider supported the use of technology to enable patients' access to the internet and smart phones. This included 'app locks' to promote safe use of smart phones, tablets and computers for patients that are at risk of being on sex offenders register and technology to make staff more aware of the location of open wi-fi hotspots.

Staff were aware of and dealt with any specific risk issues, such as swallowing difficulties.

Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching patients or their bedrooms.

Staff assessed risks on an individual basis, this meant there were no blanket restrictions other than those you would expect on a mental health ward. Examples of least restrictive practice embedded in the practice and culture at Cygnet Cedars included:

- unlocked kitchen providing continuous access to refreshments
- unsupervised patient access to therapy activity areas during day and evening times

continuous access to gardens

- individualised risk assessments of section 17 leave, allowing unescorted leave unless there was evidence it may endanger the patients or public.

Staff applied blanket restrictions on patients' freedom only when justified. All staff we spoke with were knowledgeable about least restrictive practices and had access to a comprehensive reducing restrictive practice policy which was in line with the Department of Health guidance Positive and Proactive care reducing the need for restrictive interventions (2014); National Institute for Health and Care Excellence Clinical Guideline 10; Violence and aggression: short-term management in mental health, health and community settings (2015) and Mental Health Act Code of Practice (2015).

Easy-read notices were displayed on the exits of the ward advising informal patients of their right to leave. Individual patients were risk assessed and some had a fob to exit the ward themselves if safe to do so.

The hospital had a smoking area the patients were able to use. Staff were trained in smoking cessation and were able to support patients who requested help to stop smoking.

Use of restrictive interventions

Data shared by the provider showed that 12 months prior to inspection there had been no episodes of seclusion. Cygnet Cedars did not have a seclusion room and staff told us they did not use seclusion. There were no episodes of long-term segregation.

Data showed in the six months prior to inspection there had been 11 episodes of restraint. None were prone restraint or restraints which had led to rapid tranquilisation.

All staff had up to date training in the use of certified restraint techniques to an approved level for their role. The provider used accredited Management of Actual and



Wards for people with learning disabilities or autism

Potential Aggression (MAPA) training for staff. This focused on least restrictive approach and restraint being used as a last resort. As a result, they used restraint only after attempts at de-escalation had failed.

Cygnets Cedars had an onsite MAPA instructor who led on least restrictive interventions. The training was accredited by British Institute of Learning Disabilities (BILD). During inspection we spoke to the MAPA lead. We were informed that they were given protected time to update MAPA practice and policies in line with national guidance. The lead was able to work with staff and individual patients to identify individualised intervention techniques unique to the patients. We reviewed three patient physical intervention care plans. All were complete and up to date. There was evidence that patients had been actively involved in completing risk management plans. They were presented in easy read formats as well as more detailed copies. Each patient had a tailored de-escalation programme and physical intervention plan in place. This included monitoring and management of mood post incidents.

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

Staff had access to the rapid tranquilisation policy. Staff were able to share with us what they needed to do if rapid tranquilisation was used. There had been no episodes of rapid tranquilisation reported in the six months prior to inspection.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert and did that when appropriate. Staff told us they had good links with the local authority. During inspection we spoke with a visiting representative from the local authority. They reported staff at the unit were open and transparent.

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

Staff knew how to identify adults and children at risk of, and or suffering from significant harm. This included working in partnership with other agencies. Staff told us they have strong links with the multi-agency public protection arrangements (MAPPA) group. This is a group of professionals from different agencies that work together to

manage risks posed by violent and sexual offenders living in the community in order to protect the public. The local MAPPA lead for the area visited monthly and shared lessons learnt with staff.

Staff followed safe procedures for children visiting the unit. Children under the age of 16 were not allowed to visit the unit. If children under this age were required to visit alternative arrangements were made off site.

Staff access to essential information

Staff had access to paper and electronic patient records. This did not cause difficulty for staff in entering or accessing information.

All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form. This included when patients moved between teams.

Medicines management

Staff not only meet good practice standards in relation to national guidance, they also contributed to research and development of national guidance and had adopted the STOMP (stopping over medication of people with a learning disability, autism or both) health care pledge.

Doctors told us they kept medication prescribing to the minimum, followed STOMP best practice guidance and National Institute for Health and Care Excellence (NICE) Guidelines on the management of people with behaviour that challenges (2015). STOMP is a national NHS campaign that is aimed at stopping over medication of people with learning disabilities, autism or both. Doctors at Cygnets Cedars had completed a STOMP audit with 23 patients at Cygnets Cedars. They identified all patients on psychotropic medication had a STOMP care plan in place which had identified a rationale for prescribing, a medication reduction plan and actions on side effect monitoring. We were assured that patients were prescribed medications in line with STOMP and National Institute for Health and Care Excellence (NICE) Guidelines on the management of people with behaviour that challenges (2015).

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance, especially when the patient was prescribed a high dose of antipsychotic medication. Doctors prescribed medicines within the dose range recommended by the British National Formulary.



Wards for people with learning disabilities or autism

Track record on safety

There had been no serious incidents reported in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. All incidents were discussed in the daily morning meeting. Staff had completed incident reporting forms following incidents where patients had injured themselves intentionally or become verbally or physically aggressive. Within all incident reporting forms, the debrief had been recorded with the patient to identify the cause of them becoming distressed, how staff could continue to support them in future and identify any changes that could prevent reoccurrence or improve how staff could manage the situation. Staff kept a copy of these forms in the patient care records. As well as completing an incident form, staff completed an 'ABC' form. This is an observational tool staff use to record information about challenging behaviours, which can then be used by the staff and patients to better understand what the behaviour is communicating. All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting displayed the levels of harm and near misses, which ensured a robust picture of quality

Staff understood duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. The manager shared an example of learning following an incident, whereby staff had not followed a patient's positive behaviour support plan. They shared the outcome with the patient's clinical commissioning group to provide a less restrictive approach to the patient's management and recovery.

Staff received feedback from investigation of incidents, both internal and external to the service. On inspection we reviewed the provider's lessons learnt bulletins that all staff received.

Staff met to discuss that feedback within a variety of settings including supervision, daily meetings, community meetings and governance meetings.

We saw evidence that changes had been made because of feedback and reviewed the learning lessons bulletin that the provider shared across the region.

Staff and patients were debriefed and received support after a serious incident.

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

Outstanding



Assessment of needs and planning of care

During inspection, we reviewed 12 patient care records. We saw assessment began at the point of referral to the hospital and continued upon admission and throughout the patient's stay. All assessments were completed in a timely manner.

Doctors and nurses completed physical health checks on all consenting patients on admission. They recorded basic physical health observations such as weight and blood pressure monthly or as and when required. We saw this was documented in patient care records. Staff recorded when patients did not consent to physical health care monitoring and continued to offer those patients physical healthcare checks on a regular basis. We saw evidence of ongoing physical health care checks in care records. Staff had completed a range of additional physical health care plans where needed, for example for diabetes. There were detailed plans for how to support the patient during and after an epileptic seizure, medication that may be used and how best to provide emotional and practical support.

All care records were excellent. Care plans and documentation relating to patient care was available in an easy read format and used pictorial scales for patients to review each area and indicate whether they were happy with the content. All care plans were recovery orientated, holistic and had been developed to meet a variety of patients' needs including money management, physical health, relationship skills, thoughts and feelings and keeping themselves safe. All care plans had been completed with the patient, written in their voice and had been signed by them to evidence agreement with the aims and goals.

All care records contained a positive behaviour support plan. Positive behaviour support (PBS) is a person-centred approach to support people who display or are at risk of



Wards for people with learning disabilities or autism

displaying behaviours which challenge. The plan provides support based on inclusion, choice, participation and equality of opportunity. We saw that a range of patient needs had been identified including communication needs, support needs, sensory needs and individualised strategies staff could use to provide practical and emotional support if the patient became distressed.

Allied health professionals including the speech and language therapist, occupational therapist and psychology staff completed detailed assessments. The psychologist assessed all patients on admission over an eight-week period to establish a baseline assessment and intervention plan with the patient. The psychologist used a range of standardised assessments and led on positive behavioural support assessment and interventions. The speech and language therapist completed assessments on all patients and ensured all patients had a communication 'grab sheet'. This explained how best to communicate with the patient considering their abilities. Occupational therapists used nationally recognised rating scales to identify patient need and the effectiveness of the interventions being used to promote independence, including the Model of Human Occupation Screening Tool, the Occupational Self-Assessment and the Daily Living Skills Observational Scale.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. For example, staff followed National Institute for Health and Care Excellence guidance for Autism spectrum disorder in adults; diagnosis and management. Trained and competent staff undertook evidence-based assessments using a variety of tools such as the Diagnostic Interview for Social and Communication Disorders and the Autism Diagnostic Schedule. Staff provided psychosocial interventions for challenging behaviours after completing a functional analysis. We saw numerous examples of these assessments and interventions within care plans we reviewed.

Doctors prescribed medicines within the dose range recommended by the British National Formulary. Doctors told us they kept medication prescribing to the minimum, followed STOMP best practice guidance and National Institute for Health and Care Excellence (NICE) Guidelines

on the management of people with behaviour that challenges (2015). STOMP is a national NHS campaign that is aimed at stopping over medication of people with learning disabilities, autism or both. Doctors at Cygnet Cedars had completed yearly STOMP audits. We reviewed the most recent audit (March 2019). All 23 patients' medicines were reviewed. They identified all patients on psychotropic medication had a STOMP care plan in place which had identified a rationale for prescribing, a medication reduction plan and actions on side effect monitoring. It had additionally been identified through the audit process that the patient groups had a relatively high body mass index and plans had been identified to address this.

The recovery approach taken by Cygnet Cedars was underpinned by the Department of Health 'My Shared Pathway'. This meant patients and staff worked together to reduce the length of time the patient needed to be in hospital by working together, planning and following agreed goals and using outcome measures.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Each patient was registered to a local GP and dentist.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration when needed.

Staff supported patients to live healthier lives – for example through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for cancer, and dealing with issues relating to substance misuse.

Staff used technology to support patients effectively. The provider's information technology team supported staff in safeguarding patients with the use of technology. This included 'app locks' to promote safe use of smart phones, tablets and computers for patients that are at risk of being on sex offenders register and technology to make staff more aware of the location of open wi-fi hotspots.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. For example, the speech and language therapists completed the East Kent outcome system. This is a standardised tool to aid therapists in planning and evaluating therapeutic interventions and helps staff judge how effective interventions are.



Wards for people with learning disabilities or autism

Psychologists and occupational therapists also completed pre and post outcome measures for every intervention offered. Staff reviewed outcome measures at clinical and governance meetings.

Skilled staff to deliver care

Patients had access to a range of mental health professionals and workers to support their rehabilitation and discharge. These included speech and language therapists, occupational therapy staff, clinical psychologists, learning disability and mental health nurses, support staff, consultant psychiatrist and speciality doctor. There was a mix of registered mental health and learning disability nurses.

All clinical staff we spoke with were experienced and had the right skills and knowledge to meet the needs of the patient group.

The hospital provided new staff with appropriate induction (using the care certificate standards as the benchmark for healthcare assistants).

Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings.

The percentage of staff that had had an appraisal in the last 12 months was 100%.

The percentage of staff that received regular supervision was 89%. All staff we spoke with told us they had regular managerial and clinical supervision. Staff documented when they had supervision. We reviewed records confirming staff participation in supervision.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. The manager had a staff training development plan in place. Staff told us that additional training was on offered and supported by the provider. Staff gave numerous examples, from support with relevant master's degrees, nurse apprenticeships and the development of occupational therapy apprenticeships.

All doctors at Cygnet Cedars had been revalidated in the 12 months prior to inspection.

All staff had access to and attended reflective practice groups.

Qualified staff at the service routinely provided training for colleagues with the aim of developing their awareness of specialist treatment interventions and strengthening a team work approach across disciplines to provide patient care.

Allied health professions we spoke with could access profession specific supervision and peer support groups and reported this worked well, enabled them to share learning and implement interventions in line with national best practice.

The registered manager monitored staff performance and had taken appropriate steps to improve performance where required, including using the provider's sickness and attendance management policies. At the time of inspection there were no outstanding issues.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. Cygnet Cedars had a daily weekday meeting for all staff. This was attended by the hospital manager, the consultant psychiatrist, specialty doctor and representatives from each professional discipline, including the chef for the service and the maintenance team. This meeting included a review of the service for the previous 24 hours, CQC notifications, incident reports, changes in patient observation levels and complaints and compliments received. All patients that were risk rated as red were reviewed by the team and a formulation of their needs completed and updated. We observed this meeting during inspection. We found it was run efficiently, relevant information was shared between staff and tasks were allocated. This meant the whole team knew the plans for the day, were aware of any risks and management plans and were aware of their responsibilities. We observed the discussion was patient centred. It covered mental state, risks, behaviours, achievements and patients leave was also reviewed.

Staff shared information about patients at effective handover meetings before the start of shifts.

The staff had effective working relationships, including good handovers, with other relevant teams within the organisation (for example, care co-ordinators, community mental health teams and the crisis team).



Wards for people with learning disabilities or autism

The staff had effective working relationships with teams outside the organisation for example, local authority social services and GPs.

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

All relevant staff had had training in the Mental Health Act. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were.

The provider had relevant policies and procedures that reflected the most recent guidance.

Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice.

Patients had easy access to information about independent mental health advocacy. Staff had displayed posters around the unit. Posters were easy read and pictorial.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted.

Staff requested an opinion from a second opinion appointed doctor when necessary.

Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly and so that they were available to all staff that needed access to them.

The service displayed a notice to tell informal patients that they could leave the ward freely.

Care plans referred to identified Section 117 aftercare services to be provided for those who had been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment (if applicable).

Staff did regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits. All audits were reviewed in the service governance meetings.

Good practice in applying the Mental Capacity Act

Ninety-five per cent of staff had had training in the Mental Capacity Act.

Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles.

Staff had made one Deprivation of Liberty Safeguards application in the 12 months prior to inspection; this was to protect a person without capacity to make decisions about their own care.

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.

Staff took all practical steps to enable patients to make their own decisions. For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions. Staff gave numerous examples ranging from financial decisions to eating certain foods.

When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. We saw documented evidence of capacity assessments that were decision specific. The speech and language therapist supported staff and patients undertaking Mental Capacity assessments. All patients had a file that documented what reasonable adjustments to communication should be considered when assessing the patient's capacity. This ensured staff undertaking the assessment clearly understood the patient's communication needs and was aware of any communication tools needed to support the patient

Staff made Deprivation of Liberty Safeguards applications when required and monitored the progress of applications to supervisory bodies.



Wards for people with learning disabilities or autism

The service had arrangements to monitor adherence to the Mental Capacity Act. Staff audited the application of the Mental Capacity Act and took action on any learning that resulted from it.

Are wards for people with learning disabilities or autism caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

We observed that staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.

Staff supported patients to understand and manage their care, treatment or condition. For example, staff had created easy read ward round request and feedback sheets. Staff and visitor name tags were used in ward rounds. Staff were creative in how they communicated information to enable active recovery.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. For example, patients were supported to access community facilities to further education and training.

Patients said staff treated them well and behaved appropriately towards them.

Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. We saw written records that gave examples of a variety of these needs and patients told us how staff supported them. Staff took into account a person beliefs and values when undertaking best interest decisions. Staff interactions with each other and with patients demonstrated they understood individual patient needs. They have a detailed understanding of individuals likes, dislikes, communication needs, interests, cultural, social and personal needs.

Staff from all disciplines were patient focussed, including kitchen and domestic staff who were invited to attend morning meetings and training where appropriate. Staff understood the different recovery needs of each patient.

We were impressed by the staffs' efforts to support and empower patients. Staff had supported patients in exercising their civil rights. Staff had set up workshops for patients to learn about their rights to vote in elections and held a mock ballot at the unit. They supported those patients who wanted to vote in the election to register and acquired easy read manifestos and leaflets

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

Staff maintained the confidentiality of information about patients.

Involvement in care

Involvement of patients

Staff used the admission process to inform and orient patients to the ward and to the service. Admissions were planned. Staff introduced new patients to the hospital prior to admission. This involved visits, introductory/ buddy groups and information welcome packs. Admissions were tailored to individual needs. This helped inform patients of where they would be staying and how the hospital could support them with their recovery.

Staff involved patients in care planning and risk assessment. There was a strong culture of enablement and person-centred care. Patients were fully involved in planning and evaluating their care. Patients were active partners in their recovery. Patients told us this happened, and care records documented active patient involvement on planning recovery on a highly individualised basis.

Staff communicated with patients so that they understood their care and treatment including finding effective ways to communicate with patients with communication difficulties. Staff created individualised patient communication grab sheets to aid communication.

Staff involved patients when appropriate in decisions about the service. Cygnet Cedars were able to share a variety of ways in which this happened. It showed they had fully embedded patient involvement and encouraged and supported all patients to take an active role. This included patient representation at hospital governance meetings, community meetings, involvement in decorating the hospital and garden areas and developing and running some groups/activities.



Wards for people with learning disabilities or autism

Staff enabled patients to give feedback on the service they received, for example via surveys or

community meetings. In addition to weekly community groups, patients had access to a monthly 'Peoples Council'. The people's council was a group of patient representatives who worked co productively alongside the provider's executive management board. Co-production is a way of working whereby people and decision makers or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.

Staff produced a yearly patient feedback survey. We reviewed the survey for March 2018 – 19. Eighteen out of 23 surveys had been returned. From these, six actions had been identified and were completed or in progress.

Staff enabled patients to make advance decisions (to refuse treatment, sometimes called a living will) when appropriate.

Staff ensured that patients could access advocacy.

Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Patients confirmed this, and we saw documented evidence in care records.

Staff involved carers as and when appropriate and as agreed by patients. The unit produced a yearly family/carer survey. We reviewed the last report completed (January 2019). One carer out of 24 had fully completed the survey, another carer had partially completed the survey. The report had identified an action plan following the survey and had completed four of the six actions identified.

Staff provided carers with information about how to access a carers' assessment.

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

(for example, to feedback?)



Access and discharge

The hospital accepted patients from all over the country due to its specialised service. Beds were available for patients living in the local 'catchment area'. Most patients were admitted to Cygnet Cedars from secure units.

There was always a bed available when patients returned from leave. Beds were never used for other patients.

Staff worked with commissioners to ensure patients admitted met the hospital referral criteria. All referrals to Cygnet Cedars were reviewed by the multi-disciplinary team to review the suitability of admission to Cygnet Cedars. The doctor and registered manager would complete an initial assessment following referral and attend any meetings or handover arranged for the patient. The patients had the opportunity to visit Cygnet Cedars prior to admission and if necessary more than one visit could be arranged.

All transfers of care were managed to ensure they happened at the appropriate time for the patient and any moves to other units were based on clinical need and in the interest of patients.

Cygnet Cedars aimed to discharge patients to independent or supported living arrangements. The hospital had two self-contained flats attached to the unit. Staff supported patients to live in these flats prior to discharge to independent living. This gave the patient an opportunity to test out and develop their independent living skills in a supported way. Discharge planning began from admission to Cygnet Cedars. There had been no delayed discharges in the 12 months prior to inspection.

The average length of stay was two years. This appears higher than average, but the majority of patients detained were subject to Ministry of Justice restrictions and a lot of the patients had already spent a lot of time in care before this hospital. This service enabled them to move into lesser dependant services in a reasonable time frame. This is the aim of Transforming Care.



Wards for people with learning disabilities or autism

Documents we reviewed demonstrated that staff kept in touch with commissioners, care planning meetings and treatment reviews for patients were organised to enable attendance by interested parties.

We saw that all patients had moving on (discharge) plans in place. Each patient had a copy in an accessible format to their individual needs. Moving on plans clearly identified steps patients needed to achieve to meet discharge. Patients told us about their 'moving on' plans and they were supported by staff to achieve the goals. If needed patients were supported with a transition period as required.

Staff planned discharges with the Ministry of Justice, probation, commissioners and other hospitals. The staff maintained good relationships with patients care managers/ co-ordinators to enable a smooth discharge.

Staff supported patients at the point of discharge and if needed provided ongoing support to a patients new team in order to ensure a smooth transition between services.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms and were not expected to sleep in bed bays or dormitories.

Patients could personalise bedrooms. We could see that some patients had taken up this opportunity and had made their rooms personalised and homely. Patients were able to have additional furniture in their rooms and walls painted.

Patients had keys to their rooms and access to secure to storage space.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. These included clinic rooms on each floor, social and quiet areas, a fully equipped gym, library, games room, computer café and multi faith room. The provider had recently refurbished a room into a sensory room, following requests from patients and staff.

There were quiet areas and a room where patients could meet visitors.

Patients could make a phone call in private. Patients had their own risk assessed mobile phones. There was also access to hospital phones patients could use in private.

Patients had access to outside space that was well maintained. The patients were involved in a garden re-design project and were in the process of building raised beds and creating a therapy garden.

Patients had a range of food choices at meal times. Cygnet Cedars had an onsite chef. Following some complaints, the chef ensured all patients were involved in menu planning and often catered for a variety of choices even if that meant cooking individual meals to meet needs. Patients had access to a wide variety of healthy snacks and refreshments throughout the day.

Patients had access to kitchens 24 hours a day and were able to cook own meals or meals with support. They had food storage space to store their own food items.

Cygnet Cedars had a weekly timetable of activities on offer. Staff encouraged patients to participate. The programme was a mix of small groups and one to one activity. The programme incorporated groups with a focus on activities of daily living, community, fitness, music and sensory needs.

The unit supported patients to keep hospital pets, this has included a snake and goldfish.

Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. The service had a variety of in-house jobs that patients could apply for. This gave patients the opportunity to undertake work at the Cedars. This provided patients with the opportunity to work on application and interview skills and carry out a specified job. Patients received therapeutic earnings when undertaking this work. Staff supported patients in these jobs and provided support and regular reviews. Jobs on offer were varied from cleaning, maintenance, environmental checks, bike mechanics, administrative tasks to trip and event planner. The service had also supported a number of patients to access a local skill centre to undertake training in basic construction skills. A tutor attended the site and supported patients to access formal qualifications in functional skills. The therapy team were in the process of developing patient accessible accredited courses for Cygnet Cedars patients. At the time of inspection, the following courses were in development: infection control and first aid.



Wards for people with learning disabilities or autism

Staff supported patients to maintain contact with their families and carers. This included supporting home visits and facilitating visitors at the hospital.

Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. Cygnet Cedars held joint social events with another local unit and encouraged and facilitated patients' attendance at local community groups and social events.

Meeting the needs of all people who use the service

The service made adjustments for disabled patients; for example, by ensuring disabled people's access to premises and by meeting patients' specific communication needs. Staff completed a six-monthly communication environment audit. This was based on the five good communication standards which are promoted by the Royal College of Speech and Language Therapists. The target level was 75%. Staff had undertaken a recent audit which showed that the environment at Cygnet Cedars stood at 90%. Staff also considered patients' physical and sensory needs. Staff had completed a disability access audit and achieved the top score of 100% accessibility.

All staff had training in producing easy read documents. Staff had access to software to produce individualised easy read documents.

The waiting room had a digital information display that gave information in various forms of accessible information.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and so on. The information provided was in a form accessible to the particular patient group.

Staff made information leaflets available in languages spoken by patients.

Managers ensured that staff and patients had easy access to interpreters and/or signers.

Patients had a choice of food to meet the dietary requirements of religious and ethnic groups.

Staff ensured that patients had access to appropriate spiritual support.

Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns. All patients we spoke to on inspection told us they knew how to complain and that they would if needed.

When patients complained or raised concerns, they received feedback. Patients confirmed this and there was written evidence in community meeting minutes we reviewed.

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

Staff knew how to handle complaints appropriately.

Staff received feedback on the outcome of investigation of complaints and acted on the findings.

Between 1st October 2018 and 31 December 2019, the service had five complaints. Two of the complaints were about the food. The outcome resulted in a menu suggestion box. The three remaining complaints were not upheld after investigation.

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

Outstanding



Leadership

The senior leadership team at Cygnet Cedars were visible to all staff and had the skills, knowledge and experience to perform their roles.

Leaders had a good understanding of the services they managed. They could explain clearly how the team worked to provide high quality care. At the time of the inspection the registered manager had been newly appointed and in post for two months. It was clear throughout the inspection that they had a thorough understanding of the hospital, the governance systems in place and how the team worked well together to provide safe and effective care.

Leaders were visible in the service and approachable for patients and staff.

Leadership development opportunities were available, including opportunities for staff below team manager level.

Vision and strategy



Wards for people with learning disabilities or autism

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The staff survey showed that 100% of staff stated they understood what Cygnet's values were. Staff were able to explain how they embed those examples in day to day work.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Staff could explain how they were working to deliver high quality care within the budgets available. Staff told us that requests for finance for care/recovery interventions were rarely refused. They said the provider was responsive to requests for additional equipment or services to improve the care for patients.

Culture

Staff felt respected, supported and valued. The provider undertook an annual staff survey. We reviewed the results of the latest staff survey (March 2019). One hundred per cent of Cygnet Cedars staff completed the survey. The provider had agreed to make a donation to charity for every completed survey and staff chose for a donation to go to a national mental health charity.

Most staff felt positive and proud about working for the provider and their team.

Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process and had used it effectively in the twelve months prior to inspection.

Staff felt respected, supported and valued. All staff we spoke with told us it was a great place to work. They felt appreciated and valued. Staff said they were supported to develop as professionals, through training and continued professional development opportunities. Staff also told us they had free access to counselling services.

Cygnet Cedars had a genuine open culture in which safety concerns raised by staff and people who use services were highly valued as being integral to learning and improvement.

Managers dealt with poor staff performance when needed. On inspection we found that the team worked well together and where there were difficulties managers dealt with them appropriately.

In July 2018 CQC and Cygnet human resources received whistleblowing concerns about bullying and harassment towards staff. Following this, regional Cygnet managers worked alongside CQC in an open and transparent manner. They were responsive to concerns raised and immediately arranged an external investigation. At the same time Cygnet arranged for an expert by experience to investigate any concerns patients had or how the concerns raised by staff may have impacted on patients.

On inspection we found the team worked well together and where there were difficulties managers dealt with them appropriately.

We reviewed four staff files. All were in good order. We could see that staff supervision was documented and staff appraisals included conversations about career development and how it could be supported.

The service's staff sickness and absence were similar to the average for the provider.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

Governance

Governance systems throughout Cygnet Cedars were robust and ensured staff provided high quality care. This included quality assurance, quality improvement and risk and incident management. Cygnet Cedars' senior management team had monthly clinical governance meetings which fed into regional quarterly governance meetings. The hospital manager attended monthly operational governance meetings and quarterly managerial meetings. These meetings fed into the provider's corporate governance committee, which was overseen by the corporate management board. In addition to this staff had the opportunity to discuss incidents and learning in a range of settings to share and ensure appropriate actions are taken to prevent reoccurrence. The various methods of sharing included debriefs, daily staff morning meetings, reflective practice groups and supervision.



Wards for people with learning disabilities or autism

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information such as learning from incidents and complaints was shared and discussed.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Staff followed the provider's audit schedule. The manager reviewed the audits locally and they were then reviewed again by the provider's operational directors.

The provider had set key performance indicators to measure the effectiveness of the service to ensure quality and patient safety. During inspection, we reviewed the monthly data for the key performance indicators. Data showed the monitoring of staffing levels, incidents, restraints, training, occupancy rates and various other quality measures including safeguarding and hours of meaningful activity achieved by the patients. Key performance indicators were being met.

Management of risk, issues and performance

Staff maintained and had access to the risk register at hospital level. Staff could escalate concerns when required.

The service had plans for emergencies, for example adverse weather or a flu outbreak.

Information management

The service used systems to collect data for the hospital that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. Staff gave lots of examples of these opportunities. Two staff attended the provider learning disability steering group and were able to share examples of how they could have a direct impact upon change.

Staff had opportunities to participate in research. Some staff had presented papers at conferences.

Innovations were taking place in the service. We saw creative use of accessible information for example "big mac" communication buttons by all easy read posters, which when pressed explained things such as complaints. Patients and staff recorded the messages and took ownership of the information they recorded. Staff were given time and support to consider opportunities for improvements and innovations. Staff were enthusiastic when they spoke about new developments and how they developed these alongside the patients and experts by experience within the Cygnet Group.

Staff participated in a project 'patient for the day'. They spent a day as a 'patient' instead of a member of staff to determine as much as possible what restrictions and services may feel like. Following this, the staff member wrote a reflective narrative describing their experience which was shared with patients and staff. Suggestions to improve the patient experience were given and actions to improve the project for future learning

Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and nationally.

Staff used quality improvement methods and knew how to apply them.

Staff participated in national audits relevant to the service and learned from them.

Outstanding practice and areas for improvement

Outstanding practice

The provider used technology to provide less restrictive interventions, for example 'app locks' to promote safe use of smart phones, tablets and computers for patients that were at risk of being on the sex offenders register.

Staff and patients were supported to undertake innovative and creative projects. We saw creative use of accessible information for example "big mac" communication buttons by all easy read posters.

Staff not only met good practice standards in relation to medicines management, but they also contributed to research and development of national guidance.

One of the key aims for Cedars was to prevent abuse by establishing sexual safety within the service. We were told that patients often reported feeling sexually frustrated and would make requests to access legal pornographic material and/or sex toys. A trainee forensic psychologist at Cygnet Cedars undertook research in this area and wrote a research paper on the outcome of the hospital's interventions and practice.

Staff participated in the 'Patient for a day programme' where staff spend a day as a patient on the unit and write a report giving feedback of their experience. A direct outcome of this was a change to the hospital environment as agreed by the patients.