

Cygnnet Manor

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Cygnnet Manor is a high dependency rehabilitation hospital that provides a service for men with learning disabilities, behaviour that challenges and mental health needs.

This was a focused inspection completed following concerns about staff actions or omissions in care that had contributed to incidents with patients and information to suggest a closed culture at the hospital. A closed culture

is a poor culture in health or care services that increase the risk of harm. During this inspection we did not look at all key lines of enquiry in each of the domains. We did not change the hospital's existing ratings.

- The provider responded appropriately to concerns about staff practice and conduct with patients. Senior staff escalated, investigated and developed actions in response to incidents and concerns.

Summary of findings

- Leaders knew about risks associated with closed cultures and worked with staff to prevent the development of one. Staff we spoke with knew how to raise concerns and felt confident to do so. During the inspection we did not find evidence to support concerns of a closed culture at the hospital.
- Leaders were visible in the service and had the skills, knowledge and experience to perform their role. They were aware of and taking actions to improve staff practices that led to concerns about the hospital culture.
- We saw staff spoke and behaved appropriately with patients. Staff developed and followed plans when

communicating and interacting with patients. Senior and multidisciplinary staff were visible and accessible in areas where nurses and support workers delivered care to patients.

- The hospital environment was safe and clean. We saw good infection prevention and control practices amongst staff. At the time of the inspection, the provider had recorded no cases of Covid-19 at the hospital.

However,

- Some conversations with staff supported concerns about the hospital's culture. This included that not all staff recognised signs of burnout in themselves and sometimes did not communicate or behave professionally around patients.

Summary of findings

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Good 

Cygnnet Manor

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cygnet Manor

Cygnet Manor is a high dependency rehabilitation hospital that provides a service for up to 20 men with learning disabilities, behaviour that challenges and mental health needs. Some patients at the hospital are detained under the Mental Health Act 1983. The provider is Cygnet Learning Disabilities Midlands Limited.

When we inspected the hospital had 19 patients. All were detained under the Mental Health Act 1983. There was a registered manager in post.

Cygnet Manor is registered with the CQC to provide the following regulated activities:

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

CQC has inspected Cygnet Manor twice since 2017. At our previous inspection in November 2018 we rated the service 'Good' overall, a rating of 'Outstanding' in the caring domain contributed to this.

Between March 2014 and October 2020, there have been three Mental Health Act reviews at the hospital.

Our inspection team

Due to the Covid-19 pandemic, we conducted patient, carer and staff interviews by telephone. A small inspection team visited the hospital site for one day on 16 October 2020 to look at areas that could not be inspected remotely.

In total two CQC inspectors, one CQC inspection manager, an Expert by Experience and one specialist professional advisor, a nurse with experience of working with people with a learning disability, contributed to this inspection.

Why we carried out this inspection

This was a focused inspection completed following concerns about staff actions or omissions in care that had contributed to incidents with patients. For example, staff not using restraint correctly with patients and staff behaving aggressively towards patients. The provider's Freedom to Speak Up Guardian had also received concerns about staff being unkind, insulting and belittling to patients.

A CQC quality risk analysis indicated a very high risk of deliberate staff acts resulting from poor care, a lack of an effective learning culture and the potential of a closed culture.

How we carried out this inspection

This was a focused inspection and therefore our inspection activity focused on specific areas. This means we did not look at all key lines of enquiry in each of the domains.

During the remote part of this inspection we completed telephone interviews with patients, staff and family/carers and reviewed a range of policies, procedures and

other documents relating to the running of the hospital. During the site visit we looked at the hospital environment and reviewed the care and treatment records of patients.

During this inspection, the inspection team:

- spoke with six patients who were using the hospital.

Summary of this inspection

- completed telephone interviews with five family members/carers
- completed a telephone interview with the registered manager
- completed telephone interviews with 20 other staff members including doctors, nurses, support workers, psychologist, and occupational therapy
- looked at the quality of the hospital environment
- attended one daily multidisciplinary team meeting
- looked at four patient care and treatment records
- reviewed feedback from four Clinical Commissioning Groups
- looked at a range of policies, procedures and other documents relating to the running of the hospital.

What people who use the service say

We spoke with six patients to gather feedback about the hospital. Patients told us they felt safe and believed staff treated them well. They told us staff were kind, polite and listened. Two patients who had experience of being restrained by staff told us staff were careful and followed plans to restrain them safely. Patients knew how to make a complaint and had support available from an advocate.

Three patients reported there was not always enough staff, particularly during incidents or when other patients needed extra support from staff.

We spoke with five family members or carers of patients at the hospital. All believed their relative to be safe at the hospital and told us staff were respectful and polite. However, not everyone we spoke with felt staff involved them enough in the care of their relative.

We received feedback from four Clinical Commissioning Groups with patients at the Manor. Only one reported a concern of staff behaviours occurring in 2019. They had raised this with the provider however the COVID-19 pandemic had delayed actions to seek assurance. All other comments were positive including culture, patient progress and patient happiness. Feedback identified good communication from the hospital manager, good quality care and treatment and positive contributions from staff to support patients.

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?

This was a focused inspection, we did not look at all key lines of enquiry in the domain. The rating from the previous inspection still applies.

- Senior staff escalated, investigated and developed actions in response to incidents and concerns, including those about staff practices. The provider used closed circuit television camera recordings to assist in the review of incidents, restraints and to audit staff practices.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The provider was aware of familial relationships in its staff group and had actions in place to manage these.
- Staff assessed and managed risks to patients and themselves well. Staff met daily to share and discuss information about patients, incident and concerns. Staff regularly reviewed the use of restrictive practices at the hospital.
- The hospital environment was safe and clean. The provider had responded with risk assessments and guidance specific to the Covid-19 pandemic. When we inspected, we saw good infection prevention and control practices amongst staff and the provider had recorded no cases of Covid-19 at the hospital.
- During the inspection we saw staff spoke and behaved appropriately with patients. Staff developed and followed plans, including positive behavioural support plans, when communicating and interacting with patients. Senior and multidisciplinary staff maintained a presence in areas where staff delivered care to patents.

Good



Are services effective?

This was a focused inspection, we did not look at all key lines of enquiry in the domain. The rating from the previous inspection still applies.

- The provider supported staff with opportunities for supervision, appraisals and team meetings. During these, staff shared essential information and discussed issues related to practice

Good



Summary of this inspection

and performance. To address concerns about practice, senior and multidisciplinary staff developed a programme of training, reflection and support for staff directly responsible for delivering care to patients.

- When needed, managers dealt with poor staff performance promptly and effectively. To do this, they used disciplinary processes and escalated concerns to external agencies.

Are services caring?

This was a focused inspection, we did not look at all key lines of enquiry in the domain. The rating from the previous inspection still applies.

Outstanding



Are services responsive?

This was a focused inspection, we did not look at all key lines of enquiry in the domain. The rating from the previous inspection still applies.

Good



- The hospital met the needs of all patients who used it, including those with protected characteristics. Staff helped patients with communication, advocacy, and educational or work opportunities.
- Staff treated concerns and complaints seriously. The provider investigated them and learned lessons from the results of investigations. Staff shared learning from concerns and complaints.

Are services well-led?

This was a focused inspection, we did not look at all key lines of enquiry in the domain. The rating from the previous inspection still applies.

Good








- The leadership team was aware of, and taking actions to improve, staff practices that led to concerns about the hospital culture. Staff we spoke with knew how to raise concerns and felt confident to do so. The provider's Freedom to Speak Up Guardian had visited the hospital and spoken with staff.
- Leaders knew about risks associated with closed cultures and worked with staff to prevent the development of one. In response to concerns, the provider had completed a closed culture survey with staff. During the inspection we did not find evidence to support concerns of a closed culture at the hospital.
- Governance processes operated well to ensure performance and risk were effectively managed.

Summary of this inspection

However,

- Some conversations with staff identified concerns about the hospital's culture. This included that not all staff recognised signs of burnout in themselves and sometimes did not communicate or behave professionally around patients.

Wards for people with learning disabilities or autism

Safe	Good 
Effective	Good 
Caring	Outstanding 
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 provider required staff and visitors to sign in and out of the hospital. In response to the Covid-19 pandemic, the provider checked staff temperatures before they started work. The provider required visitors to the hospitals to have their temperature checked, complete a Covid-19 questionnaire and provide 'track and trace' contact details.

Access from the hospital reception to the patient area was through a locked door. Staff carried electronic key 'fobs', this reduced the need for keys when moving around. The hospital accommodated patients across two floors. The layout did not allow staff to observe all areas. However, in addition to the placement of staff and routine observation practices, the provider had convex mirrors in place to assist observation.

The provider had closed-circuit television cameras in some communal areas of the hospital and externally. Staff used closed circuit television camera recordings as evidence to review incidents and to audit staff practice. The provider displayed posters advising patients, staff and visitors that closed circuit television cameras operated at the hospital.

In July 2020, the hospital manager completed a ligature risk assessment of the hospital. Ligature points are fixtures to which people intent on self-harm might tie something to strangle themselves. We saw the provider had actions in place to reduce ligature risks identified in the assessment.

The hospital accommodated male patients only. This complied with national guidance about, and expectations governing the provision of single sex accommodation.

Staff had access to personal alarms. During the inspection we saw staff routinely carrying personal alarms. Staff accompanied visitors during visits or issued them with personal alarms on arrival to the hospital.

Patients had access to nurse call points in bedrooms and communal areas.

Maintenance, cleanliness and infection control

Communal areas of the hospital were visibly clean, well maintained and had good furnishings. Cleaning records for the hospital were present and demonstrated regular cleaning.

The provider had risk assessments and policy guidance specific to the COVID-19 pandemic. In response to the COVID-19 pandemic staff checked patients' temperatures daily, encouraged patients to wear face masks and encouraged good hand hygiene. We also saw two metre 'social distanced' markings on floors and furniture in areas where patients congregated. The provider updated cleaning guidance to include increased cleaning frequency of high-touch areas. Staff we spoke with knew what to do to prevent the spread of infections at the hospital, including COVID-19.

As part of the response to the COVID-19 pandemic the provider required staff to wear face masks. Staff discussed

Wards for people with learning disabilities or autism

safely putting on and taking off personal protective equipment and changes to COVID-19 related practices during handovers. Staff told us personal protective equipment was well managed and in good supply. When we inspected, we saw good personal protective equipment practice amongst staff and the provider had recorded no cases of COVID-19 at the hospital.

Patients believed staff's infection prevention and control practices kept them safe. Patients told us staff helped them to stay safe from infection. This included accessible hand hygiene sessions and easy read COVID-19 information.

Staff completed regular infection and prevention control audits specific to Covid-19. Staff reviewed closed circuit television recordings to ensure correct use of personal protective equipment. Staff acted to address concerns identified by audits and subsequent audits demonstrated improvement.

Clinic room and equipment

The hospital had two clinic rooms for the storage and administration of medicines and one treatment room. Cleaning records demonstrated staff cleaned these areas daily. The treatment room provided staff access to equipment necessary for carrying out physical health checks. This included an electrocardiogram machine.

Staff made daily checks of clinic room and medicine fridge temperatures. The quality and effectiveness of medicines can be affected by changes in storage temperatures.

The provider had emergency grab bags including oxygen, ligature cutters and an automated external defibrillator stored securely in the treatment room. This ensured all staff had access to the equipment in an emergency. Staff made daily visual checks of automated external defibrillators and emergency grab bags. Staff completed detailed checks of all emergency equipment on a weekly basis

Safe staffing

The provider had planned enough nursing staff of relevant grades to keep patients safe. The hospital had a planned staffing level of nine substantive whole time equivalent registered nurse positions. When we inspected, one whole time equivalent registered nurse position was vacant.

In addition to registered nurses, the provider had a planned staffing level of 28 whole time equivalent support worker

positions. In response to increased patient activity at the Manor, the provider had recruited five additional support workers. When we inspected, no support worker positions were vacant.

The provider had calculated the number and grade of nurses and support workers required. Staff worked two shifts to cover 24 hours at the hospital. The provider deployed two registered nurses and seven support workers during the day and two registered nurses and six support workers during the night. Staffing numbers had been calculated to account for one patient being nursed on one to one observation.

Staff worked in allocated teams headed by a team leader. Senior staff regularly reviewed skill mix and experience of staff in each team and staff worked across teams to cover additional staffing needs. Staff told us managers oversaw teams well and consistency of clinical practice between teams had improved.

Senior leadership staff and members of the multidisciplinary team worked during the day Monday to Friday and were not included in registered nursing and support worker numbers.

The hospital had a number of staff with a shared familial relationship. The provider required all staff to disclose any relationship with existing staff in the organisation. The hospital manager accessed a local register of staff relationships and ensured staff from the same family did not line manage or participate in activities with each other. Staff we spoke with reported that familial relationships had no impact on the care and treatment delivered at the Manor.

The provider used temporary staff to support safe staffing levels. Between July and September 2020, the provider recorded 160 shifts covered by bank support workers. The hospital manager used no agency staff during this period. Bank staff knew the service well and accessed the provider's package of mandatory training.

Between July and September 2020, the provider recorded 151 shifts not filled by temporary staff where there was sickness, absence or vacancies. The hospital manager identified these as absences reported at short notice, making attempts to cover them difficult. Staff worked flexibly to maintain safe staffing levels when this happened. For example, on-call managers attending to support.

Wards for people with learning disabilities or autism

Between July and September 2020, the provider reported a staff sickness rate of 5% at the Manor. This was higher than the provider's average sickness rate of 4%.

Between July and September 2020, the provider reported a staff turnover rate of 22% at the Manor. Disciplinary and performance management processes contributed to staff turnover.

Some patients and staff told us staff shortages sometimes resulted in escorted leave and activities being cancelled. For example, during periods of additional high level observations or incidents. Patients and staff recognised that restrictions imposed by the COVID-19 pandemic sometimes disrupted escorted leave plans.

Some staff believed there was not always enough staff to carry out physical interventions with patients. For example, not having enough staff to respond to incidents during periods of high level observations. However, staff identified that members of the wider multidisciplinary team or on-call staff did attend to provide additional support when it was needed.

The provider ensured staff received training to safely carry out physical interventions. When we inspected all staff had completed the providers management of actual or potential aggression training.

Mandatory training

The provider ensured mandatory training was available to all staff and set a target of 85% for completion of mandatory training. The provider monitored completion rates and reported on them as part of governance process. As of 9 October 2020, the provider reported 94% of Manor staff had completed mandatory training.

Assessing and managing risk to patients and staff

Assessment of patient risk

We looked at four care and treatment records. Staff did a risk assessment of every patient on admission and updated it regularly, including after an incident.

Staff reviewed and managed patient risk on a daily basis. Staff assessed the patient's presentation in the previous 24 hours and applied a red, amber or green risk rating. Incidents were reviewed as part of the daily assessment

and to inform each patient's daily risk rating. Staff developed risk management plans for identified risks. Risk management plans were detailed and personalised to manage individual risks.

Staff used a recognised risk assessment tool. In addition to the daily risk assessment, staff completed the Short-Term Risk Assessment and Treatability tool. The multidisciplinary team completed this assessment and updated it every eight weeks.

Management of patient risk

Staff assessed and managed any specific risk issues with patients, including choking risks.

Senior, multidisciplinary and nursing staff attended daily meetings to discuss all patients admitted to the hospital. On the day we inspected, we attended this meeting. We saw staff reviewed and updated patients' daily risk, risk management plan, observation level and access to leave. Staff also discussed incidents, lessons learned, complaints and safeguarding concerns arising from the previous day. Staff shared records of daily meetings by email.

Staff met to share information about patients at twice daily handover meetings. We saw completed handover records where staff shared patient risks, observation levels and incidents. However, records didn't always identify staff taking roles of additional responsibility during their shift. For example, as a fire marshal or first aider. At our previous inspection we told the provider they should ensure staff record all information discussed during handovers. The provider now included an 'any other business' area on the handover record, staff noted additional information, including learning and incidents, here.

Staff followed policies and procedures for the observation of patients. Staff met regularly to discuss patients' observation levels at handover meetings and multidisciplinary meetings. During the inspection we reviewed six observation and engagement records and accompanied one staff member while they completed patient observations. Records identified the frequency of observations and the reason why the patient was being checked. Staff completed and recorded observations in line with the provider's policy and procedures. This had improved since our previous inspection. For example, staff completed and recorded observations in line with the identified frequency and at irregular intervals.

Wards for people with learning disabilities or autism

The provider used audits to monitor how staff completed and record patient observations. Audits assessed staff competency to undertake observations and checked if times of recorded observations matched closed circuit television recordings. The August 2020 audit demonstrated the staff assessed were competent and completed observations in line with the provider's policy.

Use of restrictive interventions

Staff at the hospital did not use seclusion or long-term segregation with patients.

Between July and September 2020, staff used restraint on 94 occasions with eight patients. None of these resulted in staff restraining a patient facedown.

Between July and September 2020, staff used rapid tranquilisation with patients on eight occasions. The provider had a rapid tranquilisation policy and procedure available to guide staff practice. Records showed staff recorded patient's physical health monitoring following the administration of rapid tranquilisation.

The provider had a reducing restrictive interventions programme. Staff regularly reviewed blanket restrictions and developed actions to reduce the number of restrictions for patients using the hospital. Blanket restrictions are restrictions on the freedoms of patients receiving mental healthcare that apply to everyone rather than being based on individual patient's risk assessments. Records showed staff met to discuss restrictive practices, including during supervision. The provider was introducing the Safewards to the Manor. Safewards is a model of care designed to reduce conflict and containment in ward environments. The provider organised training for staff about the implementation of the model and the speech and language therapist had developed accessible Safewards information and resources for patients.

Staff told us they used restraint as a last resort and only when attempts to de-escalate the patient had failed. Staff identified a number of de-escalation interventions they used with patients, including sensory techniques. Registered staff responded to all alarm calls at the hospital, including those involving restraint, to direct and manage the incident. Staff we spoke with knew to raise a concern if they observed poor practice by a colleague during an incident or a restraint.

Concerns about the way staff sometimes used restraint with patients had been raised to CQC and the provider through whistleblowing and Speak Up processes. This included using restraint techniques inappropriately and purposefully provoking patients to then restrain them. The provider had commenced a review of closed circuit television footage of patient restraints from the previous three months. Initial feedback found staff followed plans to de-escalate patients and identified no concerns in the way staff applied restraint techniques with patients. The provider had also commissioned an external company to investigate the concerns. At the time of the inspection this investigation was ongoing.

The provider completed monthly closed circuit television recording audits of incidents at the hospital. The audit included evidence to support the use of restraint, how staff applied restraint techniques and evidence to suggest staff did not treat the patient with care, dignity and respect. The August 2020 audit reviewed 12 incidents at the hospital. The audit identified no concerns about staff practices during the incidents and noted positive interactions between staff and patients. Following the July 2020 audit, concerns identified by the audit resulted in staff disciplinary action and escalation of the concern to safeguarding and the police.

The provider ensured patients had access to advocacy services. The advocate attended the Manor twice a week and supported patients in reviews of their care and treatment. The advocate felt confident to escalate patient concerns to senior staff. He reported concerns were listened to and acted upon promptly, including escalation to external services.

During this inspection we spent time observing staff interactions with patients. We saw staff spoke politely and used appropriate language with patients. Staff actively engaged with patients and responded positively to requests from patients. Staff developed and followed plans, including positive behavioural support plans, when communicating and interacting with patients. We saw senior and multidisciplinary staff maintained a presence in areas where care was delivered to patients.

Safeguarding

The provider made safeguarding training available to staff, this included the safeguarding of adults and children. The provider required all staff to complete safeguarding

Wards for people with learning disabilities or autism

individuals at risk training, registered professionals to complete level three safeguarding and safeguarding leads to complete level four. As at 1 October 2020, all Manor staff had completed safeguarding training.

Staff knew how to identify adults and children at risk of or suffering significant harm. The hospital manager was the identified safeguarding lead. Staff met regularly with a local authority safeguarding link worker to discuss safeguarding concerns escalated to or outstanding with the local authority.

Between July and September 2020, Manor staff escalated 10 concerns to local authority safeguarding. When we inspected only two concerns remained open with the local authority.

Following concerns raised through whistle blowing and the provider's Freedom to Speak Up Guardian, the provider was completing safeguarding supervision with all Manor staff. The supervision required staff to discuss and demonstrate competency in a number of areas including raising a concern, the use of restraint with patients, documenting an incident and de-brief. When a staff member did not demonstrate competency, the provider required the senior nurse facilitating the discussion to list actions to help the staff member improve.

Medicines management

The provider had established medicines management practices in place. Staff had access to a current British National Formulary for reference.

An identified pharmacist visited wards weekly to audit medicine administration charts and medicines management practices. Reviews included administration omissions, medicine self-administration practices, and storage of drugs liable for misuse. Following a visit, the pharmacist submitted a report of outstanding actions to the hospital manager.

During the inspection, we reviewed five medicine charts. All contained a complete record of medicine administration, and recorded patient allergies or drug sensitivities. Medicine charts needing legal authorisation had correctly completed forms attached. This meant nurses administered medicines to patients under the right legal requirements.

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute

for Health and Care Excellence guidance. Where patients were prescribed a high level of anti-psychotic medication staff used the Glasgow Anti-Psychotic Side-effect Rating Scale to monitor side effects.

Track record on safety

Between July and September 2020, the provider recorded no serious incidents at the Manor.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Between July and September 2020, the provider recorded 375 incidents at the hospital. Incidents of violence and aggression occurred most frequently with 285 episodes recorded. This included incidents of verbal and physical aggression, and sexually inappropriate behaviour.

Between July and September 2020, the provider recorded 20 incidents at the hospital that involved staff actions or omissions in care. Of these, 18 concerned staff observation practices and did not result in patient harm. Two incidents involved staff's use of restraint with patients. The provider investigated both incidents and, where required, managed investigation outcomes through staff disciplinary processes.

Staff received feedback from the investigation of incidents. The provider shared learning from across the organisation with staff by an email bulletin.

Senior and multidisciplinary staff met to discuss all newly reported incidents at the daily morning meeting. Staff shared records of the meeting by email. Staff also met to discuss feedback at handovers and team meetings.

Learning from recent incidents and whistle blowing concerns led senior and multidisciplinary staff to identify and developed a package of training to increase the skills and knowledge of ward based staff. They learned that actions or omissions in care that increased risks to patients resulted from additional training needs of staff rather than from deliberate or abusive staff practises.

The provider ensured staff received debrief and support after a serious incident. Our conversations with staff and review of debrief records confirmed this. We found debrief records were detailed, demonstrated learning and evidenced good staff attendance. However, the provider's safeguarding supervisions with staff identified that some

Wards for people with learning disabilities or autism

didn't feel they received debrief or that debrief didn't meet their needs. In our conversations with staff, some reported a lack of recognition in the staff group for a need to debrief following less serious incidents and some reluctance to stay behind or attend for formal debrief processes. Senior staff were reviewing debrief and support processes at the Manor to ensure their relevance and usefulness to all staff.

Staff we spoke with provided examples of how they offered debrief and supported patients after incidents. Multidisciplinary staff were working together to develop guidance about when and how to use debrief with patients, including work sheets in accessible formats for patients

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

Good



Skilled staff to deliver care

The provider completed checks to ensure staff were experienced and qualified to meet the needs of the patient group. Managers completed staff interviews with a standard selection of questions that included raising concerns, values and meeting the needs of the patient group. Staff records contained evidence of competency assessments, Disclosure and Barring checks and professional registration checks for registered staff.

Senior and multidisciplinary staff developed in-house training programme to support staff training and development. Training days commenced weekly from October 2020 and ran until February 2021. Multidisciplinary staff led a structured timetable that included the opportunity for reflective practice. Areas covered in the timetable included closed cultures, reducing restrictive practices, engagement, and maintaining boundaries.

Managers ensured that staff had access to regular team meetings. We reviewed the records of four meetings held during 2020. We saw staff discussions included lessons learned, safeguarding and raising concerns, infection prevention and control and the use of personal protective equipment.

As an addition to team meetings, the hospital manager had recently introduced a staff forum for support workers. The

hospital manager intended the forum to promote an open culture and ensure staff felt valued. We reviewed three records and saw staff discussions included professionalism, raising concerns and patient updates. Support staff told us these meetings helped them to improve their work with patients.

The provider made supervision available to staff. Supervision is a meeting to discuss case management, to reflect and learn from practice, personal support and professional development. As of 9 October 2020, the provider reported 97% of staff had received regular supervision. The hospital manager maintained oversight of all completed supervision records and shared what information should be included in supervision discussions. Records demonstrated staff discussed practice and performance concerns during supervision.

The Manor psychologist facilitated weekly reflective practice sessions with staff. Reflective practice sessions looked at staff practice with patients and included learning, communication, values and well-being. Staff identified these sessions as helpful to improving practice.

The provider made annual appraisals available to staff. The completed appraisal rate at the Manor was 90%, reported at 9 October 2020. The hospital manager identified six staff as overdue for appraisal. We saw completed appraisal documentation in staff employment records. Appraisal discussions included equality and diversity, communication standards, personal development and action plans. The appraisal rate reported had improved above the 74% recorded at our previous inspection.

Managers dealt with poor staff performance promptly and effectively. The hospital manager received support from the provider's senior staff, policy guidance and human resources business partner. When required, managers escalated staff performance concerns outside of the organisation, including to safeguarding and the police. We saw examples of staff dismissed through the providers disciplinary process.

Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism caring?

Outstanding



This was a focused inspection, we did not look at all key lines of enquiry in the domain. The rating from the previous inspection still applies.

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

(for example, to feedback?)

Good



Patients' engagement with the wider community

Staff ensured that patients had access to education and work opportunities. Some patients participated in the hospital's therapeutic earnings programme. The provider arranged for a tutor to attend weekly for maths and reading sessions with patients.

Staff facilitated regular community meetings with patients of the Manor. We saw these meetings followed an agenda and records showed patients raised and discussed concerns during these meetings. During the inspection we saw patients talking and participating in activities with each other.

Meeting the needs of all people who use the service

The hospital was accessible to wheel chair users, with a lift and an adapted bathroom.

The hospital had a whole time equivalent speech and language therapist. The therapist ensured accessible information and communication for all patients at the hospital. Staff developed accessible tools to help patients better understand and manage their care and treatment, including easy read risk assessment and talking care plans.

We saw accessible information throughout the hospital including information about staff, activities and the Covid-19 pandemic.

Listening to and learning from concerns and complaints

Between 1 October 2019 and 1 October 2020, the provider recorded 16 complaints at the Manor. The provider upheld three complaints and no complaints were referred to the Ombudsman. Senior staff investigated complaints and identified themes. The most commonly categorised complaints were about hospital staff or other patients.

Patients told us they knew how to complain or raise concerns. Staff displayed information in an accessible format about how to make a complaint. Records from community meetings showed patients discussed concerns with staff during these meetings.

Family and carers we spoke with knew how to complain or raise a concern and felt confident to do so.

Staff knew how to handle complaints appropriately. The provider had a policy and procedure in place to guide staff practice. This included ensuring when patients complained or raised concerns, they received feedback.

The provider had systems in place to ensure staff shared feedback about the outcome of complaint investigations. We reviewed the hospital's record of complaints and this showed staff acted on the findings of complaint investigations.

Between 1 October 2019 and 1 October 2020, the provider recorded 33 compliments from people outside of the hospital. Staff shared compliments to the team at the daily meeting and on the staff noticeboard.

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

Good



Leadership

The hospital manager and head of care had the skills, knowledge and experience to perform their roles.

Both the hospital manager and head of care displayed a good understanding of the service they managed. They recognised and understood challenges in staff practice to deliver safe and compassionate care to patients. Senior staff identified and responded to staff practice concerns

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quickly and effectively. We saw an ongoing development programme to upskill staff, improve communication, encourage reflection and respond to burnout amongst staff.

The hospital manager and head of care were visible in the service and approachable for patients and staff. Our conversations with staff confirmed this. Staff told us that both respected, listened to and supported them. The provider's regional director visited the hospital regularly.

The provider made leadership and development opportunities available to all staff. The hospital manager detailed leadership training available to staff and support to obtain professional qualifications.

Culture

In our conversations with staff, some identified concerns about culture at the hospital. Communication was central to cultural concerns. Some staff reported inappropriate language between staff when in the presence of patients but never directed towards patients. Concerns were also raised about the tone of voice and body language staff sometimes adopted when communicating with patients. We also heard about staff burnout and recognising the need for help to better deliver care during challenging times. However, senior staff were aware of concerns and detailed a package of interventions intended to support and upskill staff. This included a resilience workshop to help staff better identify and manage signs of burnout.

The provider's 2020 staff survey of the Manor reported staff felt proud to work for the provider and enjoyed working for them. Staff believed care of patients was the top priority and that the provider acted on concerns raised by patients. Of the respondents, 97% reported they knew how to report a concern and the provider encouraged them to do so.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian. The provider's Freedom to Speak Up Guardian had recently visited the hospital to meet staff and facilitate a drop in session. Staff we spoke with provided examples of raising concerns locally or through the provider's own processes. Staff felt confident to raise concerns and to do so without fear of retribution.

Managers dealt with poor staff performance when needed. We saw this demonstrated in staff supervision records, records from incident investigations and escalation of concerns to external organisations.

Governance

The hospital had clear frameworks of what staff must discuss to ensure essential information, such as learning from incidents and complaints, was shared and discussed. Handover, team meeting and supervision records all demonstrated this. Senior staff met locally and regionally at clinical governance meetings. Monthly clinical governance meetings at the hospital included reviews of incidents, safeguarding, complaints and patient experience.

As part of the response to the Covid-19 pandemic, the provider temporarily introduced a reduced programme of audit for staff to complete. In addition to the audits previously mentioned, staff continued to audit medicines management, care and treatment records and the application of the Mental Health Act. We also saw completed health and safety audits that included water and waste management. We saw staff acted on the outcomes of audits, particularly where actions were needed to safeguard patients and change infection prevention and control practices.

In April the provider completed a closed culture survey with staff. The survey aimed to identify warning signs of an existing closed or punitive culture, or the risk of such culture developing at the Manor. The survey received 50 respondents and no evidence to support an existing or developing closed culture was identified.

During this inspection we did not find evidence to support the presence of a closed culture. The hospital had established leadership. They understood the service they managed, encouraged and supported staff to raise concerns and responded to concerns raised by external organisations. Senior and multidisciplinary staff had oversight of the care and treatment delivered at the hospital. They were visible and accessible in areas where staff delivered care and met daily to review incidents, restrictive practices and safeguarding concerns. The provider had actions to address local staff training needs and monitored familial relationships in its staff group.

Staff understood arrangements for working with other teams to meet the needs of patients. During Covid-19

Wards for people with learning disabilities or autism

restrictions, staff used information technology for continued engagement with external teams and wherever possible facilitated professional visits to the Manor. Staff from Clinical Commissioning Groups spoke positively about the quality of communication and engagement from the hospital's senior and multidisciplinary staff.

Management of risk, issues and performance

The provider maintained a local risk register for the Manor. We saw it included risks related to the hospital

environment, staffing, whistleblowing and safeguarding concerns. The register included actions for reducing identified risks and detailed progress towards the completion of those actions.

The service had plans to prepare for and manage emergencies. In response to the COVID-19 pandemic, the provider completed a hospital risk assessment and individual risk assessments with staff. This included assessments for staff groups identified as higher risk of COVID-19 infection. For example, staff from Black, Asian and minority ethnic groups.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure actions to develop staff and address concerns about skills and reflective practices are implemented at the Manor.