

# Wast Hills House

## Quality Report

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

### Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

### **We rated Wast Hills House as outstanding because:**

Staff minimised risk to patients by ensuring the environment was clean and tidy, equipment was safe and effective to use and appropriate measures were put in place when risks to patients and staff were identified.

The service managed incidents well. Clinical and non-clinical staff were trained in conflict resolution and positive behavioural support and managed challenging behaviour in the least restrictive way. Managers investigated incidents and analysed themes and trends, which ensured staff could adapt and modify patient care when required to reduce the frequency of further incidents.

Skilled and experienced staff worked exceptionally well together as a team, using a variety of nationally recognised assessment tools to create holistic, individualised, person centred care plans. They focused on positive behavioural support and these were written in patients preferred communication style.

The service used the 'Personal PATHS' model of care which we saw adopted across the service. This shaped the way the service provided care and treatment, and ensured they monitored their effectiveness by sharing the findings and making improvements to maintain quality of care and treatment.

All staff employed by the service received specialist training and worked together with mutual support and respect to provide good quality care and treatment. Staff worked closely and proactively with families, external agencies and partners to ensure the patients best interests were always prioritised when decisions were made.

Staff had good knowledge of the Mental Capacity Act, which was embedded within the service. Staff supported patients to make decisions, and when they could not, staff recorded detailed reasons why decisions were made on their behalf. Staff understood their roles and responsibilities under the Mental Health Act 1983 and this was effectively applied across the service.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was

kind and promoted patients' dignity. Patients told us that staff treated them well, with kindness and respect. Staff had excellent knowledge of their patients, their likes and dislikes and their preferred communication style. This meant they understood their individual needs.

Carers, families and external agencies were extremely positive about the service and believed the service always managed challenging behaviour well. They were confident their relatives were receiving great care and treatment in a safe environment. They felt involved and included in their relatives care and the service was open and honest, providing regular feedback on their relatives care and when things went wrong.

The service encouraged feedback and saw it as an opportunity to improve. Patients and carers had opportunities to provide feedback to the service and staff listened and made improvements when required.

The service worked proactively with external agencies and families to ensure the patients were treated in line with the NHS Transforming Care agenda. Staff adapted the service to meet the needs of individual patients and ensured that appropriate care packages were in place before they were discharged from the service. The service ensured a smooth transition between services by providing an intensive face to face handover over many weeks before and after discharge.

Patients engaged in wide ranging meaningful activity plans which were individualised to meet their needs, encouraged independence and improve their skills. Staff used communication 'grab sheets' so patients' interactions were consistently understood. Staff understood what was important to patients and provided them with information to make informed choices.

The service had a robust governance structure in place to monitor its effectiveness and sought to continually improve the quality of the service they provided. The service was committed to quality improvement and had signed up to a national project, making changes to the service when required. They provided training in autism for external agencies and partners. Staff were nominated for nationally recognised awards and they were accredited with the National Autistic Society.

# Summary of findings

The service promoted a positive culture that supported and valued staff. Staff enjoyed working with their patients and the majority thought that staff morale was high. Staff had opportunities to develop their skills and were provided with specialist training.

# Summary of findings

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Outstanding



# Wast Hills House

## Services we looked at

Wards for people with learning disabilities or autism;

# Summary of this inspection

## Our inspection team

The team was comprised of: Four CQC inspectors, two specialist advisors and one expert by experience.

## Why we carried out this inspection

We inspected this core 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?

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited all three of the wards at the hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with six carers

- spoke with the managers of the hospital
- spoke with 25 other staff members; including doctors, nurses and social workers
- attended and observed one managers meeting and one Care Programme Approach meeting.

We also:

- collected feedback from three patients using comment cards
- spoke with two commissioners who place patients at the service
- looked at 20 treatment records of patients
- looked at seven sets of patient care record
- 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.

## Information about Wast Hills House

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

Wast Hills House is owned by Oakview Estates Limited, trading as The Danshell Group. The hospital was known as Wast Hills. There are three units on the site; the Main House, the Annexe, and the Lodge. There are 25 beds in

total; six in the Annexe, four at the Lodge and 15 in the Main house. The House provides care for patients who are acutely unwell, including five individual flats for patients who need a quieter environment, called 'bespoke' areas.

# Summary of this inspection

There were 20 patients at the West Hills House when we carried out the inspection: five in the Annexe, 13 in the Main House and two in the Lodge.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983.

Treatment of disease, disorder or injury

The Main House is a large period property. The Lodge is a detached period house at the entrance of the site. The Annexe is a purpose built single storey building next to the Main House. The hospital is set in six acres of ground.

West Hills is situated in a rural location between Birmingham and Redditch. It is in Worcestershire and the service is commissioned through clinical commissioning groups (CCGs) in England and the equivalent in Scotland. In line with NHS England Transforming Care arrangements, CCGs would assess and refer patients following a care and treatment review, meaning patients, families, the patients' local clinical team and CCGs would hold a case conference to discuss the care pathway for an

individual prior to admission. Patients with a diagnosis of a learning disability and/or autism are then regularly monitored by the funding CCG, NHS England and the local clinical teams during their admission to West Hills. This monitoring is done using a combination of care and treatment reviews (CTRs), care programme approach reviews (CPAs), multidisciplinary team meetings, community care coordinator contacts and visits.

West Hills admission criteria states that patients must have a dual diagnosis of learning disability and autism.

West Hills was last inspected in October 2016. It was rated as outstanding overall. The domains were rated as good for safe and responsive, and outstanding for effective, caring and well led. There were no compliance actions resulting from that inspection.

West Hills was visited in April 2018 by a Mental Health Act Reviewer. Mental Health Act reviewers look at all activities, policies, procedures, and documentation relating to patients detained under the Mental Health Act 1983. There were no actions resulting from this inspection and the feedback for the service had been extremely positive.

## What people who use the service say

Patients told us they felt safe and happy at West Hills. They said nurses were visible on the ward and available when they needed them. Patients told us staff were respectful, interested in them and treated them well. They said the environment was always clean and the cleaners were 'brilliant'. One patient said it was 'better than a 5 star hotel'. They said they loved the food.

Carers and families praised the service. They believed their relatives had much improved since they had been at West Hills and their main worry was whether they would receive the same level of care and treatment in the community. They told us staff gave feedback on their relative's care, as often as they wished them to. Staff were

open and kept them informed of incidents and ensured they were involved in all aspects of their relative's care. Carers and families were invited to give feedback on the services provided. One mother had made a complaint in the past. She said the staff dealt with it quickly and kept her informed.

Commissioners and other professionals we spoke with were complimentary about the service. They said they were responsive and flexible to individual patients needs and adapt the environment to suit the patient. Staff dealt with difficult situations well, and were always open and transparent. They had good working relationships with the service.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

**We rated safe as good because:**

The service controlled infection risk well and ensured physical health and emergency equipment worked effectively and was safe to use. Effective medication management processes were in place to ensure medicines were safe to use, although a recent audit had highlighted areas that required improvement. However, we saw that many of the actions had been completed.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Patients had a minimum of one staff member allocated to them. Staff were proactive at completing safeguarding referrals and all staff that worked at Wast Hills had access to safeguarding training.

The service identified any risks to staff and patients and put measures in place to manage them. Staff undertook assessments of the environment regularly and observed patients to keep them safe. Clinical and non-clinical staff were trained in conflict resolution techniques and managed challenging behaviour in the least restrictive way.

The service managed patient safety incidents well. Staff recognised incidents, reported them and received debriefs and lessons learnt when appropriate. Managers investigated incidents, and monitored and analysed incident data, including the use of physical intervention and staff discussed their findings. This ensured staff could adapt and modify care plans to reduce the frequency of incidents and the need for physical intervention where required.

Good



### Are services effective?

**We rated effective as outstanding because:**

Staff completed comprehensive, detailed and up to date patient care records. They used a variety of assessment tools to identify patients' needs, and created a variety of holistic, individualised, person centred care plans. Staff referred to national guidance related to learning disabilities and autism to ensure they followed best practice.

Patients physical health was assessed, monitored and treated. All patients with a co-existing physical health condition had

Outstanding



# Summary of this inspection

appropriate care plans in place and staff worked closely with specialist services. One nurse had developed his skills so he could take patients' blood on site which had greatly enhanced the monitoring of patients' physical health.

Patients had a range of personalised plans in place so staff and other people could easily understand their individual preferences and communication needs. This meant patients had their needs met effectively and quickly.

The service used the 'Personal PATHS' model of care, incorporating five key principles: positive behavioural support, appreciative inquiry method, therapeutic outcomes, healthy lifestyle and safe services. These principles were adopted across the service which led to a care pathway centred around the patient group.

The service monitored the effectiveness of care and treatment and used the findings to improve them. Findings were shared with patients and staff and compared to other services within the Danshell Group. This ensured the service was always looking to make improvements to maintain quality of care and treatment.

Staff of different kinds worked together as a team to benefit patients. Each member of the team had a specific role that contributed to the patients care, staff were mutually respected and they felt their contribution and opinions were valued.

The service made sure staff were competent for their roles by providing specialist training, supervision and appraisals. Non-clinical staff received training in positive behavioural support, Mental Capacity Act, safeguarding and de-escalation skills.

The service worked proactively with external agencies to ensure the NHS Transforming Care programme was followed. Staff, families, commissioners and other professionals worked closely to ensure the patients best interests were considered when decisions were made.

All staff had exceptional knowledge of the Mental Capacity Act, and we saw that it was embedded within the service. Recording of patients' capacity and decision making when patients lacked capacity was to a high standard, and staff supported patients to make their own decisions.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and this was effectively applied across the service.

## Are services caring?

**We rated caring as outstanding because:**

**Outstanding**



# Summary of this inspection

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. Staff were respectful and responsive to patients' needs. Staff took the time to get to know their patients, their individual communication needs and their likes and dislikes were central to care provided. Exceptional knowledge of their patients' meant staff anticipated and could predict patient's needs, and this was reflected in the way care was delivered. Patients, carers and families we spoke with were very complimentary about staff and believed they were consistently caring, compassionate and supportive.

Staff ensured that patients and those close to them were empowered as partners in their care; fully involved in decisions about their care and treatment. Patients and carers attended multidisciplinary meetings and received good information and feedback about their relatives. Carers told us staff respected their views, listened and respected them. Staff were committed to working in partnership to ensure the patients best outcomes were realised.

Carers, relatives and external partners were extremely positive about the service. They believed the service consistently managed challenging behaviour well and were confident their relatives were receiving great care in a safe environment. Their views about the service were sought regularly and they said staff were open and transparent when things went wrong. Families were invited to annual events at the service and the provider encouraged families and carers involvement at all levels.

Patients attended a weekly service user forum to discuss activities, what they enjoyed and anything they didn't like about the service. Patients that could were encouraged to complete satisfaction questionnaires. Staff acted on patient feedback and displayed this on a 'you said, we did' board.

## Are services responsive?

### We rated responsive as good because:

The service worked to the guidance set out in the NHS Transforming Care programme for people with learning disabilities and autism to ensure that discharge planning started at the point of admission. They worked proactively with external agencies such as commissioners and community teams to facilitate a thorough discharge plan with the right level of care and support.

Good



# Summary of this inspection

Staff carefully considered the suitability of a patient's admission following assessment, considering the needs of their existing patient group. The service was flexible and could accommodate patients' complex needs making adaptations to the environment when necessary to ensure they were fully met.

Staff ensured smooth patient transition between services when a patient was discharged. Carers and support staff from the new provider were invited to spend time at the service to get to know their new patient and received an in-depth, thorough handover of their care needs. Staff from Wast Hills also spent time at the ongoing placement, and could provide an individualised training package about that patient if required. This prevented readmission and ensured the patient settled in well within the new environment.

The service took account of patients' individual needs and their preferences were central to the delivery of a tailored service. Staff had an exceptional knowledge of their patients and their preferred communication styles, and had quick access to 'grab cards'. The chef prepared fresh food daily and was knowledgeable about the needs of the individual patients; patients and staff had choice of a variety of foods which were nutritionally balanced and beautifully presented. Staff understood what was important to patients and provided them with visual, easy read information so they could make informed choices.

Patients made use of the environment, which was situated in large, spacious grounds. Staff engaged patients in outdoor pursuits and focused on their meaningful activity plans which were individualised to meet their needs, encouraged independence and improved their skills. Patients that could, were encouraged to engage in their local community, and staff escorted them on day trips across the Country.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff had good knowledge of the complaints process. Carers and relatives told us staff responded quickly and appropriately when they raised concerns and kept them informed of progress.

However:

Despite the efforts staff were putting in to the transfer arrangements of patients with very complex needs, those with the longest stays had not yet resulted in discharge from the service.

## Are services well-led?

### We rated well-led as outstanding because:

The service was committed to quality improvement. It was accredited with the National Autistic Society. Staff were nominated

Outstanding



# Summary of this inspection

for a range of upcoming nationally recognised awards. It was committed to its work with a national project aimed at reducing the over medication of people with learning disabilities and autism. It recognised good practice within the service, sharing and applying innovative ideas across the whole provider.

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us managers were open, supportive and they felt valued. Staff were motivated to help and support their patients and improve their quality of life.

The service had a robust governance structure in place to monitor its effectiveness and sought to continually improve the quality of the service they provided. Action plans were in place where required and managers used a variety of methods to monitor the safety of the service, the effectiveness of staff, areas of good practice and where improvements were required. Managers actively over recruited staff to proactively reduce risk and improve care and treatment.

Senior staff recognised the importance of maintaining and improving staff morale. The service had acted upon comments from feedback sessions with senior staff and the staff survey. We saw an excellent team working together to support each other and their patients approach, across the whole service. Most staff we spoke with said their morale was high and they enjoyed working within the service.

Opportunities for staff to improve knowledge and skills were available through training and professional courses. Staff were encouraged to develop their ideas and implement their new skills and we saw examples of where this had improved the quality of the service. There were robust systems in place for staff to receive supervision by skilled and experienced practitioners.

The service worked collaboratively with external agencies and provided training in learning disabilities and autism to organisations such as the police, schools and acute hospitals. The service was keen to extend the training to other agencies.

# 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.

All staff we spoke with understood their roles and responsibilities under the Mental Health Act 1983 (MHA). Most eligible staff were up to date with their required MHA training.

MHA paperwork was kept in good order, patients had appropriate certificates authorising treatment and staff requested visits from the second opinion doctor when necessary.

Detained patients had their rights given to them in their preferred communication style, and their level of understanding was documented within their patient care records on a regular basis.

Patients received tribunals and managers meetings, and conditions of leave under section 17 leave were clearly documented.

Patients had regular access to advocacy. They visited the service weekly and we saw advocates involved when patients lacked capacity to make decisions. They attended multidisciplinary meetings when required and provided support.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff we spoke with understood their roles and responsibilities when applying the Mental Capacity Act 2005 (MCA). Most staff were up to date with their MCA and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a thorough and detailed knowledge of the principles of the Act and supported patients to make their own decisions.

Staff completed detailed capacity assessments regarding specific decisions, which were well documented. Reasons for deciding when patients lacked capacity were clearly set out as was when a best interest assessment was required.

Staff discussed and reflected on using least restrictive options when developing care plans and considering the use of nursing observations.

Staff had good knowledge, kept up to date paperwork and liaised closely with the local authority when applying DoLS.



# Wards for people with learning disabilities or autism

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

## Are wards for people with learning disabilities or autism safe?

Good



### Safe and clean environment

- The service was located across three sites within large open grounds. The Main house was spread over three floors, the Annexe was on the ground floor and the Lodge was over two floors. The Annexe had been purpose built which meant it had a good line of site from the dual aspect nursing office. However, the Main house and the Lodge did not have layouts that could easily be observed by staff. All patients had at least one member of staff allocated to them, which meant staff were always aware where patients were and what they were doing. The Main house and Annexe had CCTV, although this was not used to routinely monitor patient whereabouts, unless agreed within individuals care plans. For example, to prevent staff intrusion when some patients were in their 'bespoke' areas.
- All patients had an up to date risk assessment and staff were aware of each patient's risks. The service completed ligature risk assessments and had reduced risks within the environment where necessary. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.
- The service complied with guidance on same sex accommodation issued by the Department of Health. At the time of our inspection, there were two female

patients admitted who both resided at the Lodge. The service had committed to ensuring they would stay there until they were discharged and no male patients would be admitted to the Lodge.

- The Main house and the Annexe had clinic rooms. We saw they were well equipped with physical health care equipment, emergency equipment and medicines. The Lodge had emergency equipment within the staff office. Staff checked and recorded emergency equipment daily. This ensured it was ready to use in an emergency. One patient had emergency oxygen kept in his bedroom due to his physical health needs which meant staff had easy access to this equipment in an emergency. This was also regularly checked.
- The service did not have a seclusion room.
- We saw that all areas were clean and tidy. Furnishings were in good condition and they were well maintained. Many of the communal areas were decorated with muted colour schemes and minimal furnishings which helped prevent patients becoming over stimulated.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. We saw hand gels around the premises. The service completed infection control audits and any associated actions were completed.
- The service had suitable premises and equipment and looked after them well. The service completed monthly environmental checks, ligatures audits and had an up to date fire regulations audit. We saw associated actions had been completed. The manager also completed a daily walkabout which included a check of the grounds and the buildings.



# Wards for people with learning disabilities or autism

- Staff carried personal alarms and there were appropriate nurse call systems across all three sites. We saw examples of staff attending to alarm calls whilst we were on inspection.

## Safe staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.
- At the time of the inspection, the service had 10 qualified nurses in post, four senior support workers and 73 support workers. There were two vacancies for qualified nurses and one vacancy for a senior support worker. The service was constantly recruiting for support workers at a rate of an extra 15% over the agreed establishment levels. There was also a vacancy for a psychologist and two domestic staff.
- The service used agency staff when required to fill gaps in shifts or when patient risk increased. We looked at the agency use for April 2018 which averaged at 33% per shift. Most of the agency workers had worked numerous shifts at the service and were familiar with their policies, procedures and patients. There was an expectation that agency staff had received training in skills relevant for this service such as MAYBO (conflict management training) and positive behavioural support (PBS).
- Staff sickness rate from May 2017 to April 2018 was 4% which was the same as the NHS average sickness rate. The staff turnover rate for the same period was 46%. The manager told us this figure was high for two reasons; recruitment of health and social care graduates to unqualified roles, who do not tend to stay long but benefited the patients, and acknowledgement that the challenging work within the service was not suited to all the staff it recruits. The manager told us that they have adapted the interview to ensure candidates have more of an awareness of the type of work involved, and then worked closely with new recruits to determine quickly whether they wished to stay. To counteract this, the service had an average of two interview days per month to maintain staffing levels within the service.
- Staffing levels varied between the three sites. At the time of our inspection, 27 staff were on shift at the Main house and Lodge. They shared the staff, but a minimum of three support workers would work at the Lodge. Of the 27, two were qualified nurses with one acting as a float and two floating support workers. This meant that

the three floating staff could be flexible and divide their time where patient need was greatest. The Annexe had a minimum of six staff; one qualified nurse and five support workers. All patients had a minimum of one support worker assigned to them.

- Staff had recently agreed that they should work with the same patient for a maximum of six hours. This gave continuity to the patient as often people with autism find change hard to cope with. However, staff had requested this be reduced to three hours for two of the most challenging patients. This had been agreed by senior staff.
- Staffing levels fluctuated according to patient need. One patient's observations levels increased due to his presentation whilst we were on site. Members of the multidisciplinary team who were supernumerary could help when patient needs increased.
- The three qualified nurses were present within the communal areas of the ward. We observed this whilst on inspection.
- Staff told us that leave and activities were rarely, if ever, cancelled because there were not enough staff. Activity coordinators were available and we observed staff interacting and providing activities such as football and art to patients. The service had use of five vehicles and we were told that at least one driver was on each shift. At least one vehicle was used daily when required to escort patients into town or take them on day trips. However, staff told us that it would be useful for more drivers to be on shift so all vehicles could be utilised.
- Staff were always available to safely carry out physical interventions. We saw examples of staff safely doing this whilst we were on inspection.
- The service had two consultant doctors, one full time and one-part time. The service used an on-call duty doctor system out of hours and at weekends, although the doctors told us they were happy to provide advice when required. In the event of a medical emergency, the service contacted emergency services.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service ensured all staff it employed, including non-clinical staff, attended a selection of mandatory courses including MAYBO, positive behaviour support (PBS), Mental Capacity Act and Deprivation of Liberty



# Wards for people with learning disabilities or autism

Safeguards. Qualified nurses also attended Mental Health Act training and medicines management. At the time of our inspection, 88% of staff were compliant with their training needs.

## Assessing and managing risk to patients and staff

- The service monitored its use of physical intervention and restraint. We reviewed data from January 2018 to April 2018. Physical interventions ranged from 96 in January to 54 in April. Records showed that most of the physical interventions were attributed to two patients.
- All staff, including non – clinical, had received training in Maybo (conflict resolution) which was BILD (British Institute of Learning Disabilities) accredited. This focused on identifying and reducing conflict and risk by using de-escalation techniques before using physical intervention. Staff told us they did not use prone (face down) restraint.
- We saw strategies on how to manage patients challenging behaviour in the least restrictive way within positive behavioural support plans. Staff we spoke with had good knowledge of how to manage individuals challenging behaviour.
- There was no seclusion room and staff told us they do not routinely use long-term segregation. However, on one occasion within the previous 12 months before this inspection, the service had placed one patient in long-term segregation. This was done as a last resort to preserve the safety of the patient, fellow patients and staff. The service recognised they had not followed the providers long-term segregation policy and the subsequent root cause analysis and external multi-agency review concluded that circumstances at that time warranted the measures the service undertook. Learning points were identified and implemented, such as patient history taking on assessment and providing training in autism to the local police.
- We reviewed seven sets of patients care notes. All contained a detailed risk assessment that highlighted any areas where the patient could be a risk to either themselves or others. Staff had scored them to indicate the level of risk. Occupational therapy staff told us they risk assessed individuals for certain activities and considered the tools and items that will be used.
- The doors to the House, Lodge and Annexe were routinely locked for the safety of patients.
- There were no informal patients at the time of our inspection.
- The service did not have any blanket restrictions in place when we inspected
- All patients had a minimum of one allocated nurse with them. Nursing observations could be increased at any time, due to any identified risks to the patient or others. CCTV was used across the service which could be viewed by senior staff following incidents or allegations. CCTV was also used in some patients 'bespoke' areas. This meant that staff could still monitor patients but in a less intrusive manner.
- We saw that staff followed National Institute for Health and Care Excellence (NICE) guidelines when prescribing, administering and monitoring the effects of rapid tranquilisation.
- Staff understood 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. Training figures seen on the day of inspection showed 86% of eligible staff were up to date with the required safeguarding training. This was above the provider training target of 80%. We spoke with the safeguarding lead from the local authority who was satisfied with the timely response to safeguarding and said the service always reported any incidents that may warrant a safeguarding referral. Carers and next of kin were always kept informed of any safeguarding referrals the service made.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Medicines were stored safely in locked cabinets and only accessible to qualified nurses. Staff ensured medicines were safe to use by monitoring the fridge and room temperatures; charts we looked at were all within appropriate range. We reviewed 17 medicine charts. Anti-psychotic medication was not overly prescribed and well within British National Formulary (BNF) limits. Nurses had signed to confirm medicines had been administered. We reviewed the last completed medication management audit dated the 30 April 2018. There were 23 actions to be completed within the month of May 2018. Several of the actions included reminders to nurses about the importance of medicines management tasks, such as completing efficacy charts and checking controlled drugs daily.
- Staff assessed and monitored patients at risk of falls or developing pressure ulcers. We saw this reflected within patient care records of all patients deemed to be at risk.



# Wards for people with learning disabilities or autism

- Children could visit the service. A family room was available which was kept locked so other patients could not enter. Any visitors would need to be escorted by staff through the locked doors, which also ensured their safety.

## Track record on safety

- The service planned for emergencies and staff understood their roles if one should happen. The service had implemented the emergency plans for adverse weather on two occasions in the last 12 months. We saw emergency evacuation plans in place for patients that required them within their patient care records.
- In the last 12 months, the service had managed a patient with extremely complex needs which had resulted in multiple incidents, seven of which required police intervention. We reviewed the root cause analysis which included an overview of the events, and key findings and recommendations. A multi-agency review found the service had managed the patient well during this period and the findings and recommendations were a true reflection of the events.
- One of the key recommendations from the investigation was an agreement that the service would provide free training to the local police force in autism. This would help the police knowledge of how to communicate with patients at West Hills should they be required for future incidents and interventions. When police had subsequently attended the service, staff noticed their knowledge of talking with people with autism had improved, which was attributed to the training.

## Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff gave us examples of when this had happened, such as when there had been peer on peer abuse. Staff included carers and families and notified external partners, ensuring appropriate measures were put in place to reduce the likelihood of these incidents happening again.

- We reviewed incident data from November 2017 to April 2018. Staff reported 641 incidents related to violence and aggression, self-harm or staff injury. This corresponded to 72% of incidents related to violence and aggression, 28% for self-harm and 6% to staff injury.
- The service produced a chart in the form of a graph which included an analysis to show the frequency of the incidents, which could then be further broken down into occurrences by individual patients and whether physical interventions or PRN (as required) medication was used. This meant the service monitored and reviewed incidents and put care plans in place to reduce the frequency of incidents for individuals.
- Staff received feedback from incidents and had opportunity to discuss them in other forums, such as reflective practice. Any specific incident trends were discussed and reviewed in the daily 'flash' meeting with staff, and managers provided data and analysis to the monthly senior staff meeting and clinical governance group.
- Staff gave us examples of changes to practice following incidents specifically in the way patients would be managed, for example ensuring certain patients were never in the same space as each other following aggressive outbursts towards each other.
- Staff received debriefs and support following incidents. The psychologist offered group debrief following serious incidents such as those that involved the police, and other staff trained in providing debrief could facilitate smaller groups or one to one sessions. Several other staff including nurses and senior support workers had received training in providing debrief. Three staff we spoke with felt they did not always receive debrief when they required it, but others said they had enough debrief and could request support whenever they needed to.

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

Outstanding



## Assessment of needs and planning of care

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and



# Wards for people with learning disabilities or autism

treatment. We reviewed seven sets of patient notes. We found them to be comprehensive and thoroughly completed. Staff used a variety of evidence based assessments such as the functional behaviour analysis and disability distress assessment tool, and the model of human occupation screening tool (MoHOST).

- Staff assessed and monitored patients' physical health. Staff used the National Early Warning Score (NEWS), falls assessment and Waterlow pressure ulcer assessment tool. Patients with specific physical health needs such as epilepsy and diabetes had detailed care plans with references to the appropriate National Institute for Health and Care Excellence (NICE) guidelines. Staff monitored patients' physical observations monthly and we saw they had received their annual health check from the local GP. One of the qualified nurses had recently attended a phlebotomy course which enabled him to take patient's blood on site. The same nurse had trained to take an electro cardio gram (ECG) and the service had recently obtained an ECG machine.
- All care plans were person centred, holistic and individualised. All patients had positive behavioural support (PBS) plans in place. Patients had a range of care plans which addressed all their needs including physical health, physical intervention, behaviour, activities and discharge plans. Staff had referred to NICE and other nationally recognised guidance when appropriate. Staff had also created sensory passports, communication passports and communication grab sheets. These enabled anyone who read them to easily understand how the patient wanted to communicate, how to help them understand, things they liked and what their behaviours might be and how they can be helped when they were exhibited. Care plans were adapted for patients use in the communication style they preferred such as easy read, or with symbols or pictures.
- Staff used positive behavioural support (PBS) when working with their patients which was nationally recognised as good practice. This was part of the 'Personal PATHS' model of care the service worked towards. The aim of PBS was to improve the quality of a person's life. It was often used for people who had behaviours that challenge, but aimed to offer the right support and to understand the behaviours to better meet that person's needs. It reduces the likelihood of

that behaviour happening again by identifying strengths and developing person centred goals to model behaviours that have a positive impact on their life. All patients had PBS plans in place. All staff we spoke with had a good understanding of the principles of PBS.

- Patient care records were paper based and stored safely in the multidisciplinary office. We found them to be well organised so that staff could easily find information they needed at the right time.

## Best practice in treatment and care

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. For example, the service closely monitored and analysed the number of incidents, physical intervention and PRN (as required) medication patients whose behaviour had challenged had required over a period. Individuals results were discussed with patients, within multidisciplinary team meetings and in reflective practice with staff. Staff considered what care and treatment was working well, what needed to improve, and how this could be achieved including further actions. These results were shared within clinical governance meetings and compared to other services within the Danshell Group.
- The provider had signed up to 'STOMP' - Stopping the Over Medication of People with learning disabilities, autism or both. This was a national initiative and Wast Hills were committed in its support of this project. From the patient treatment charts we reviewed, we could see that doctors followed NICE guidance when prescribing medicines. Anti-psychotic medicines were within British National Formulary (BNF) limits and the service monitored its use of PRN medications. We reviewed data to show a decline in the use of PRN medicines since January 2018, in conjunction with a decline in physical interventions. The data also showed that regular anti-anxiety medicines had reduced from 53% to 42% and regular sleeping medicines from 53% to 47%.
- The service used the 'Personal PATHS model of care' which had been developed by the provider and used by the service. It incorporated five key principles that formed the service's model of care – positive behavioural support, appreciative inquiry methodology,



# Wards for people with learning disabilities or autism

therapeutic outcomes, healthy lifestyle and safe services. PBS has already been explained, appreciative inquiry involves using a person-centred approach to all that they do – planning care for patients, involving carers and families, employing staff, day to day running of the service. It is based on the appreciative cycle – Discover, Dream, Design, Deliver. Therapeutic outcomes used outcome measures to track progress during treatment and recovery. Healthy lifestyle encouraged patients to live a healthy life. Safe services provided assurance that the service had a good governance system in place and measured, monitored and made improvements when required. We saw the 'Personal PATHS' principles adopted across the service.

- All patients had access to psychologists. A consultant clinical psychologist spent two days a week at Wast Hills. There was also a vacant post. The psychologist took a lead on PBS plans and developed them with nurses and support workers, focusing on the patient's strengths and abilities, and utilising existing skills. They offered behavioural therapies such as Cognitive Behavioural Therapy (CBT) for patients that could engage and participate with the programme.
- All patients were registered with a local GP when they were admitted to the service. They had access to a dentist, a chiropodist and other physical health care specialists when required such as tissue viability. Staff escorted patients to the local A&E department, and stayed with them when they were admitted for treatment. Staff liaised closely with specialist staff regarding patient's communication needs and patients had hospital passports which clearly detailed their needs to other health professionals. Patient care records showed staff routinely supported patients with their physical healthcare needs.
- Staff encouraged patients to adopt a healthy lifestyle. All food prepared on site was nutritionally balanced and traffic light coded for patients to make informed choices. Staff encouraged patients who had capacity to make their own decisions to make low sugar and low-fat options which would be detailed within their health promotion care plan. Patients benefitted from the large grounds and we saw several examples of patients enjoying the fresh air and playing sports with staff.

- Staff assessed and monitored patient's nutritional and hydration needs. Staff used food and fluid intake charts to monitor those patients deemed at risk.
- Staff used recognised rating scales to assess and record outcomes, such as Health of the Nation Outcome Scales for learning disabilities, the spectrum recovery star for people with autism and the Health Equality Framework.
- The service had a robust, well organised and co-ordinated audit schedule. They followed the provider's annual clinical audit plan which supported PATHS and their corporate quality strategy. Clinical staff who had appropriate training and skills completed audits such as safer restrictive interventions, clinical records, medication management, infection control, health and safety. We saw results were between 86% – 96%, and any associated action plans had been completed and signed off, or were in the process of being completed. Audit reports were shared with staff and discussed in the monthly clinical governance meetings.

## Skilled staff to deliver care

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals such as psychologists, occupational therapists, speech and language therapists, activity workers and support workers supported each other to provide good care. Each member of the multidisciplinary team had a specific role that contributed to the care of the patients. We saw this when we observed two patient review meetings. Staff showed mutual respect to each other and valued their contribution and opinion.
- Many of the staff had worked for the service for many years and had the necessary qualifications and training to work with people with learning disabilities and autism. Most of the qualified nurses were registered learning disability nurses, with the rest being registered mental health nurses. Staff told us the mix of nurses helped with the patient group as some also had diagnosis of mental illness and were detained under the Mental Health Act 1983.
- We reviewed the induction package each new staff member received. This included statutory and mandatory training and Maybo training. The first six shifts staff completed were 'shadowing' an experienced



# Wards for people with learning disabilities or autism

staff member. This meant staff had chance to fully understand their responsibilities and the tasks involved before they undertook any care or treatment to the patient group.

- Staff told us they could access training relevant for their role. Individual training needs were identified within appraisal and supervision. Two qualified nurses had completed their Master's degree in autism. One qualified nurse had improved the uptake of patients having their blood taken by attending a phlebotomy course and using his skills to encourage patients to participate. Managers and staff told us this had greatly enhanced the monitoring of patients' physical health, when previously they had often refused to have blood taken by someone they did not know, or due to their presentation could not safely attend other sites such as the GP surgery.
- Members of the multidisciplinary team provided training to staff. The psychologist had delivered training on personality disorders and the speech and language therapy team routinely provided training on individuals communication needs to ensure a consistent approach. Support workers were given the opportunity to gain the care certificate and national vocational qualification (NVQ) levels two and three. Support workers could also receive training in anti-psychotic medicines and autism.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings to provide support and monitor the effectiveness of the service. The providers policy stated that staff received supervision six times per year. At the time of our inspection, the supervision rate was 88%. Managers monitored supervision rates closely to ensure staff were receiving it. Supervision included appraisal, managerial and clinical supervision, and reflective practice sessions. Supervision was cascaded down which meant several staff were trained to undertake supervision with more junior members of the team. The nurse consultant facilitated the group reflective practice sessions, with the intent that staff led the discussions. This usually focussed on patients who had been particularly challenging or where specific incidents had occurred. Managers ensured all staff could attend by allocating them specific sessions. We reviewed the service supervision data log, appraisal paperwork and supervision notes, and saw them to be

of a good standard. The manager facilitated a regular staff meeting; items for discussion included corporate feedback, service news, challenges, achievements, service developments, staff feedback and Danshell updates.

- Staff received an annual appraisal to discuss their current performance, to reflect on the last year and to consider training and development needs for the forthcoming year. At the time of this inspection, 96% of staff had received an up to date appraisal.
- Managers dealt with poor staff performance promptly and effectively. We reviewed the provider guidance and disciplinary policy and saw that managers had used this appropriately when dealing with disciplinary procedures. The service had dismissed five members of staff in the last 12 months prior to inspection, in a proactive and swift manner.

## Multidisciplinary and inter-agency team work

- The service held regular and effective multidisciplinary meetings. Meetings included care programme approach (CPA), managers meetings for the Mental Health Act, discharge planning meetings and care and treatment reviews (CTRs). We observed a CPA and a managers meeting. A range of internal disciplines and external agencies attended, including carers and family. Everyone was given an opportunity to contribute, including the support workers who worked most closely with the patient. The patient's wellbeing and best interests were always considered when decisions were made.
- The involvement of external agencies such as commissioners, community nurses and social workers was in line with the NHS Transforming Care programme which aimed to discharge people with learning disabilities and autism into community settings with the right level of care and support they require.
- When staff came onto shift they received a handover of the patient group, which included all the necessary information required to maintain safety, and provide effective care and treatment. Staff also attended a daily 'flash' meeting with other disciplines to discuss any patient concerns which required clinical decision making.



# Wards for people with learning disabilities or autism

- The service maintained effective working relationships with teams outside of the organisation. These included commissioners, social services, care coordinators, other care providers, police and other health care professionals such as the GP. We spoke with two commissioners who had six patients between them in Wast Hills. They were very complimentary about the service and found them to be open, transparent, accommodating and flexible. For example, when required they accommodated patient's needs by developing specific 'bespoke' areas, and were always happy to welcome other providers into Wast Hills to get training about the patient and receive a thorough handover over a period before they were transferred. One of the commissioners thought the service had 'bent over backwards' to ensure a patient who had become extremely challenging and had been inappropriately placed was kept safe whilst a more secure setting was found. We also spoke with the local safeguarding lead who said the service was always proactive and thorough when reporting any potential safeguarding referrals.
- Staff attempted to explain detained patients' rights to them in their preferred communication style. Rights leaflets had been produced in easy read or pictorial form. Patients level of understanding was clearly documented within the patient care record.
- Administrative support and legal advice on the implementation of the Mental Health Act and its Code of Practice was available. Mental Health Act documentation was scrutinised on site, and staff could contact the wider provider team for advice when required.
- Detention paperwork was filled in correctly, up to date and stored appropriately. Patients were referred for annual managers meetings and to the tribunal when appropriate. Section 17 leave forms clearly included terms and conditions for leave, including a risk assessment.
- The service had access to an independent mental health advocacy service commissioned by the local authority. Patient records showed that staff involved advocacy where patients lacked capacity. The advocate attended clinical meetings when required and visited the service weekly.

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

- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. We saw that 91% of staff eligible for Mental Health Act training were up to date.
- When we inspected there were 12 detained patients. One under a section two and 11 under a section three. We reviewed six patient care records.
- We saw a detailed assessment of capacity and consent to treatment in hospital. There were appropriate certificates authorising treatment, known as T3 attached to medication treatment cards and within patient care records. Staff requested visits from the second opinion appointed doctor (SOAD) when necessary.
- Staff had recorded each patient's capacity to consent to sharing information with carers and family in the patient care record.

## Good practice in applying the Mental Capacity Act

- Staff understood their roles and responsibilities when applying the Mental Capacity Act 2005 (MCA). Staff demonstrated a thorough and detailed knowledge of the principles of the Act and knew where they could find relevant information including an up to date policy.
- Staff supported patients to make their own decisions and presented information to them in their preferred communication style. If patients could not understand or make decisions, staff ensured they were made in the patient's best interests. This was embedded across the service.
- All staff that worked at Wast Hills were eligible for Mental Capacity Act and Deprivation of Liberties Safeguard training and 87% of staff were up to date.
- There were eight patients under a Deprivation of Liberty Safeguard (DoLS) when we inspected. We reviewed one patient care record who was under a DoLS and saw the paperwork was in good order, and staff had followed up delays with the local authority when they were waiting for the return of the authorisations.



# Wards for people with learning disabilities or autism

- We saw assessments of each patient's capacity to consent to sharing information with their nearest relative, and when the patient lacked capacity to consent, staff carried out a best interest assessment.
- We reviewed seven patient care records. We saw detailed capacity assessments regarding specific decision making such as the patients capacity to consent to their care plans or to manage their finances. Staff used various ways to communicate with patients to support them to make their own decisions. Reasons for deciding when patients' lacked capacity were clearly set out and when a best interest assessment was required. However, staff did not sign some capacity forms.
- Staff considered the principle of the least restrictive option when developing care plans and considering the use of nursing observations. Staff discussed this in reflective practice and multidisciplinary meetings.
- Staff worked within the Mental Capacity Act definition of restraint.

## Are wards for people with learning disabilities or autism caring?

Outstanding



### Kindness, dignity, respect and support

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. We saw staff interact with patients in a respectful, kind and responsive manner. It was evident that staff had exceptional knowledge of their patients' and their individualised communication needs, which meant they anticipated the needs of patients who could not verbalise well. Staff provided emotional and practical support to patients to minimise their distress. We saw staff help and guide patients when they needed it and they were always available to ensure patients' needs were met.
- Consideration of patients' privacy and dignity was consistently embedded in everything that staff did. For example, when patients were on enhanced nursing observations, staff considered the need to keep patients safe but how this could be done in the least intrusive

way. This varied between patients, depending on their risks, but we saw examples of when patients were in their bedrooms, staff placed themselves so they could observe them when needed, but also gave them privacy.

- Staff cared for patients with compassion. Feedback from patients and carers confirmed that staff really cared for them and treated them well and with kindness. They valued their relationships with staff as they understood them and spent time with them.
- Staff that knew the patients best were involved in developing care plans in a collaborative manner. This ensured the patient voice could be heard throughout. Staff could discuss patients' needs through reflective practice sessions, handovers and multidisciplinary team meetings. Staff had easy access to PBS and communication grab sheets to help them when required. Staff spoke positively about patients and were 'keyworkers' to at least one patient. This meant both the staff member and the patient got to know each other well.

### The involvement of people in the care they receive

- Staff spent time with patients when they were first admitted so they felt comfortable and settled easily into their new environment. Staff considered any adaptations they needed to make. For example, we observed staff discussing the needs of a patient who had been admitted the day before our inspection and they had already identified an assessment that may benefit which had not been previously identified.
- Patients individual preferences and needs were reflected in how care was delivered. Staff involved patients and those close to them in decisions about their care and treatment. Many of the patients did not have the capacity to fully understand their care and treatment or make informed decisions. Staff worked closely with carers to make care and treatment decisions in the best interests of their relative. Carers told us they felt involved in decisions about care and treatment, and staff respected their expertise and views. Patients who were able to speak to us said they understood and could make their own decisions with staff about their care and treatment. Patients and carers could attend and were invited to multidisciplinary reviews and meetings and they felt listened to.
- Patients and carers received good information such as care plans and activity plans which were written in easy



# Wards for people with learning disabilities or autism

read with words, pictures or symbols, depending on their individual communication needs. Staff worked closely with patients to encourage and enable independence and care plans specified when staff support was required.

- Patients had access to advocacy. They visited the service weekly and we saw advocates involved when patients lacked capacity to make decisions. They attended multidisciplinary meetings when required and provided support.
- Staff and carers told us they built up close working relationships. We spoke with six carers who were positive about the service. They said staff were enthusiastic and caring, most had noticed positive changes within their family member. Carers were confident that staff looked after their relatives well and they could tell they were happy. Two carers told us staff dealt with incidents well and always worked well with the challenging behaviours patients displayed. Most carers said staff had taken the time to get to know their relatives which had resulted in the most appropriate treatment plans being implemented. Most of the concerns carers had were about what would happen when their relative was discharged. They were not confident a placement could be found that met their relatives complex needs as well as Wast Hills.
- Staff contacted carers and families as often as they wanted. One carer was contacted daily for updates, others weekly. Carers and families could visit daily if they wished to and were invited to provide feedback. Carers were given a feedback questionnaire following CPA reviews, although carers could provide informal feedback whenever they wished. One carer told us staff had been responsive and had acted quickly to a concern she had, although one carer told us staff had to be prompted when she had requested something for her son's bedroom. One of the carers from Wast Hills was an independent family representative. This meant that other families and carers with relatives admitted to the providers sites could contact her for advice and she attended the family carer forum to feedback.
- The provider proactively tried to engage families and carers and give them information about their services. They produced a family carer forum newsletter every quarter, and the service put on family days across the

year such as Easter and in the Summer. Families were also invited to attend Christmas dinner. Staff told us these events were always successful and promoted a family atmosphere.

- Patients attended a weekly service user forum facilitated by the occupational therapist and the activity coordinator. Patients could discuss activities they enjoyed and what they wanted to do. We saw this reflected in care plans. For example, one patient had specified which type of music he enjoyed so staff would access this music on You Tube.
- Patients that were able to could complete patient satisfaction questionnaires. We saw a 'You said, we did' board displayed on one of the walls in the Main house. Examples included, 'too noisy', so patients were given the option to move rooms and given ear defenders, 'environment not interesting', so sensory items were added in one corridor, 'lost belongings' so these were replaced. Some patients were unsure about their food choices, so the chef had attended a service user forum to discuss patients concerns.

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

(for example, to feedback?)

Good



## Access and discharge

- The service worked to the NHS England Transforming Care programme whose aims were to ensure people did not stay in hospital any longer than necessary and had the right care and support in the community. When admission was considered, the community care team, the provider and commissioners ensured a robust challenge process was in place to check that there was no available alternative service. When individuals were admitted, they had an agreed discharge plan from the point of admission, with monitoring processes put in place to ensure that the discharge plan was followed. This meant that all the patients admitted from England received regular care and treatment reviews (CTRs) which are part of NHS England's commitment to transforming services for people with learning disabilities, autism or both. CTRs are designed to



# Wards for people with learning disabilities or autism

support the individual patient and their family to have a voice, and to help the team around them to work together with the person and their family to support a discharge into community.

- Following referral to the service, West Hills staff completed a comprehensive pre-assessment of the patient, including their current needs and behaviours and requested a history of previous care and treatment. The multidisciplinary team take the decision to admit, considering the current patient group, to ensure that they can live together as harmoniously as possible. Staff had refused or postponed an admission if they believed patient care or safety could be compromised due to potential issues between two or more patients.
- At the time of inspection, there were 20 patients admitted to West Hills. Most of the patients had complex needs such as physical health, mental illness and/or challenging behaviour as well as their learning disability. The admission criteria stated that all patients must have a diagnosis of autism.
- Apart from two patients who had been admitted from Scotland, the others were from the wider Midlands area. They had recently transferred a patient to West Hills from another Danshell placement so he could be nearer to home.
- Patients were only moved during their stay if it was for clinical or safety reasons. There was scope to move between the three sites within West Hills but decisions for this were made in the individuals best interests.
- Discharge from the service was planned from the moment of admission. All relevant care professionals, patients and families attended regular CTRs throughout the patient's admission. Some patients had been at West Hills for many years, due to the patients' complex needs. However, even for those patients, the staff were working actively to design a bespoke package of care to enable their discharge. At the time of our inspection, eight patients were identified as being ready for discharge but they were delayed because the most suitable care package had not been found or it was being developed. Staff, families and commissioners told us there was a lack of suitable placements and accommodation in the community for people with such complex and diverse needs.
- Managers told us that they always ensured that the most suitable and appropriate discharge package was in place for each individual before they left the service, and staff liaised closely and proactively with the future

providers. Once a placement had been identified and West Hills staff had assessed its suitability, a comprehensive pre-handover process took place. Staff from the future provider spent time with the patient at West Hills getting to know the individual and received an in-depth handover and training of the patient's individual needs from West Hills staff. Staff from West Hills also spent time with the future provider; we were told of staff spending up to six weeks at a new placement to ensure the discharge went smoothly and the patient settled in well. Staff told us they continued to offer advice to the new providers even following discharge. Commissioners we spoke with said staff were very accommodating and flexible which ensured a smooth transition between services.

- The manager told us the intensive handover between the two placements was effective and prevented readmission; there had been none in the last 12 months prior to inspection. The process had been developed following an exploration into the breakdown in a previous patient's discharge.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- On admission, patients would be admitted to the Main house for a period of assessment. This was the largest of the locations and most of the staff were placed there. The service considered individual patients needs and the mix of the patient group. This could determine where the patient was ultimately placed between the locations. The Annexe tended to be the quieter location as it only had six beds, however the service had converted bedrooms and made adaptations to the environment within the Main house to provide 'bespoke' areas for patients. The bespoke areas tended to be bigger and often consisted of two rooms, adapted to make a flat. Patients who required more space or needed to be away from others often benefitted from having a 'bespoke' area.
- There was a full range of rooms available throughout each location on the site. These included large lounges, dining rooms, sensory rooms, an occupational therapy room with various arts, crafts and musical instruments, a therapy kitchen and lots of outdoor space with equipment such as a trampoline, swings (although they were being fixed), and footballs.



# Wards for people with learning disabilities or autism

- A family room was available however, one carer told us that this would also be used as a multidisciplinary room, so could not be accessed when professional's meetings were occurring.
- Patients had access to phones. Staff kept patients' mobile phones in the staff office for security and safety reasons when required. For example, one patient used his phone inappropriately so staff needed to supervise him.
- The location of Wast Hills meant that patients had access to a large amount of well-maintained outdoor space. When we were on inspection, we saw patients outside throughout the day, playing football, walking around the grounds and using the trampoline.
- We spoke to the chef, looked at the menu and sampled some of the food. The menus were nutritionally balanced, seasonal and available in easy read format. Patients could make an informed choice of what to eat and could quickly determine healthier foods available from a colour coded traffic light system. The food we sampled looked and tasted delicious. It was cooked from fresh ingredients and prepared on site. Staff were also provided with a free meal from this menu when they were on shift.
- We saw that hot and cold drinks were available for patients whenever they required them, however due to safety concerns, they were safely concealed.
- All bedroom areas were ensuite. We saw examples of bedrooms that had been adapted to suit the individual's personal needs. One of the 'bespoke' areas contained a bedroom, hallway and a low stimulus lounge. Most of the interiors of the buildings were low stimulus, which met the needs of the patient group, although one of the corridors in the Main house had sensory equipment on the walls. Patients could personalise their own bedrooms and living spaces if they wished to.
- Patients could secure their belongings safely within their rooms. Staff could lock patient's rooms although some patients had a key and could access their rooms on their own; this was dependant on their mental capacity and if this would pose a risk to them.
- Focus was on patients engaging in their meaningful activities care plans and using facilities in the local community as much as possible, although this differed dependent on individual's risks. The activity care plans were very detailed and focused on how the individual could complete their daily activities, with or without staff support, including triggers that may lead to

challenging behaviour and non-engagement. The aim was to encourage independence and improve on existing skills and make new ones. An example of activities we saw in one care plan included gardening, baking, listening to music, football, board games and walking around the grounds.

- Some patients engaged in activities in the local community. For example, patients could attend shops, go to leisure centres, the cinema, eat out at restaurants, visit snooker centres, and visit the pub. One patient attended a weekly Slimming World meeting. The service had access to five vehicles which staff used to take patients out. One patient had visited Liverpool the day before our inspection due to his interest in the Beatles, others had been on a day trip to the beach or the canal. However, not all vehicles could be driven at once due to only one or two designated drivers being on shift. Staff told us this meant not all patients who could go out were able to. Patients had access to their easy read activity plans which contained text or pictures dependent on the patients' communication needs.

## Meeting the needs of all people who use the service

- Wast Hills could accommodate people with physical disabilities. The Annexe was on one level and the upper levels of the Lodge and the Main House could be accessed by a lift. We saw that communal bathrooms had hand rails and any bedroom could be adapted to make it more accessible and comfortable. In the event of an emergency, both buildings had evacuation chairs to safely move disabled patients to the ground floor.
- The service took account of patients' individual needs and their preferences were central to the delivery of a tailored service. All patients preferred communication needs were assessed by the speech and language therapists and their assistants. Communication 'grab cards' were produced for each patient so staff could easily see how each patient preferred to be communicated with. Leaflets were produced in easy read format, but also developed for individuals in their preferred communication style.
- The service could access interpreters and/or signers when required. Many patients communicated using Makaton. Staff had learnt individual patient's preferred Makaton signs.
- The chef was aware of individuals dietary needs. For example, we saw charts for patients detailing the consistency and texture of foods required due to



# Wards for people with learning disabilities or autism

swallowing and choking problems. One patient was following the Slimming World diet. The chef had prepared a poster for him detailing the 'sins' in different foods so he could make an informed choice about his meals and help him with his weight loss.

- The service had a multi-faith room available for people to use. Staff told us no patients currently had a religious faith, however it was available for use if need be.

## Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The service had received two complaints since June 2017. We reviewed the service response and found them to be dealt with timely, appropriate and thoroughly investigated. None of these had been sent to the Parliamentary Health Service Ombudsman.
- The service was in the process of changing the seats of the swings in the garden following a complaint from a carer, which resulted in the investigation recommending bigger seats would help prevent any injury to patients. Carers we spoke with told us they knew how to complain. One carer told us they had made a complaint in the past and it was dealt with swiftly.
- Staff received feedback and lessons learnt from the results through team meetings, supervision and reflective practice.
- The service had received 23 compliments from June 2017 to April 2018. There were from a range of people including parents, commissioners, a solicitor, police and a school, consistently praising the service.

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

Outstanding



## Vision and values

- Danshell stated it is their mission to make a positive difference to people and their families by delivering personalised health and social care that helps them to achieve the things they want out of life. To achieve this, the aim was to deliver services underpinned by their

values: Safe – person centred, rights based, Sound – high quality, appreciative, Supportive – empowering, transforming. Staff we spoke with were aware of and worked towards the providers vision and values.

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with told us managers were supportive and valued their contribution. We saw this when we attended a clinical meeting, and the staff who worked most closely with the patient could express their views and observations. All staff we spoke with told us their main purpose was to help, support, improve and maintain the quality of their patient's life.
- Staff told us managers were available when they needed them, and were visible across the service. Both managers and staff said they had an 'open door' policy. Examples were given of staff speaking with managers about their concerns for patients, such as the need to increase nursing observation. This was done immediately and staff told us they felt their opinions were respected. Senior managers attended the service regularly and staff were aware of who they were. The provider produced a newsletter to give information to staff about what was going on at other sites across the country and good news stories.

## Good governance

- The provider used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which staff could provide high quality care. Several methods were used to achieve this, such as an annual quality review with weekly action plan updates, a comprehensive clinical audit programme, and monitoring of specific indicators relating to patient safety. This included incidents, complaints, compliments, accidents, allegations of abuse, absconding and use of restrictive physical interventions. Carers told us that any feedback they gave about the service was welcomed as a way in which the service could further improve.
- Managers used monitoring tools to ensure staff kept up to date with their mandatory training, supervision and annual appraisal. We reviewed this information and



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managers told us of any associated plans in place for staff who were overdue. Training, supervision and appraisal rates were above the provider requirement of 80%.

- We saw there were sufficient staff to ensure patients received the right care for them at the right time. The service considered patients fluctuating needs and ensured floating staff could dedicate their time where it was most required.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw various examples of the provider using the results from the information it had collected to maintain and improve the quality of the service and various action plans had been completed or were being monitored to ensure they were achieved.
- Managers also measured the team's performance through key performance indicators such as number of incidents and the use of physical intervention. These were monitored within managers meetings and the local clinical governance group. The service was committed to sharing data and information proactively with staff and the wider organisation to support decision making and improvement. At the time of our inspection, the service was compliant with all their key performance indicators.
- The manager of the service told us they had good support from their senior managers, however had enough freedom to make changes to the service when required. The nurse consultant, business support manager, manager and deputy worked closely to ensure the smooth running of the service and could quickly identify areas which required their attention, as one or all of them were involved in decision making with staff and patients.
- The service used a local risk register, although they had no items on it at the time of our inspection. Senior managers told us they had no concerns about the service and had much praise for the multidisciplinary team.
- The staff survey had been completed at the end of April 2018. The results from this were displayed as 'You said, we did' in the staff area. An example of changes made at the request of staff were split handovers over sites, more training on Makaton and personality disorders and more computers.
- The service monitored sickness and absence rates. Sickness rates were equivalent to those seen in NHS services at 4%. Staff turnover was high; however, overall staffing had increased over the same period from 97 to 113. The provider had a rolling recruitment programme to ensure that staffing levels were consistently at a safe level.
- There were no current bullying and harassment cases within the service. The manager had dealt with one previous case in the last 12 months.
- Staff we spoke with told us they knew how to use the whistleblowing process and felt confident to raise concerns without fear of victimisation.
- All staff we spoke with, including managers spoke about the challenging and sometimes aggressive nature of the patients they provide care for. Most staff we spoke with told us morale was high amongst the team and they got a high level of satisfaction working with the patient group, particularly when they saw individuals making progress, however some staff were less positive. Three staff felt they did not receive enough debrief following frequent incidents with the same patient, and told us of times when they had been hurt by patients. We discussed this with the managers at the time of the inspection who admitted it could be difficult to provide sufficient debriefs for staff when the service is particularly busy, however staff did have many ways in which they could access support. All staff had access to the experienced and skilled nurse consultant.
- Managers had an 'open door' policy and told us that improving staff morale was important to them. To aid this, the business support manager had recently started workshops where all staff could attend and were encouraged to talk about any problems, issues or queries they had. We saw the results from the first action plan following feedback which included items such as management walk around to provide support

## Leadership, morale and staff engagement

- The provider had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.



# Wards for people with learning disabilities or autism

and positive feedback, feedback to individuals about personal/confidentiality issues, and the utilisation of a communication book. Managers told us they had noticed a significant improvement in staff morale.

- All patients had a minimum of one support worker assigned to them. Staff had recently agreed that they should work with the same patient for a maximum of six hours. This gave continuity to the patient as often people with autism find change hard to cope with. However, staff had requested this be reduced to three hours for two of the most challenging patients. This had been agreed by senior staff.
- Staff were proud of the work they did and of the service. The service used a 'positive events log' where staff could write positive comments and give praise to their colleagues. Managers acknowledged staff contribution through the employee of the month.
- A representative from human resources attended the service weekly to speak to staff directly about personnel items. Staff had use of a confidential employee counselling assistance service available to them 24 hours a day, seven days a week. They could ring for advice or support for a range of issues which did not have to be work related.
- Staff had opportunities to discuss career progression in their supervision and appraisal. Staff told us the service had been receptive to their individual needs and skills. Leadership development opportunities were available for staff who wanted to become leaders, and staff who wanted to increase their clinical skills could attend training and education courses up to master's degree level. The service hoped to promote one of their existing support workers to the role of senior support worker.
- The service promoted and encouraged staff who wanted to become leaders, which meant they considered succession planning, with people who understood the culture, issues, challenges and priorities of the service and organisation.
- There was a strong collaboration, team working and support across all levels of the service, with a common focus on improving the quality and sustainability of care and the patient experience. All staff we spoke with told us they enjoyed working as part of a team and all were complimentary about each other. It was notable within our observations, interviews and discussions with carers

how well all disciplines of the team worked with each other, each providing their own level of expertise to provide a well-rounded caring experience for the patients they looked after. Staff told us that they mutually supported each other which was particularly important due to the challenging nature of the service they worked in.

- Staff were open and honest to patients and carers when something went wrong. We saw this reflected in the complaints and incidents we reviewed. Carers also confirmed this and said the service always kept them updated.
- Senior staff told us they encouraged staff to be open with them, including when they have good ideas or suggestions to further develop the service. Their engagement with the 'STOMP' project was suggested by a staff member who was keen to get involved. This led to the provider fully committing to it following the feedback they received from Wast Hills.
- The service consistently engaged with people who use the service, carers, commissioners, community staff, local authority, police, local community, and welcomed feedback. The service used this information to make improvements, or to gage what they were doing well.
- The service provided free training about autism and communicating with people with learning disabilities. It had set up a rolling programme with the local police, completed one teaching session at a primary school, and the A&E department. Staff were eager to provide the training to other agencies or companies and planned to extend it to other wards within the local acute hospital. We saw compliments praising the service for the training it had provided.

## Commitment to quality improvement and innovation

- The service was accredited with the National Autistic Society in January 2018.
- The service had been recognised at national level and were consistently nominated for awards. In 2017, the nurse consultant had won the Laing Buisson (UK healthcare awards for excellence) 'Rising Star' award and the service won the National Autistic Society award for service manager. The service had been nominated and were finalists for two awards in the upcoming



# Wards for people with learning disabilities or autism

National Learning Disabilities and Autism awards: one for outstanding practice and one for a staff member's work monitoring service user's physical health, which was also a finalist in the RCNi awards.

- The service was committed to the work they had commenced with STOMP (Stopping the Over Medication of People with learning disabilities, autism or both). STOMP was a national project involving many different organisations who collectively support more than 40,000 people. The service was quoted on the provider website as saying, 'At Wast Hills where we have already rolled out the STOMP programme, we have seen

extremely positive benefits for those we support and for the staff who provide that support. We have seen a reduction in both dosage and overall use since the beginning of the programme. Two people have been supported to be entirely medication free, which is fantastic.'

- The service recognised innovative practice and shared its successes. For example, the project where the nurse who had started taking bloods from patients had been so successful, this practice had been shared across the provider.

# Outstanding practice and areas for improvement

## Outstanding practice

We saw many examples of good practice including:

An excellent multidisciplinary team work approach to provide the best possible care and treatment for their patients. This was done in collaborative partnership with the patient, families and external agencies. Staff had exceptional knowledge of their patients, their individual needs and their preferred communication style.

The service identified innovative concepts from their staff and helped them develop their ideas into practice. One nurse had significantly increased the uptake of patients having their bloods taken by training as a phlebotomist, which meant the blood tests could be done on site by somebody patients knew and trusted.

One of the key recommendations from an investigation into an incident, was an agreement that the service would provide free training to the local police force in autism. This would help the police knowledge of how to communicate with patients at Wast Hills should they be required for future incidents and interventions. When

police had subsequently attended the service, staff noticed their knowledge of talking with people with autism had improved, which was attributed to the training.

To ensure a smooth transition between services following discharge, the service had developed a proactive and inclusive approach, which involved working in partnership with the new provider, ensuring they received an intensive on-site handover and training package. Staff from Wast Hills also spent time with the patient at the new service to ensure the patient's needs were fully understood and met and could help the patient settle in.

One patient was following the Slimming World diet. The chef had prepared a poster for him detailing the 'sins' in different foods to support him so he could make an informed choice about his meals and help him with his weight loss. All food prepared on site was nutritionally balanced and traffic light coded for patients to make informed choices.

## Areas for improvement

### Action the provider **SHOULD** take to improve

The provider should consider ensuring there are enough drivers on shift so staff can facilitate more patients' leave into the community, when they wish to go.