

Cygnnet (OE) Limited

# Cygnnet Bostall House

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

Cygnnet Bostall House provides a high dependency complex care rehabilitation service for 6 men living with a learning disability and associated complex needs.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

We carried out a short notice announced, comprehensive inspection of Cygnnet Bostall House after a serious incident took place earlier in the year.

Our rating of this location stayed the same. We rated it as good because:

- Staff provided safe care to patients with a learning disability. The service had enough nursing and medical staff, who knew the patients and received essential training to keep people safe from avoidable harm. The service provided staff with emergency scenario training to help staff prepare for a medical emergency.
- Staff received training to give them the knowledge and skills to meet the needs of people with a learning disability.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The service had a full range of specialists to meet the needs of the patients with a learning disability. The team included a consultant psychiatrist, nurses, a clinical psychologist, a speech and language therapist and an assistant occupational therapist.
- Patients had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. Patients, those important to them and staff reviewed plans regularly together.
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. The service held a monthly empowerment meeting for patients. This enabled patients to make suggestions and voice ideas. These ideas had led to changes in the menu, physical health, group outings and activities. Patients could put questions to members of the multi-disciplinary team which they then responded to.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- Patients were listened to, given time, and supported by staff to express their views using their preferred method of communication. Staff devised a communication grab sheet for each patient, which had their photo how they like to be communicated with. Staff could use this to support patients out in the community.
- The service was well led. The leadership of the service worked hard to create a learning culture. Since a recent serious incident staff felt valued and empowered to suggest improvements and question poor practice. The service had Freedom to Speak Up Champions on the ward.

However:

- Whilst staff planned patient discharge well, the length of stay for most patients was longer than the provider's aimed length of stay. As a result, patients may have stayed in hospital when they were well enough to leave.

# Summary of findings

- The hospital site was not smoke-free as patients could still smoke in the garden area. This was not in line with best practice.
- The service could do more to meet patients' sensory needs. For example, noise-reducing furnishings and calm diffused lighting, which support people with sensory sensitivities.
- Further works were needed to ensure bedroom doors were anti barricade and all communal doors had anti-ligature fixtures.
- The staff survey results were mixed. It was not clear what actions senior managers had taken to address the results and make improvements.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Cygnet Bostall House

We undertook this short notice announced, comprehensive inspection of Cygnet Bostall House because of a serious incident that took place at the beginning of 2023. The incident involved inappropriate restrictions on a patient by staff. The manager had investigated and found that the staff had not reported the incident appropriately.

Bostall House is a six-bed independent hospital located in Abbey Wood, London. The service provides a high dependency complex care rehabilitation service for men living with a learning disability and associated complex needs.

The service has a registered manager in place and is registered for the following regulated activities: Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury.

We have inspected this service three times since 2015. The last inspection was in January 2020 when we rated the key question of caring as outstanding and the service as good overall.

### What people who use the service say

We spoke with 4 people using the service. Patients said staff treated them well and behaved kindly. Patients said they had choices in their care and activities and that staff were caring and supportive.

Patients said staff listened to them and knew them well. One patient said that staff 'listen to any concerns we have, and we can approach them if we are feeling unsafe.'

Another patient described staff positively, that when he is distressed, they support him with one-to-one and talk to him. He said they help him a lot and they support him to his room to listen to his music.

Three of the patients we spoke to mentioned staff by name that helped them specifically the ward manager and the occupational therapist assistant. Patients said that staff arrange group activities on a Friday, and they have barbecues and pool competitions.

One patient said they have ward round every Monday and 'we can present our concerns to doctors and nurses. If there's anything we want that needs approval, we can raise it then too'.

Patients said that staff go through their care plan with them monthly and give them easy read versions if they needed it.

## How we carried out this inspection

The team that inspected this service consisted of 2 CQC inspectors, a specialist advisor who had experience working within learning disability services and an expert by experience.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?

# Summary of this inspection

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

These questions therefore formed the framework for the areas we looked at during the inspection.

During the inspection visit, the inspection team:

- visited the service, observing the environment and how staff were caring for patients
- spoke with 4 patients who were using the service and 2 family members
- spoke with 10 members of staff including the registered manager, consultant psychiatrist, nurses, healthcare assistants, speech and language therapist and occupational therapy assistant
- reviewed 3 patient care and treatment records
- checked how medicines were managed and stored, including reviewing prescription charts
- reviewed information and documents relating to the operation and management of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

### Action the service **SHOULD** take to improve:

- The service should consider adopting a smoke-free policy on the premises in line with public health best practice guidance.
- The service must ensure that patients are supported to move on to appropriate accommodation in a timely manner.
- The service should ensure that all outstanding environmental works are completed by December 2023. Included the works needed on the patients' bedroom doors and the communal doors are fitted with anti-ligature ironmongery.
- The service should consider seeking appropriate guidance in relation to developing a designated sensory space on the premises.
- The provider should consider creating a plan to ensure that the results from the staff survey are actioned and improvements made.

# Our findings

## Overview of ratings

Our ratings for this location are:

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



# Wards for people with learning disabilities or autism

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

## Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

### Safe and clean care environments

**The ward was safe, clean well equipped, well furnished, well maintained and fit for purpose. However, further works were needed to ensure bedroom doors were anti barricade and all communal doors had anti-ligature fixtures.**

### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff completed annual fire risk assessments which identified key risks. The recent fire risk assessment was overdue and was scheduled to be completed the week after the inspection. Staff participated in quarterly fire drills. Fire drills were frequent to ensure new staff and agency staff had an opportunity to participate in a fire drill. The last fire drill was in May 2023. All patients had a personal emergency evacuation plan located in reception. However, staff had not completed regular fire safety checks for the fire alarms and the fire doors. We raised this during the inspection and the ward manager immediately put checks in place to ensure this was done.

Staff completed an up-to-date ligature risk assessment to manage and reduce the risk of ligature anchor points. For example, staff ensured high risk areas, such as the kitchen, were kept locked. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The provider had taken steps to reduce the number of ligature points on the ward, by fitting bedrooms and bathrooms with anti-ligature fittings such as collapsible curtain rails and anti-ligature door handles. Staff were aware of the ligature cutters and where to access them.

However, not all doors had anti-ligature fixtures and fittings. For example, a communal fire door did not have anti-ligature door handle like some of the other communal doors did. The bedroom doors were not anti-barricade to prevent patients blocking themselves in. Staff said there was plans in place to fit anti ligature door handles to all communal area doors and plans to install new bedroom doors.

# Wards for people with learning disabilities or autism

Staff could not easily observe patients in all parts of the wards. Staff mitigated this risk with regular observation of patients. The ward had installed convex mirrors to help staff see patients in different parts of the ward. There was closed circuit television (CCTV) monitoring in communal areas and a member of staff each shift was present in the bedroom corridors to safely observe patients.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff had personal alarms and radios to use in an emergency. Patients had call alarm bell in their bedrooms so they could summon assistance.

## Maintenance, cleanliness and infection control

The ward was clean, well maintained, well-furnished and fit for purpose. The ward was visibly clean and clutter free. Staff made sure cleaning records were up-to-date and the premises were clean. The service had employed full time domestic staff to clean the premises. Domestic staff kept cleaning records up to date and these demonstrated that staff cleaned the ward daily.

Staff followed the service's infection control policy, including handwashing. Hand sanitiser and personal protective equipment was readily available for staff to use. Staff disposed of sharps waste appropriately. All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Equipment included an emergency grab bag, oxygen cylinders, an automated defibrillator, and a breathalyser. Staff carried out daily safety checks for the clinic room equipment and emergency medicines. For example, the blood monitoring machine had been calibrated to ensure it worked.

Staff checked, maintained, and cleaned equipment. Staff monitored the temperature of the medicine fridges daily to ensure it was within range.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. The ward had an establishment of 4 whole time equivalent registered nurses and 14 whole time equivalent non-registered nurses reflecting the current number of patients.

At the time of the inspection, the service had no vacancies. The ward recently had a full-time vacancy for the clinical team leader post, and this had been recruited to. This post helped the registered manager with daily nursing tasks and oversight. Over the last 12 months, the service turnover rate was 8.5%.

The ward manager limited their use of bank and agency staff and requested staff familiar with the service. The ward manager used the same pool of well-established bank staff to cover staff absence. This provided consistency for patients. Over the last 12 months, the service had used bank staff to cover 432 shifts. The service did not use agency staff.

# Wards for people with learning disabilities or autism

Managers made sure all bank staff had a full induction and understood the service before starting their shift. New staff read and completed an induction booklet containing policies and important information about the service. Staff signed to confirm they had completed it with the nurse in charge.

Managers supported staff who needed time off for ill health. Levels of sickness were low at 5% over the last 12 months.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the patients. The day shift consisted of 1 registered nurse and 3 non-registered nurses. At night, the ward allocated 1 registered nurse and 2 non-registered nurses. Additional staffing was booked if a patient required a higher level of observation or there were pre-booked activities, which affected staffing, such as escorted day leave.

Patients had regular one-to-one sessions with their named nurse. Patients reported seeing their named nurse regularly. The service had enough staff on each shift to carry out any physical interventions safely.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients reported that they were taken out on leave and their leave was never cancelled due to staff shortages. We observed patients being supported with their leave throughout the two days we were on site. Each morning staff facilitated a planning meeting with patients to ensure that escorted leave took place.

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The hospital had a part time consultant psychiatrist working two days a week. On the other weekdays the consultant could attend the service if required. Outside of normal workday hours a doctor was on-call and available to attend the service if required.

Managers could call locums when they needed additional medical cover. When the consultant psychiatrist was on leave or off sick the service used the consultant from one of the provider's other local services to cover remotely.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training. All staff were up to date and compliant with their mandatory training. Mandatory training included safeguarding adults and children, prevention and management of violence and aggression, basic life support and health and safety. Staff were also required to complete training in supporting people with a learning disability.

Staff participated in emergency scenario training to train staff how to respond to a medical emergency on the ward. One of these unannounced training exercises focused on Sepsis and had taken place in June 2023.

Managers monitored mandatory training and alerted staff when they needed to update their training.

# Wards for people with learning disabilities or autism

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

## Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed a thorough risk assessment of each patient when they were admitted to the ward. Staff assessed patients physical, mental and social risks and had a rating scale to measure the severity of each risk.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.

We looked at 3 patient risk assessments. One patient posed a risk related to their offending behaviour, which resulted in a restriction being placed. Staff clearly recorded a risk management plan for this patient outlining interventions that staff would need to take to help reduce the risk to himself or others. Another patient had a clear risk management plan in place to support with his alcohol use.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff attended daily handover meetings where each patient's risk level was discussed. Staff developed positive behavioural support plans with the patients to include their early warning signs, triggers and how staff should de-escalate the situation. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Each person had a positive behavioural support plan that was individual to their needs.

For patients assessed as having physical health risks, staff used the national early warning score (NEWS) system to record patients' physical health observations. We looked at 2 patients' NEWS records. They showed that staff completed these observations daily and escalated any high scores to clinicians. This reduced the risk of patients' physical health deteriorating rapidly unnoticed.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff followed the provider's policy and procedures when carrying out patient observations. The bedroom corridor was situated on the first floor of the premises. To minimise the risk to patients and others a member of staff was allocated each shift to be present in the communal areas.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Where planned, staff searched patients when they returned from leave.

## Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff

# Wards for people with learning disabilities or autism

received approved training in reducing restrictive intervention breakaway to prepare them for physical restraint. In the last 6 months there had been 2 incidents involving physical restraint. These restraints were low-level, redirection holds and attributed to 1 patient. None of these incidents resulted in staff restraining patients in the prone position or administering rapid tranquilisation.

Staff participated in the provider's restrictive interventions reduction programme. The manager carried out a monthly restrictive practice audit, which also looked at the amount of physical restraint used on the ward. The service had a list of prohibited items that restricted what patients could bring onto the ward. To help reduce restrictive practices the provider's policy stated that blanket restrictions should not be in place longer than needed, must not be used to punish, and not used to manage short staffing.

Staff recorded incidents of restraint in line with the requirements of the Mental Health Unit (Use of Force) Act 2018. For example, how the restraint was carried out, which staff were involved and for how long.

## Safeguarding

**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.**

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff received training on how to recognise and report abuse, appropriate for their role. All staff had completed training in how to recognise abuse in children. Staff also received training in how to recognise abuse in vulnerable adults. Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff had reported an incident of abuse where a patient had suffered harm. The service kept a tracker of any reported incidents of abuse. Staff uploaded incidents of allegations of abuse and discussed this at the monthly clinical governance meetings. Between January and May 2023 there had been 2 reported incidents of alleged abuse. One of these was a safeguarding concern involving inappropriate restrictions on a patient by staff. This had resulted in a serious incident being reported. Staff discussed allegations of abuse with the local authority safeguarding team to ensure it was an appropriate referral.

Staff followed clear procedures to keep children visiting the ward safe. Visits by children were risk assessed and took place in rooms outside of ward areas. The service had a visitor's welcome area. Visits could take place in the lounge areas or patient bedrooms where appropriate.

## Staff access to essential information

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

# Wards for people with learning disabilities or autism

Staff stored and managed all medicines and prescribing documents safely. We reviewed 3 patient medicine administration records. The records included patient information, such as allergies, and were kept with patients' physical health records. Staff initialled the prescription charts to show that medicines were administered as prescribed. Medicine records were screened by a pharmacist and the ward manager each week to ensure medicines were prescribed safely. Staff had a clear system in place to safely manage the storage of controlled drugs. Staff kept a record of the controlled drugs kept in the clinic room and stored them in a locked cabinet. Staff appropriately restricted access to the medicine's storage areas.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff told us that giving medicines for managing aggression and agitation was a last resort. There were positive behaviour plans in place.

People received support from staff to make their own decisions about medicines wherever possible. At the time of the inspection, 2 patients, further along in their recovery, were self-administering their medicines. The ward manager carried out monthly audits to check that the medicines were safely stored, and risk assessed for the patient to administer their own medicines.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Information relating to medicines were sent prior to patients being admitted to the hospital. The doctor used this information to prescribe medicines and write the drug chart. Nurses checked this information for discrepancies prior to giving medicines. When the pharmacist attended the ward, they also conducted medicines reconciliation.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. We looked at the records for a patient who had been prescribed clozapine to manage their mental health. Staff checked the side effects of this medicine by ensuring the patient had their bowel movements and bloods checked regularly. This ensured patients did not suffer adverse side effects.

Staff learned from safety alerts and incidents to improve practice. An external pharmacist attended the hospital once a week and completed medicine audits. Staff scrutinised the findings of the audits and acted to make improvements. The findings of these audits were discussed in the staff meetings.

## 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 knew what incidents to report and how to report them. Staff raised concerns and recorded incidents and near misses, and this helped keep people safe. Incidents included violence and aggression and security. Staff discussed incidents in the morning handover meetings as well as monthly clinical governance meetings.

# Wards for people with learning disabilities or autism

Managers debriefed and supported staff and patients after any serious incident. Managers investigated incidents thoroughly. The nurse led the debrief after incidents, including what happened, what went well, what could have been done better. This learning was shared in the morning multi-disciplinary handover meeting. A recent serious incident resulted in the staff and patients being debriefed. The manager reviewed closed-circuit television footage of the incident and identified discrepancies in the incident report and what was seen on the footage.

There was evidence that changes had been made as a result of feedback from this incident. Learning involved greater scrutiny of CCTV footage on a regular basis; Further training to staff emphasising least restrictive practices and good communication between staff and patients and team building to further develop culture.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff reported another incident that took place at another nearby service. The learning from the incident led to a policy change that was implemented at the service.

## Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.**

We reviewed 3 patients' care and treatment records. Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Patients had their physical health regularly reviewed during their time on the ward. Staff ensured patients had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Patients had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. Patients, those important to them and staff reviewed plans regularly together. Staff created support plans with patients to detect early warning signs when they are in distress so staff can support patients if the situation escalates.

# Wards for people with learning disabilities or autism

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. The service had a multi-disciplined team to effectively support people with a learning disability. This included a consultant psychiatrist with a specialism in learning disabilities, a clinical psychologist, occupational therapist assistant (OTA) and a speech and language therapist (SLT).

Staff delivered care in line with best practice and national guidance. Psychologists based treatment pathways on best practice guidelines. Medical staff used best practice to inform their treatment pathways for supporting people with a learning disability. The OTA carried out sensory assessments for patients to determine how they responded to sensory input from their environment.

The service encouraged patients' recovery through teaching greater independent living skills. The OTA conducted a range of different activities and groups in addition to individual sessions to support patients' recovery, improve self-management or rehabilitation and every-day living skills. Staff facilitated regular exercise sessions with patients, a smoothie making group and a quiz. Staff had recently started a relaxation group for people with a learning disability.

Staff made sure patients had access to physical health care, including specialists as required. Staff supported patients to attend the local acute hospital for medical assistance after a medical emergency or to facilitate a routine medical appointment. Staff registered all patients with the local GP on admission. Physical health records showed that staff carried out weekly vital sign monitoring and more often for patients that required it. Staff supported diabetic patients effectively through blood glucose monitoring.

Staff supported patients to live healthier lives. Staff supported patients to access the local leisure amenities. The occupational therapist provided patients with support around cooking and their nutritional intake. Sports staff provided weekly exercise classes at the service with patients. We observed patients playing a game of cricket in the garden. The SLT provided a weekly health and wellbeing group with the OTA. This group included support aids and discussions around sex education, cancer awareness, sleep issues and emotional regulation.

Staff discussed smoking reduction with patients in a group setting and offered patients nicotine replacement therapy. However, the hospital site was not smoke-free as patients could still smoke in the garden area. This was not in line with public health best practice guidance. The provider had a smoking policy and were hoping to roll out a pilot for all their hospitals to become smoke free. However, there was no date as to when this would arrive at Bostall House.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the Health of the Nation Outcome Scales for People with Disabilities (HoNoS-LD) and Life Star as outcome measures. The speech and language therapist used East Kent Outcome Systems (EKOS) to determine patients' progress during and after treatment.

Staff took part in clinical audits, such as care planning, risk assessments, the use of restraint and the Mental Health Act. These audits helped staff to look at the results and learn from them.



# Wards for people with learning disabilities or autism

## Skilled staff to deliver care

**The ward included the full range of specialists required to meet the needs of patients with a learning disability. Staff received training to give them the knowledge and skills to meet the needs of people with a learning disability. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had a full range of specialists to meet the needs of the patients with a learning disability. The team included a consultant psychiatrist, nurses, a clinical psychologist, a speech and language therapist and an assistant occupational therapist.

The managers carried out comprehensive recruitment checks before the staff member commenced employment. These included a criminal record check, suitable reference checks and nursing registration. Managers gave each new member of staff a full induction to the service before they started work. All staff, including agency staff, had a comprehensive induction to the service, which covered key aspects of caring for the patients on the ward.

The manager made sure staff received specialist training for their role. All staff received Oliver McGowan training, apart from 2 non-registered nurses who were booked on to complete this training by September 2023. This training is a bespoke package that aims to give staff the appropriate knowledge and skills they require to meet the needs of people with a learning disability and autistic people. Nursing staff had extra training in epilepsy. This helped to improve their knowledge of the patients they supported.

Managers supported staff through regular, constructive clinical supervision of their work. Staff reported that they received regular clinical supervision and found it supportive and useful. The managers monitored whether staff received monthly supervision. As of May 2023, all staff had received supervision. The manager recognised poor performance, could identify the reasons and dealt with these. A recent incident investigation meant that some staff had been subject to disciplinary measures to address poor performance.

The manager said they were starting to introduce regular reflective practice sessions for staff facilitated by a clinical psychologist. This would give staff a space to reflect on incidents that had happened on the ward.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Team meetings occurred once a month and staff were encouraged to attend. The ward manager circulated the minutes of the meeting for those staff that could not attend. In the recent staff meeting minutes, it was noted who the Freedom to Speak Up ambassadors for the ward were. The manager signposted staff to the details of this by displaying posters in staff areas.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The consultant psychiatrist held a weekly ward round, which consisted of nursing staff, the psychologist and occupational therapy assistant... These meetings reviewed the patients' care and treatment including risk, recovery goals, capacity and medicines. Staff invited patients to these meetings and carers were given the opportunity to provide feedback.

# Wards for people with learning disabilities or autism

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. At the start of each shift, nursing staff handed over pertinent information regarding the patients' wellbeing, risks and observation levels. In addition to handovers, members of the MDT and the management team met every morning to hand over risk information about the ward. We observed this morning meeting which was focused on risk and leave and well attended. Staff on the ward met every month to discuss business continuity and complex cases.

The hospital had effective working relationships with external teams and organisations. For example, the hospital invited community teams to Care Programme Approach (CPA) meetings to keep them updated on the latest treatment plan.

## 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 Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff had received training in the Mental Health Act. All patients were detained under the MHA. Staff understood their responsibilities concerning the law and could refer to specific policies on the Mental Health Act. The provider also had Mental Health Act staff that nursing staff could receive advice from.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Staff supported patients to access the local advocacy service and displayed signs in the communal lounge with information about the advocate. Patients said they knew who the advocate was and what they could support them with. There were not any informal patients during the inspection.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Records showed that staff read patients their rights under the MHA and repeated them as per the provider's policy.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Section 17 leave forms were documented appropriately.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Staff authorised and administered medicines for detained patients in line with the requirements of the Mental Health Act and its regulations. For example, staff completed consent to treatment forms (T2) accurately. This meant they were detained and treated lawfully.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

# Wards for people with learning disabilities or autism

Staff received and kept up-to-date with training in the Mental Capacity Act (MCA) and had a good understanding of at least the five principles. The service provided training to staff in capacity and consent and all staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. They assessed and recorded capacity clearly for people who might lack the mental capacity to make certain decisions for themselves. Staff completed capacity assessments for patients that might have impaired capacity. These were time and decision specific. Staff we spoke to understand the principles that underpinned the MCA and knew that you must always presume a person has capacity in the first instance.

Staff understood the need to seek consent from patients before providing care. For example,

staff prompted and encouraged patients with their personal care needs. This meant staff worked with patients to encourage them with their daily living skills.

A capacity assessment had been undertaken for a patient's decision to move into step down accommodation. Staff consulted all professionals involved and the patient to ensure their wishes, feelings and cultural needs would be met.

## Is the service caring?

Good 

Our rating of caring went down. We rated it as good.

## Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for patients. Staff spoke with empathy and positivity when talking about the people they were caring for. Staff discussed optimism for people's recovery. We spoke with 4 people using the service. Patients said staff treated them well and behaved kindly. Patients said staff listened to them and knew them well. One patient said that staff 'listen to any concerns we have, and we can approach them if we are feeling unsafe.' Another patient described staff positively, that when he is distressed, they support him with one-to-one and talk to him. He said they help him a lot and they support him to his room to listen to his music. Three of the patients we spoke to mentioned staff by name that helped them specifically the ward manager and the occupational therapist assistant. Patients said that staff arrange group activities on a Friday, and they have barbecues and pool competitions.

Staff gave patients help, emotional support and advice when they needed it. Staff understood and respected the individual needs of each person. For example, staff discussed supporting a patient with their daily living skills in a respectful and considered way. During the inspection, staff interacted with patients in a thoughtful way. Staff provided emotional support to patients to minimise their distress. We observed staff calmly de-escalating a patient who was in distress.

# Wards for people with learning disabilities or autism

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. After a serious incident had occurred earlier on in the year, staff had been supported to speak up and raise concerns about poor patient care.

Staff followed policy to keep patient information confidential. Staff did not display any patient personal or confidential information in communal areas.

## Involvement of patients

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

Staff introduced people to the ward and the services as part of their admission. People and relatives and carers were given a welcome pack when they first arrived to orientate them to the ward.

Staff involved patients and gave them access to their care planning and risk assessments. People reported that they knew about their care plans. People had copies of their care plans kept in their bedrooms so they could read them and contribute to them. Staff completed positive behavioural support plans with people to ensure that staff knew how to support them in a stressful situation. One patient said they have ward round every Monday and 'we can present our concerns to doctors and nurses. If there's anything we want that needs approval, we can raise it then too'. Patients said that staff go through their care plan with them monthly and give them easy read versions if they needed it.

Staff supported patients to make decisions on their care. For example, staff displayed the service's model of care and pathway in pictorial form in the communal area to support patients make informed decisions about their care and treatment.

Staff made sure people understood their care and treatment and found ways to communicate with people who had communication difficulties. Patients were listened to, given time, and supported by staff to express their views using their preferred method of communication. Staff provided copies of section 17 leave in easy read format so that patients could understand their leave. Staff devised a communication grab sheet for each patient, which included their picture and how they like to be communicated with. Staff could use this to support patients out in the community.

Staff involved patients in decisions about the service. People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. The service held a monthly empowerment meeting for patients. This enabled people to have their say on the service and the staff. The meetings were held on a Monday to ensure that people could feed back to each member of the multidisciplinary team. For example, the psychologist had asked patients if there were any groups they would like to do. The minutes of these were displayed in easy read format to ensure that people understood what was discussed. The provider's expert by experience attended a recent empowerment meeting to talk about restrictive practices.

The patient feedback survey showed patients were very happy with their care and treatment. They had enough information about their treatment and felt the care and treatment they received helped towards discharge. Patients said they had choices in their care and activities and that staff were caring and supportive.

Staff made sure patients could access advocacy services. A poster of the local advocacy service was displayed in the communal area. The advocate attended the ward once a week. Patients reported that they knew who the advocate was and had used them for support and advice. However, there was a current transition period between the advocate leaving and a new one starting.

# Wards for people with learning disabilities or autism

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. At the time of the inspection, only one person had their family involved in their care and treatment. Staff invited relatives and carers to attend ward rounds. If they could not attend, they could give feedback in writing or over the telephone.

Staff helped families to give feedback on the service. Families and carers could visit the service at any time. They were invited to multidisciplinary meetings and Care Programme Approach meetings.

Families and carers were asked to complete a survey. The last carers feedback survey was from November 2022 where two patients' family members responded. Families and carers said they were happy with the care and treatment their loved one received. Families and carers said they found it easy to speak with staff, felt listened to, and that they felt involved in the patient's care. The provider also held a family and carers forum.

## Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

## Access and discharge

### Whilst staff planned patient discharge well, the length of stay for most patients was longer than the provider's aimed length of stay. As a result, patients may have stayed in hospital when they were well enough to leave.

At the time of the inspection, the service had 5 people admitted. The sixth bed was vacant after a previous discharge. The provider used inclusion and exclusion criteria to guide them on which people they could safely admit. For example, the primary diagnosis had to be a mild learning disability. Staff would not admit a person with a severe eating disorder or with a history of committing arson.

The length of stay for most patients was longer than the provider's aimed length of stay. Staff said they aimed that people would stay for a period of 18 months up to 3 years. However, three of the patients had been at the service for over 3 years with one patient staying for 8 years and another for 6 years. The remaining 2 patients had been there for at least 2 years. In the last 12 months only one patient had been discharged from the service.

Whilst the manager monitored the number of patients whose discharge was delayed; improvements were needed in reducing them. The manager stated that the 3 patients who had a delayed discharge was due to funding and Ministry of Justice restrictions that prevented patients from moving on into an appropriate step-down placement in a timely manner.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Discharges were planned through the care programme approach framework. The multidisciplinary team (MDT) met regularly to discuss patient discharges, this included input from the patient and their families.

# Wards for people with learning disabilities or autism

Most patients were from the London area. Two patients were from out of the London area. One of these patients had already been living in the London area before being admitted to the hospital.

Managers and staff worked to make sure they did not discharge patients before they were ready. Staff supported patients with their discharge by granting overnight leave to ensure a smooth transition when they moved on. When patients went on leave there was always a bed available when they returned.

Staff supported patients when they were referred or transferred between services. For example, when patients required admission to an acute general hospital for their physical health needs staff supported them during their stay or outpatient appointment.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.**

Each patient had their own bedroom, which they could personalise. Patients' bedrooms were individually decorated, and they each had their own belongings and furniture pieces. Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. The service's design, layout and furnishings supported people and their individual needs. Patients accessed two lounge areas and a separate dining area.

However, the service could do more to meet patients' sensory needs. For example, noise-reducing furnishings and calm diffused lighting, which support people with sensory sensitivities. At the time of the inspection, a patient needed support to manage his distress, including a designated sensory environment.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could make phone calls in private.

The service had an outside space that patients could access easily. The service had a small garden at the front of the building and a large garden to the rear.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients reported that the quality of the food was good. There was an on-site kitchen and a chef prepared fresh meals. Patients could make drinks and prepare snacks at any time of the day or night.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service, such as work, education and family relationships.**

Staff made sure patients had access to opportunities for education and work, and supported patients. Patients had access to therapeutic activities. The occupational therapist developed a timetable for patients to take part in a range of activities. These timetables were personalised to each patient. Activities included cinema trips, cooking, group outings, music and art. The occupational therapist reviewed the timetable every three months to include any activities that patients had suggested. The occupational therapist encouraged patients to attend the local college to access vocational courses.

# Wards for people with learning disabilities or autism

Staff tried to encourage patients to develop and maintain relationships both in the service and the wider community. We saw that when developing care plans staff had engaged with patients to discuss their sexual identity and any needs they may have.

Staff helped patients to stay in contact with families and carers. With patients' consent, staff actively involved families and carers in patients' care. This included inviting families and carers to important meetings regarding patients' care. Staff arranged birthday parties for patients and invited families to this where patients wanted this.

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

**The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The ward supported disabled patients. The building had a lift to support patients to mobilise up to their bedrooms on the first floor.

The speech and language therapist assisted staff to develop communication care plans for patients, where required. Pictorial care plans were used to meet patients' communication needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff displayed information for patients in the communal notice board which included how to complain, minutes of the recent community meeting and an activities timetable.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed. Written information could also be translated if a patient's first language was not English.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients said the food was good quality and excellent. The service had a dedicated chef that cooked patients' meals for them. The occupational therapist supported patients to cook their own snacks and cold meals, such as sandwiches and smoothies. Patients could also store their own food in the kitchen fridge and cupboards.

Patients had access to spiritual, religious and cultural support. Staff supported patients to attend places of worship should they want this.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Staff understood the policy on complaints and knew how to handle them. In the last 6 months, the service had received 5 formal complaints. These included complaints from patients about other patients as well as complaints about their own care and treatment. One of these was partially upheld and the rest were all upheld. One relative stated that they had complained about poor communication with staff, and things had changed for the better.

Patients, relatives and carers knew how to complain or raise concerns. We spoke to 4 patients and a family member. They said they knew how to complain, with some stating they had complained previously. Patients felt able to complain to staff and voice their concerns.



# Wards for people with learning disabilities or autism

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The provider had a complaints policy which outlined the process and timescales of receiving an outcome. The manager wrote to the patient and verbally discussed the outcome with them.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff kept a log of all complaints, formal and informal, received about the service. The managers discussed complaints with staff at their monthly team meetings and shared any learning that had resulted.

The service clearly displayed information about how to raise a concern in patient areas. Information on how to complain was displayed on the ward noticeboard and included in patients' welcome packs.

## Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Leaders worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The ward manager and multidisciplinary team provided strong leadership to the staff team. The ward manager worked in the service for several years and provided consistency. The clinical team leader had recently left the service and a new person had been appointed. In the interim the ward manager took on a lot of the clinical administrative duties to ensure the service ran smoothly.

The consultant psychiatrist had a specialist knowledge of learning disability services and also worked in a neighbouring NHS trust.

## Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

The services' goal was to enable individuals to structure their time; build relationships and establish a balance between therapy, self-care, work and leisure as appropriate to their individual needs.

The service had a model of care to guide patients in the pathway of the service. The model described the process from referral to the future in pictorial form.

Staff treated patients with dignity and respect. Staff spoke about the importance of team working to provide the best outcomes for the patients and demonstrated optimism for people's recovery.



# Wards for people with learning disabilities or autism

## Culture

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

In the few months before the inspection, the manager and senior manager had worked hard to support a positive and improvement-driven culture. Since a recent serious incident staff felt valued and empowered to suggest improvements and question poor practice. The ward manager carried out a closed culture review to ensure the right culture was in place and support staff in reporting and speaking up about abuse. This included the senior management team providing a four-day training session for staff. Training sessions were facilitated by psychology on positive behavioural support planning, the lead for reducing restrictive practices and the providers freedom to speak up guardian to offer staff assistance with raising concerns and support in speaking up if something did not feel right.

The manager provided a therapeutic team away day to help support the staff understand and resolve their feelings about the incident. The provider's expert by experience attended the service to provide support and reassurance to the patients after the incident. Staff were kept informed of the outcome of the serious incident investigation through the monthly clinical governance meetings.

Staff reported that the service promoted equality and diversity in the workplace and provided opportunities for career progression. Development opportunities were available for staff. Staff who were healthcare assistants had been supported into roles such as senior healthcare assistants and occupational therapist assistants.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. However, clinical governance meeting minutes were not always clearly documented.**

The service had a clear framework for what must be discussed at senior management and ward level. For example, monthly clinical governance meetings followed a structure where pertinent issues such as incidents, complaints, best practice, and performance data were discussed. This information was cascaded down into the monthly staff meetings. For example, learning lessons, staff training, incidents, and complaints.

Examples of audits included care planning and risk assessment, use of restraint and meaningful activities. The manager used the results from the audits to make improvements and shared these in the monthly clinical governance meetings. For example, the ward manager fed back every month about the percentages of meaningful activities each patient was receiving to ensure they were completing their recovery goals.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

The service had a local risk register. The risks on the register included staff shortages, COVID-19 and risks to patients with chronic underlying medical conditions.

The service had a contingency plan in place to manage an emergency for example, extreme weather conditions.

# Wards for people with learning disabilities or autism

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

The service had sufficient information to be able to identify potential issues concerning the safety and quality of care. All staff were trained in information governance. Staff knew about patient confidentiality and all patient care and treatment information was stored securely.

Easy read and pictorial information were available to patients, such as Mental Health Act information. The patient survey, monthly community meeting minutes and patient information on medicines was in an easy read format.

The service made notifications to other agencies, such as the Care Quality Commission, when it was required to.

## Engagement

**The leadership encouraged patients to be involved in the development of the service. The provider sought feedback from staff, patients and those important to them and used the feedback to develop the service. The service worked well in partnership with advocacy organisations which helped to give patients a voice. However, it was not clear what actions senior managers had taken to address the staff survey results.**

Staff had information about the provider's work via the provider's intranet system. Staff were kept up to date through team meeting and emails. Patients were kept up to date through community meetings. Due to the small size of the hospital, the manager was able to meet with staff and patients regularly.

Patients, and their families and carers, had formal and informal opportunities to provide feedback about the service. Patients could provide feedback via the monthly empowerment meetings, at daily planning meetings, regular feedback questionnaires and complaints. Carers were able to provide feedback at any time by calling the ward as well as during their meetings with staff. Patients were involved in making decisions about the service. This included décor and activities they wished to undertake.

The provider hosted an award scheme for all staff. Staff could make nominations for a staff member who had gone above and beyond. Eight staff members at Bostall House had won this award so far. Staff won a monetary voucher.

Staff participated in a satisfaction survey and the results came out in March. The staff survey was mixed. Staff felt the provider promoted equality and diversity and career progression. Areas where staff felt improvement was needed concerned pay scales and getting enough breaks. We looked at the clinical governance meeting minutes for June 2023 where the results of the staff survey were discussed. However, it was not clear what actions senior managers had taken to address the survey results. The provider stated that they recently underwent a pay review for nursing staff. But a formal action plan to address all the feedback had not been created. Therefore, improvements may not be made to staff experiences.

## Learning, continuous improvement and innovation

The service had recently undergone an external peer review to become accredited by the Quality Network for Inpatient Learning Disability Services (QNLD). The ward manager was awaiting the full report and accreditation.

## Wards for people with learning disabilities or autism

To increase the staff and patient engagement in the monthly empowerment meetings, the occupational therapist assistant developed a quality improvement (QI) project for to help with this. The QI project resulted in a new part of the empowerment meeting where patients could put questions and provide feedback to members of the multi-disciplinary team, and they had to respond to the patients. The provider awarded staff with a trophy for this QI project.

The ward manager was shortlisted for the National Learning Disability and Autism Award in 2022.