

Cygnet Health Care Limited

Cygnet Hospital Derby

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

Cygnet Hospital Derby provides one male and one female low secure wards and a locked rehabilitation ward for male patients who no longer require secure care.

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

- The service provided safe care. The ward environments were safe and clean.
- The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Patients had an opportunity to manage their own medicines as part of their rehabilitation or recovery.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the ward, which included substance misuse workers and social workers.
- Managers ensured that staff received training, supervision, and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and their families and carers in care decisions. This included carers' days and there was an allocated staff member on each ward to communicate with carers.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- The wards looked tired and in need of redecoration particularly on Alvaston and Wyvern wards. There was a programme of planned refurbishment and we saw this had started in the corridors leading to the wards.
- There was a blind spot in the toilets of the seclusion rooms on Litchurch and Alvaston wards. Seclusion on Litchurch ward was not always in line with the Mental Health Act Code of Practice and one of the seclusion records was incomplete. Documentation was messy and handwritten and not always easy to understand.
- On Alvaston ward, staff had administered prescribed intramuscular injections to a patient but had not always documented what physical health observations had taken place. One patient did not have a T2 attached to their medicine record on Wyvern ward, but staff ensured this was done during our inspection.
- Although staff mostly managed medicines safely and where appropriate, patients had an opportunity to manage their own medicines as part of their rehabilitation or recovery, there were some gaps in the recording of monitoring the self-administration of medicines on Wyvern and Litchurch wards, so it was not always clear that patients were managing these safely.
- Staff did not always make reasonable adjustments in multidisciplinary team meetings to ensure patients could fully participate.

Summary of findings

Our judgements about each of the main services

Service

Forensic inpatient or secure wards

Rating

Good



Summary of each main service

The service consisted of two wards:

- Alvaston ward is a 14-bed low secure ward for females with a primary diagnosis of emotionally unstable personality disorder or mental illness.
- Litchurch ward is a 15-bed low secure ward for males with mental illness, sometimes with dual or multiple diagnoses.

Long stay or rehabilitation mental health wards for working age adults

Good



The rehabilitation service consists of the following:

- Wyvern ward, a 16 bed locked rehabilitation ward for males who no longer require care in a low secure environment.
- Wyvern Court, which is attached to the ward and provides an additional three beds in a self-contained apartment for male patients who cannot easily access the ward.

Summary of findings

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Summary of this inspection

Background to Cygnet Hospital Derby

Cygnet Hospital Derby is a purpose-built facility run by Cygnet Health Care Limited. It registered with the CQC in 2010 and provides the following regulated activities:

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

The hospital provides services to adults aged over 18 years of age across three wards:

- Alvaston ward is a 14-bed low secure ward for females with a primary diagnosis of emotionally unstable personality disorder or mental illness.
- Litchurch ward is a 15-bed low secure ward for males with mental illness, sometimes with dual or multiple diagnoses.
- Wyvern ward is 16 bed locked rehabilitation ward for males who no longer require care in a low secure environment. Wyvern Court is attached to the ward and provides an additional three beds in a self-contained apartment for male patients who cannot easily access the ward.

At the time of inspection, Alvaston ward had 12 patients, Litchurch ward had 14 patients and Wyvern ward, including Wyvern Court, had 19 patients. All patients on Alvaston and Litchurch wards were detained under the Mental Health Act. There was one informal patient on Wyvern ward.

Cygnet Hospital Derby has had five inspections since registering with CQC. It was last inspected in April 2018, when it was rated good overall and good in all five domains, with no requirement notices. The report was published in June 2018.

What people who use the service say

We spoke with 14 patients across all three wards. Patients said that staff supported them well, were understanding, kind and always polite. Staff made time for them and listened to them and helped them feel safe.

Patients said they had paid job roles which helped to prepare them for their rehabilitation or aided their recovery. Patients across all wards said there were a lot of activities on the wards, including bowling, going out for walks, for lunch, to shops, karaoke and a music therapist visited in the evenings a few times a week, including at weekends.

On Wyvern ward, patients told us they had pool tournaments and film nights and played cricket in the courtyard. They could access the kitchen when needed to make hot drinks and snacks and did their own laundry. Patients said they knew how to contact the advocate and they visited regularly. They attended morning meetings at 9am each day where they decided what activities and groups, they would be attending that day. Patients had monthly community meetings with staff which a patient chaired and minutes of these were kept.

We spoke with eight carers. They said staff were polite and kind and kept patients safe. Many commented on the number of activities offered to their relatives, although some said there was less to do at weekends and their relative often got bored. Three carers said the medical staff were caring, engaging and had a good understanding of their relative and that they were involved in care planning. However, three carers said communications could be more frequent and that they were not always informed about care planning. Another said high numbers of agency staff meant they had to tell their story all over again.

Summary of this inspection

How we carried out this inspection

This was a planned unannounced inspection. We looked at all the key lines of enquiry for the key questions, are services safe, effective, caring, responsive and well led and rated the service on these findings. We visited the hospital on 10-12 & 18 May 2022 and spoke with the registered manager, clinical manager, three ward managers and 34 other staff members, including nursing staff, psychiatrists, psychologists, occupational therapists and social workers. We also spoke with 14 patients, eight carers, one commissioner and attended three meetings. We reviewed 16 patient records, 31 prescription charts (26 in the secure service and five in the rehabilitation service) and looked at a range of policies and procedures.

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 **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The provider should ensure staff seclude all patients and record seclusion in line with the Mental Health Act Code of Practice and the provider's policy and ensure all seclusion documentation is clear. (Regulation 12(2)).
- The provider should ensure that physical observations are completed and recorded after intramuscular lorazepam injections that are given as part of a patient's care plan. (Regulation 12(2)).
- The provider should ensure that planned improvements to the ward environments are completed in line with their action plan. (Regulation 15(1)).
- The provider should ensure that all patients have a T2/3 attached to their medicine records at the time of admission to the ward so that nurses know when they administer medicines that consent has been obtained. (Regulation 12(2)).
- The provider should ensure that staff always record that they have monitored patient's medicines that they self-administer so that risks of non-compliance are reduced. (Regulation 12(2)).
- The provider should ensure that staff always make reasonable adjustments for patients where needed. (Regulation 9(3)(c)).
- The provider should ensure all staff are aware agency staff can access a temporary login to their electronic system so they can access patient information when needed. (Regulation 17(1)(2)(f)).
- The provider should ensure they enhance their feedback to carers by updating them more frequently where appropriate and ensure agency staff have access to information about carer involvement. (Regulation 9(3)(f)).
- The provider should ensure minutes of community meetings on the secure wards consistently record feedback from patient requests. (Regulation 17(2)(a)).
- The provider should consider displaying information is on all wards to inform informal patients they are free to leave the ward at any time.
- The provider should consider updating the hospital statement of purpose regarding the use of Wyvern Court.
- The provider should consider putting a privacy film or use a privacy screen in Wyvern ward interview room while it is being used as a physical health clinic.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Good 

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

Safe and clean care environments

All wards were safe, clean well equipped, well-furnished and fit for purpose.

Some of the ward areas were tired and in need of redecoration, particularly on Alvaston ward. Furniture was in good condition and replaced when needed. However, some of the floors in communal areas were marked and stained and there were screw holes in some of the side rooms where notice boards had previously been attached to the wall. On Alvaston ward, one of the bedroom corridors had not been made good after some alterations had been made to ensure barricade doors worked effectively. A toilet in an unoccupied bedroom was blocked. We raised this with the provider, and staff rectified this by the end of the day. The quality assurance manager report of April 2022 detailed the refurbishment programme and the registered manager was progressing this. The service provided a schedule that showed the redecoration works were to be completed by June 2022.

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 could not observe patients in all parts of the wards. Staff risk assessed patients and provided appropriate observations based on these assessments.

The wards complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff mitigated risks through observations and risk assessments. The service had reported a recent incident where someone tied a ligature which did not involve using an anchor point and staff were aware of the need for thorough risk assessments and observations to keep patients safe.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Forensic inpatient or secure wards

Maintenance, cleanliness and infection control

Ward areas were clean, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Most of the cleaning was done by nursing staff on the night shift. Domestic staff cleaned some of the communal areas and cleaned patients' rooms with their permission.

Staff followed infection control policy, including handwashing. Staff performed regular handwashing audits to ensure staff complied with the provider's policy and kept up to date with their training.

Staff carried out quarterly infection prevention and control audits and took action when needed. However, there were gaps in some cleaning schedules and in recording fridge temperatures.

Seclusion room

The seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock. There were seclusion rooms on both wards which were clean and well maintained. However, both rooms had a blind spot in the toilet area. Staff observed patients at all times whilst in seclusion and entered the room if they had concerns about patient safety.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency medicines that staff checked regularly. Clinic rooms were clean, tidy and well organised. The most recent infection prevention and control audit, in April 2022, identified overflowing sharps containers on Litchurch ward, which staff had rectified prior to our inspection.

Staff checked, maintained, and cleaned equipment.

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. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The provider had a matrix to calculate the numbers of staff required, based on patient numbers and levels of need, including the need for enhanced observations.

The ward manager could adjust staffing levels according to the needs of the patients in discussion with the clinical manager and hospital manager. This included ensuring there were enough staff to facilitate escorted leave or home visits.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients and staff said where leave had to be cancelled, it was always rescheduled. Multi-disciplinary team staff would assist when necessary to ensure leave was not cancelled. Staff we spoke with told us there were times when wards were understaffed but this was rare and was managed by some staff working across both wards.

The service had low and reducing vacancy rates. Between 1 April 2021 and 31 March 2022, the service had a vacancy rate of 9%. This had reduced from a peak of 22% in July 2021.

Forensic inpatient or secure wards

The service had low and reducing turnover rates. Between 1 April 2021 and 31 March 2022, the service had a turnover rate of 3% and had reduced over the previous four months.

Managers supported staff who needed time off for ill health. Sickness levels had been high across the service, particularly during the COVID-19 pandemic when significant numbers of staff had tested positive and had been required to isolate. Sickness rates between 1 April 2021 and 30 June 2021 were 14% for registered nurses and 9% for healthcare workers. Between 1 April 2021 and 31 March 2022, sickness rates were 9% for registered nurses and 6% for healthcare workers.

Managers limited their use of bank and agency staff where possible and requested agency staff familiar with the service. Bank and agency staff had reduced over the previous 12 months, particularly on Alvaston ward where there had been significantly high levels of patient observations in a six-month period in 2021. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Agency staff we spoke with confirmed this.

Patients had regular one to one session with their named nurse. These varied in frequency according to the needs of individual patients.

The service had enough staff on each shift to carry out any physical interventions safely. Staff from other wards across the hospital responded to staff alarms when needed to attend incidents on other wards.

Staff shared key information to keep patients safe when handing over their care to others. We observed the handover from day to night staff on 10 May 2022. This contained detailed information about what had happened to each patient that day, their current level of risk and what observations they were on. The nurse in charge for the night shift allocated staff to undertake specific duties for the shift.

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. Each ward had a part-time consultant psychiatrist and full-time speciality doctor. There was an on-call rota which included the consultants who could give advice or attend the unit as required. If a patient required urgent medical care, staff would contact the emergency services.

Managers could call locums when they needed additional medical cover. 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. At the time of our inspection, staff compliance with mandatory training was 89%.

The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. Staff we spoke with said they got email reminders when they needed to complete training to keep up to date.

Forensic inpatient or secure wards

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 to support 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 used the Short-Term Assessment of Risk and Treatability (START) tool and psychologists completed a HCR20v3, a more detailed risk assessment when patients had been on the ward for two to three months. Risk assessments were holistic and recovery focused.

Staff also completed daily risk assessments which rated patients red, amber or green. Staff used this to inform handovers between shifts to describe the risk and presentation of each patient. Daily risk assessment ratings did not prevent patients participating in activities or accessing leave unless the risk was felt to be too high.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff formally reviewed and updated risk assessments at each ward round or after incidents. Updates to risk assessments were communicated at handovers between shifts.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff updated risk assessments and reviewed observation levels after incidents.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff completed observations in accordance with individual risk assessments. On Alvaston ward, 96% of staff had completed observations and engagement training and the provider conducted regular audits of staff performance on both wards, including reviewing evidence from closed-circuit television.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff searched some patients when they were leaving the ward, based on individual risk assessments and all patients on return from leave.

Use of restrictive interventions

Levels of restrictive interventions were reducing. Between 1 May and 31 October 2021 there were 376 restraints and 68 incidents of rapid tranquilisation (an intramuscular injection given to calm patients quickly), mainly on Alvaston ward which was experiencing high levels patient need. Between 1 November and 30 April 2022, there were 95 restraints, of which 23 were in the prone (face down) position and 17 in the supine (face up) position. This was a significant reduction on the previous six months. Staff told us patients would often put themselves in prone or supine positions and needed to be moved to safer positions.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

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. We observed staff de-escalating a patient who was distressed. Staff kept the patient and others safe and avoided the use of physical interventions.

Forensic inpatient or secure wards

Staff understood the Mental Capacity Act definition of restraint and worked within it. We saw that staff were supporting patients and only used restraint as a last resort.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. Levels of rapid tranquilisation were reducing. Between 1 May and 31 October 2021 there were 68 incidents of rapid tranquilisation (an intramuscular injection given to calm patients quickly), mainly on Alvaston ward which was experiencing high levels patient need. Between 1 November and 30 April 2022, this had reduced to 12 incidents of rapid tranquilisation. Staff completed physical observations after rapid tranquilisation and received reminders about documenting these at team meetings.

When a patient was placed in seclusion, staff did not always keep clear records and follow best practice guidelines. There had been 20 periods of seclusion between 1 May 2021 and 30 April 2022. Staff completed reviews in line with the Mental Health Act Code of Practice. However, in one of the seclusion records was incomplete. Documentation was messy and handwritten and not always easy to understand.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation. There were no patients in long-term segregation at the time of our inspection. In the 12 months prior to the inspection, the service stated there had been 13 periods of long-term segregation. Staff completed appropriate records to demonstrate they had followed relevant guidance.

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 received training on how to recognise and report abuse, appropriate for their role. All staff were up to date with safeguarding children and adults training. Registered nurses were trained to intermediate level and 94% were up to date with this training.

Staff were kept up-to-date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff intervened to protect patients from other patients when this happened and reviewed observation levels to keep patients safe. Staff said they would ask the social work team for advice if they had any concerns.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff worked with the local safeguarding team, police and Care Quality Commission to report safeguarding concerns. Staff contacted the social work team at the hospital for advice or to make a safeguarding referral.

Staff followed clear procedures to keep children visiting the ward safe. Children did not visit the ward but saw patients in the main hospital visitors' room.

Forensic inpatient or secure wards

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 permanent and bank staff could access them easily. The service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. However, many agency staff did not have access to the provider's electronic system. They relied on paper records, which were printed out at each ward round and more frequently if required, and handovers. They liaised with permanent and bank staff to ensure any incidents they needed to report were uploaded onto the electronic system. Some regular agency nurses did have access to the electronic system. The provider had a system to allow agency staff a temporary 24-hour login but agency staff we spoke with were not aware of this.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Electronic records were password protected and paper records were kept in a cabinet in the locked staff office.

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.

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly at ward round or more frequently if needed. Staff provided advice to patients and carers and had regular discussions with them about their medicines.

Staff completed medicines records accurately and kept them up-to-date. We reviewed medicines charts for 26 patients which were completed correctly and of good quality.

Staff stored and managed all medicines and prescribing documents safely. An independent pharmacy service provided the medicines and visited monthly to complete an audit of prescribing, storage and administration of medicines. They reported their findings to managers and doctors and attended via video call the ward clinical governance meetings.

Staff conducted regular audits to identify any areas needing attention. The audit for Litchurch ward in April 2022 identified some gaps in documentation for patients who were self-medicating. The provider had taken steps to address this but it was too soon to see if this had been effective.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. For example, when a patient missed a depot injection, this was addressed in supervision with all nurses across the hospital and medication procedures and protocols were reviewed.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicine records showed that patients were not prescribed high doses of medicines and these were not used to control people's behaviour.

Forensic inpatient or secure wards

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence guidance. These included five patients receiving clozapine who had a specific care plan in place to monitor patients' blood and bowel function. Staff monitored patients' physical health observations weekly and discussed this in patients' ward round meetings. However, an internal audit had identified that staff had not consistently recorded they had completed physical observations for a patient prescribed intramuscular injections of lorazepam for her condition. Patients given benzodiazepines in intramuscular form should be monitored as it can cause breathing difficulties.

Track record on safety

The service had a good track record on safety.

The service experienced a death on Alvaston ward in December 2021. This had been investigated externally but was still being considered by the coroner.

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 on the providers electronic incident reporting system. Staff reported serious incidents clearly and in line with the provider's policy. Staff communicated well with external agencies, such as safeguarding and the Care Quality Commission.

The secure wards had no never events. Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing are available at a national level, and should have been implemented by all healthcare providers.

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.

Managers debriefed and supported staff after any serious incident. In some instances, the service gave an immediate debrief, followed by a further debrief some time after the incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Learning from incidents was communicated by email, at team meetings, reflective practice meetings and in supervision. There was a positive culture of learning and making improvements to the service.

There was evidence that changes had been made as a result of feedback. For example, a prescribing error which led to a patient not receiving a medication led to improvements in communication protocols between nurses and doctors to reduce the chance of this happening again.

Forensic inpatient or secure wards

Are Forensic inpatient or secure wards 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. They included specific safety and security arrangements and a positive behavioural support plan.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Records included information from patients' previous placements and staff completed preadmission assessments which staff used to inform the assessment on admission.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Specialist care plans to monitor the effects of medication on physical health conditions were in place where appropriate.

Staff regularly reviewed and updated care plans when patients' needs changed. Patients were involved in regular reviews of care plans at ward round and with their named nurse.

Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. 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. Patients had access to psychology, occupational therapy, art therapy, music therapy and a range of specialist treatments including dialectical behaviour therapy, eye movement desensitisation and reprocessing, and schema therapy. Treatment was individualised and focused on patient need, including work on patients' index offences where appropriate. There were a number of groups available, such as a psychology drop in, mindfulness and drug and alcohol groups. Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans. Patients' physical health was reviewed regularly. Staff made sure patients had access to physical health care, including specialists as required. A GP visited weekly for routine appointments and more urgent contact could be made when needed. Staff contacted the emergency services when appropriate.

Forensic inpatient or secure wards

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff could refer to a dietician when needed.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff helped patients with smoking cessation and weight loss programmes. Two substance misuse workers were employed at the hospital as part of the multidisciplinary team. They offered advice to patients and supported them in their recovery. Patients told us they attended a rambling group which helped to improve their physical and mental health.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Multidisciplinary team members used different outcome measures, for example, occupational therapists used the model of human occupation screening tool (MOHOST) and other team members used health of the nation outcome scales (HONOS). These were completed regularly to assess patient progress and discussed in multidisciplinary meetings.

Staff used technology to support patients. Staff assisted patients to access the internet, dependent on their level of risk.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included rapid tranquilisation monitoring, prescription charts, infection control and medication.

Managers used results from audits to make improvements. These included changes to systems and protocols, retraining for staff and sharing learning with staff to improve the service. Audits showed what actions staff needed to make. Staff confirmed actions had been taken after audits to make improvements.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. 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 access to a full range of specialists to meet the needs of the patients on the ward. These included nurses, doctors, social workers, occupational therapists, psychologists, speech and language therapists and substance misuse workers.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. At the time of the inspection, 77% of nursing staff had received an up-to-date appraisal.

Managers supported staff through regular, constructive clinical supervision of their work. The service aimed to provide monthly supervision to all staff which was higher than the provider's stated target. Between 1 May 2021 and 30 April 2022 compliance with this aim was 89% for medical staff and 93% for nursing staff. Staff we spoke with said they found supervision helpful and supportive.

Forensic inpatient or secure wards

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff received minutes via email from these meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers discussed this with staff in supervision and appraisals.

Managers made sure staff received any specialist training for their role. Managers and staff discussed additional specialist training or staff approached their manager with requests to attend additional training events. Staff told us managers had arranged additional training to address the needs of a particular patient.

Managers recognised poor performance, could identify the reasons, and dealt with these. Managers supported staff to improve by additional training and supervision.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Each patient was discussed at a monthly ward round meeting in addition to regular care programme approach reviews. Meetings were clearly documented in patients' notes.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. We observed one handover where staff passed clear information about patients' risk and presentation to staff on the next shift. This information was written down so staff could refer to this during their shift.

Ward teams had effective working relationships with other teams in the organisation. There were positive working relationships between nursing staff and members of the multi-disciplinary team, who were visible on ward and would assist when needed.

Ward teams had effective working relationships with external teams and organisations. This included external placing commissioners and the Ministry of Justice. They also had good relationships with the police, local authority safeguarding team and Care Quality Commission.

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 a refresher training online each year as part of their mandatory training. All staff were up to date with their training at the time of our inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

Forensic inpatient or secure wards

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients told us they knew how to contact an advocate; advocates visited the wards and supported patients in their meetings and reviews when requested. Information about independent mental health advocacy was displayed on the ward.

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 demonstrated staff were doing this consistently.

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. Patients told they had regular leave from the hospital and if this had to be cancelled it was rearranged. Staff told us other multi-disciplinary team members would often step in if the ward was short staff or staff were involved in an incident.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Records demonstrated staff made referrals to SOAD's when needed.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

There were no informal patients on the wards at the time of our inspection. Staff told us they did not usually have anyone on the wards who was not detained under the Mental Health Act. Should they have an admission of an informal patient, or a detained patient was made informal, they would display information about rights on the ward.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Staff discussed these at multi-disciplinary meetings if patients were being discharged to community placements.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Where issues were identified, an action plan was put in place to address them.

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.

Staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. All staff were up to date with their training at the time of our inspection.

There were no deprivations of liberty safeguards applications made in the last 12 months on the secure wards.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Forensic inpatient or secure wards

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff supported patients to make sure they had every opportunity to understand the decision and where possible make the decision themselves.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. For example, staff assessed patients' capacity in relation to their finances.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. The patient, their family and multidisciplinary team were involved in this process.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Are Forensic inpatient or secure wards caring?

Good 

Our rating of caring stayed the same. 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. We observed staff engaging positively with patients in activities and conversations.

Staff gave patients help, emotional support and advice when they needed it. We saw staff interacting with patients in distress and offering emotional support. Patients told us that there were lots of activities they could get involved in.

Staff supported patients to understand and manage their own care treatment or condition. Patients had regular individual sessions and additional time when they needed it

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Patients told us staff were supportive and spent time with them when they needed it.

Staff understood and respected the individual needs of each patient. Staff knew people well, their likes and dislikes and what they needed to aid their recovery. We attended a multidisciplinary meeting where staff discussed patients and showed an in-depth knowledge of their individual needs.

Forensic inpatient or secure wards

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. Staff we spoke with said they would always raise issues if they saw patients being treated in this way.

Staff followed policy to keep patient information confidential.

Involvement in care

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.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Two patients told us staff had involved them from the day of their admission and had helped to settle them into the ward.

Staff involved patients and gave them access to their care planning and risk assessments. Care plans we reviewed showed clear evidence that staff had involved patients when creating and updating their care plans.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Patients had a communication plan that showed how they preferred to be communicated with. Information was provided in easy read and picture formats where the patient needed this.

Staff involved patients in decisions about the service, when appropriate. Patients attended community meetings on the ward where they made requests and told us they received feedback from managers and staff. However, minutes of these meetings did not consistently record feedback from patient requests.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff held regular ward meetings where patients could make requests about the service and about what they wanted to do that day. Patients we spoke with said they could make requests about their care and treatment at any time and not have to wait for the next ward round.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. Advocates attended the wards and information was displayed on a noticeboard on each ward.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. There was a monthly carers clinic on the wards and regular newsletters to carers. Relatives could attend patients' ward rounds if the patient agreed to this. Staff told us that they made monthly contact with carers where this was appropriate and their relative had given them permission to share information about them. Carers felt their relative was safe at the hospital. However, carers felt that communication was not always as frequent or comprehensive as they would like, particularly for those living a long way from the service.

Staff gave carers information on how to find the carer's assessment. The provider employed social work staff as part of the multidisciplinary team, they met with carers and completed carers assessments where appropriate.

Forensic inpatient or secure wards

Staff helped families to give feedback on the service. Social workers communicated with carers to offer advice and support. Carers were encouraged to give feedback through carers' events. However, carers felt that the hospital could offer more information about their service and the progress made by their relative.

Are Forensic inpatient or secure wards responsive?

Good 

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

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, patients did not have to stay in hospital when they were well enough to leave.

Bed management

At the time of our inspection, the bed occupancy was 86% on Alvaston ward and 93% on Litchurch ward.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay in this service was 20 months. Three patients had been in the service for over three years, with one exceeding four years. Data from the provider stated that there was one patient whose discharge was delayed in this service

Most patients were placed at the service from the East and West Midlands. Commissioners from these areas monitored placements and attended multi-disciplinary meetings as appropriate.

Managers and staff worked to make sure they did not discharge patients before they were ready. We saw evidence in patient notes and staff told us that this was discussed in multi-disciplinary team meetings prior to discharging patients.

When patients went on leave there was always a bed available when they returned. Managers stated they would admit new patients until the bed was permanently available.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Patients moved from Litchurch ward to Wyvern ward when they were ready for rehabilitation. Other patients had moved from other hospitals and stepped down from medium secure to low secure as part of their discharge pathway.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. These were discussed in multi-disciplinary meetings and members of the team worked with commissioners to promote discharges for patients that were ready to step down to less restrictive placements. There was one patient whose discharge had been delayed in this service. This was because they were awaiting further assessment by the receiving service before they could be discharged.

Forensic inpatient or secure wards

Managers told us that transfers to medium secure units had caused delays in the past due to shortage of beds in these services.

Staff carefully planned patients' discharge and worked with care managers and co-ordinators to make sure this went well. We saw evidence of this in patient records. Staff and commissioners confirmed positive and constructive working around discharges.

Staff supported patients when they were referred or transferred between services.

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.

Each patient had their own bedroom. Patients told us they were involved in personalising their bedroom and where needed staff supported them with this. Patients had a secure place to store personal possessions. Patients had a key to their bedroom and could access it during the day.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms, dependent on risk assessments. These included an information technology rooms, a sensory room on Alvaston ward, activities of daily living kitchens, a large group room and a variety of smaller rooms.

The service had quiet areas and a room where patients could meet with visitors in private. Patients met their visitors off the ward in the main hospital visitors' room.

Patients could make phone calls in private unless their risk assessment stated this was not possible due to the risks to themselves or to others. Risk assessments clearly stated where and to whom phone calls would need to be monitored and this was reviewed regularly by the multidisciplinary team.

The service had an outside space that patients could access easily. This was locked when not being used. Staff supervised this area as significant parts could not be seen from the courtyard entrance.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients accessed the activities of daily living kitchen where they could make hot drinks and snacks, subject to risk assessments. Staff supported patients to do their own laundry where possible.

The service offered a variety of good quality food. However, some patients and carers, reflecting what their relatives had said to them, said food quality was poor or that portions were too small.

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Forensic inpatient or secure wards

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. The service had a Recovery College. Patients had opportunities to have paid work which included recruiting staff, organising activities on the ward in the evenings and at weekends, buying newspapers for the ward and acting as a 'buddy' and mentor to new patients. Patients received training and information on writing a curriculum vitae, job applications and going for interviews. Patients could access education and English, Maths and Information Technology classes.

Staff helped patients to stay in contact with families and carers. This was individually risk assessed with the patient and the multidisciplinary team where appropriate.

A therapy dog visited as part of the activity programme. Patients were positive about this service.

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 hospital was accessible for patients who used a wheelchair and had a lift to the upstairs ward to enable access for patients with mobility problems.

Staff could access speech and language therapists when needed in order to complete communication plans with patients. Occupational therapists had assessed patients where needed and aids and adaptations were provided to promote their independence.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Information was provided in easy read and picture formats if a person needed this. The service had information leaflets available in languages spoken by the patients and local community. Managers and staff told us that patients could get help from interpreters or signers when needed.

Patients had access to spiritual, religious and cultural support.

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.

Patients, relatives and carers knew how to complain or raise concerns. Carers who had complained said they felt listened to and the service worked to resolve their complaint.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. We saw that patients had made 172 complaints from 1 May 2021 to 4 May 2022. Of these, 26 complaints had been upheld, 35 partially upheld, 98 not upheld and 13 withdrawn. Complaints were in relation to patients' disputes with other patients, concerns about property, section 17 leave, staffing issues and environmental concerns. Managers completed complaints investigations in a timely fashion, in line with their policy.

Forensic inpatient or secure wards

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers fully investigated these and had fed back to the patient. Complaint records showed what action had been taken when a complaint was upheld or partially upheld. This showed that improvements were made, and managers shared feedback from complaints with staff, so learning was used to improve the service.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff learned from complaints through individual supervision, team meetings and reflective practice meetings.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Forensic inpatient or secure wards 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 held monthly meetings with multi-disciplinary colleagues and minutes of these showed that actions were met from the previous meeting and decisions communicated to the wards.

Ward managers told us they had the opportunity to do leadership training and this had given them the skills and knowledge to undertake their role.

Staff told us that the ward managers, registered manager and clinical manager were supportive, approachable, visible on the ward and available when needed.

Vision and strategy

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

All staff we spoke with were aware of the Cygnet 'values' and how they applied to them in their role. These were displayed in the ward office for all staff to see as they arrived on shift.

Culture

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

Staff were aware of the providers Freedom to Speak Up process and knew how to contact the Speak Up Guardian if they needed to. All staff said they would feel comfortable to raise concerns without fear and these would be listened to.

Forensic inpatient or secure wards

Staff said they felt respected and valued by managers and colleagues. They said there was an extremely positive culture and managers encouraged to address any issues as soon as possible with their supervisor. Staff told us they could approach managers at any time to discuss difficulties and would be supported to resolve any issues they had.

Staff told us they had opportunities for career progression. The provider supported staff to complete nurse training and provided appropriate support for nurses to progress through preceptorship.

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.

The Quality Assurance Manager completed a thematic review of well led at the hospital in April 2022. This showed that there was a robust governance framework in place and demonstrated that information is escalated from ward to board level and information is then fed back down. Ward managers ensured audits were completed, with action taken and issues escalated when necessary. The service held monthly clinical governance meetings to discuss the performance of the service and identified themes and trends and fed these down to the wards.

Governance processes were effective in identifying actions needed to improve the performance of the service.

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.

Managers knew what the risks were and could add items to the provider's risk register. The main concern was the environment which needed refurbishment and the levels of agency staff. Staff and managers knew the risks for the secure wards and monitored these regularly and reported to clinical governance.

There was an up-to-date business continuity plan in place. The provider had a rating system to assess the ward and the hospital based on the number of COVID-19 infections at any one time. Staff said the providers input and support increased when they were rated a red site. The provider put plans in place to try to control the spread of infection, dependent on the rating.

Information management

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

Staff had access to information about the ward, staffing, patients' risk, environmental risks, and restrictive practices and used these to make improvements where needed. Managers shared information with staff at team meetings and supervision to drive improvements to the service.

Staff completed e-learning on information governance, 94% of staff had completed this at time of inspection.

Forensic inpatient or secure wards

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of patients. Managers from the service participated actively in the work of the local secure care partnerships.

Staff worked with health and social care providers such as GPs, care co-ordinators and healthcare professionals to meet patients' needs and facilitate their discharge to appropriate placements where possible.

Learning, continuous improvement and innovation






Staff had implemented the 'safewards' model across both wards. Managers encouraged a culture of learning across the hospital and facilitated staff to attend specialist training when needed. Staff learned lessons from complaints, incidents and alerts from inside and outside the service at supervision, debriefs, team meetings and reflective practice meetings.

The provider took part in internal quality and thematic reviews. The most recent review was completed in April 2022.

The service was a member of the quality network for forensic mental health services. The most recent assessment of the service was completed in September 2021 and was still in draft form.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Good 

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

Safe and clean care environments

Wyvern ward was safe, clean, well equipped, well-furnished and fit for purpose but was not well maintained.

The communal areas required redecoration and new flooring. On 10th May the toilets and sinks were blocked downstairs and patients had to use their en-suites. These were repaired by the morning of 11th May. We saw evidence that the provider had approved funding to complete the refurbishment of the courtyard on Wyvern ward, the clinic refurbishment and replacing flooring in the communal areas. The Quality Assurance Manager report of April 2022 mentioned the refurbishment programme and the registered manager was progressing this. They provided a schedule that showed the redecoration works were to be completed by June 2022.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Staff could not observe patients in all parts of the wards. There was a small lounge/group room where staff would not be able to see patients and the communal area in Wyvern Court could not be seen from the main ward area. They risk assessed each patient daily for the observation needed and completed observations based on these.

The ward was for men only so there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and reduced the risks to keep patients safe. The provider had agreed funding to make improvements to anti-ligature doors by October 2022.

Staff had easy access to alarms and told us these worked and staff from other wards responded when needed.

Maintenance, cleanliness and infection control

Ward areas were clean but were not well maintained, however plans were in place to redecorate the ward in June 2022, and we saw the provider had approved funding for this. Some new furniture had been provided recently including dining room tables and chairs.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff made sure cleaning records were up-to-date and the ward areas were clean.

Staff followed infection control policy, including handwashing. The hand hygiene audit completed on 19 April 2022 for Wyvern Ward was 76%. This was because some staff were disposing of paper towels and touched the bin lid. The bin foot pedal was faulty, and the audit stated that bins were replaced that day. Five out of ten staff were not bare below the elbow and told the auditor it was not warm enough on the day of the audit; staff were reminded of the need for this. We observed that all staff were bare below the elbow during our inspection. The infection control audit on Wyvern ward on 2 April 2022 scored 98%, the washbasin in the clinic room required repair and had been reported to maintenance. The provider had approved funding to refurbish and extend the clinic room.

Seclusion room (if present)

There was no seclusion room on Wyvern ward.

Clinic room and equipment

The clinic room was small and had no examination couch, this made it difficult for staff to do patients physical health observations in there. The provider had approved funding to extend the clinic room and provide an examination couch. This was due to be completed by September 2022. The clinic room was fully equipped, with accessible resuscitation equipment and emergency medicines that staff checked regularly. Staff checked, maintained, and cleaned equipment.

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. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. During the day on Wyvern ward there were two registered nurses and three healthcare assistants and at night one registered nurse and three healthcare assistants. The ward manager could adjust staffing levels according to the needs of the patients and they told us they could increase staffing levels to meet escorted leave for patients.

The service had reducing vacancy rates. The vacancy rates over the last 12 months on Wyvern Ward from April 2021 to April 2022 were on average 9.5%, the highest in July 2021 at 21%. These reduced to 4% in April 2022. At the time of our inspection there were two registered nurse vacancies and one healthcare assistant vacancy. Registered nurse vacancies were due to staff moving to other wards for experience and development opportunities.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Staff told us that the number of bank and agency staff had reduced, and generally only bank staff were used. Information provided showed that Wyvern ward used less bank and agency staff than on the other two wards. Where bank and agency staff were used managers told us they were familiar with the ward. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Wyvern ward had reducing turnover rates. Over the last 12 months from April 2021 to April 2022 the average turnover was 3.3%. In December 2021 this was at 6% and staff meeting minutes showed this was due to staff leaving to work for the NHS due to higher pay levels and terms and conditions. The turnover in April 2022 was at 1.7%

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers supported staff who needed time off for ill health. Levels of sickness were on average 5% across the hospital from April 2021 to March 2022, these had risen slightly from January to March 2022 and managers said this was due to high COVID-19 infection rates.

Patients told us they had regular one- to-one sessions with their named nurse.

Staff and patients told us that patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. They said if there was an escorted leave that needed two staff for a longer period and the ward had staff call in sick at short notice the leave may be cancelled but was always rescheduled.

The service had enough staff on each shift to carry out any physical interventions safely. Staff from other wards responded if needed and staff from Wyvern ward responded to alarms on other wards.

Staff shared key information to keep patients safe when handing over their care to others. We observed the handover from day to night staff on 10 May 2022. Staff gave detailed information about patients risks and their observation levels. Staff also had a printed sheet that showed which patient's observations they needed to do and when throughout the night.

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. There was one consultant for Wyvern ward and one speciality doctor. There was an on-call rota and doctors said they could reach the hospital within 30 minutes. They said if a patient needed medical care in an emergency staff would call 999.

Managers could call locums when they needed additional medical cover. 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. 90% of staff were up to date with this on Wyvern ward at the time of inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff said the providers 'Achieve' online training system alerted them and their managers to what training they needed to do and when.

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 to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint 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 the Short-Term Assessment of Risk and Treatability (START) tool. They completed a daily risk assessment for each patient that included a rating of red, amber, or green.

Long stay or rehabilitation mental health wards for working age adults

Good 

Records included a Personal Emergency Evacuation Plan for each patient – this assessed what support the patient would need in case of a fire or emergency. For example, where a patient had hearing difficulties staff needed to be aware that they may not hear the fire alarm. This information was also handed over to night staff in the handover we observed.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. This information was handed over verbally in handover between shifts. Staff also said that they received emails following multidisciplinary team meetings that detailed any changes to patients' risk assessments.

Staff identified and responded to any changes in risks to, or posed by, patients. Records showed that where patient risks had changed the multidisciplinary team discussed this and updated the patients risk assessment where needed. Staff completed risk assessments before a patient went on leave either escorted or unescorted.

Staff followed procedures to minimise risks where they could not easily observe patients. We saw an audit completed in April 2022 that recorded 100% compliance with observation including audit of closed-circuit television cameras (CCTV) which viewed staff completing patient observations. 100% of staff had completed observation training which included bank and agency staff.

Staff followed the providers policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. Staff and patients said and records we looked at showed that restraint was rarely used on Wyvern ward.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. A patient record showed that staff considered their physical health needs and the need to only use restraint as a last resort to reduce the patient's distress. There were no records to indicate that restraint had to be used for this patient.

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 told us how they spent time talking with patients to reduce their anxieties and distress. They said how important it was to know what each person liked and how they wanted to be spoken with and this helped to de-escalate their distress.

Staff said they always let the patient know if they needed to search their bedroom and asked them if they wanted to be present. There were always two staff, and they always informed the patient if anything needed to be removed and why. The need to search bedrooms or the patient was in line with the providers policy and based on individual risk assessments and incidents involving the patient. Patients were searched by two staff on return from unescorted leave based on individual risk assessment.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. Staff said this was rarely used on Wyvern ward. Data from the provider stated that there were no incidents of rapid tranquilisation on Wyvern ward between 1 May 2021 and 30 April 2022.

Long stay or rehabilitation mental health wards for working age adults

Good 

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 received training on how to recognise and report abuse, appropriate for their role. 100% of staff on Wyvern ward had completed safeguarding training at the time of inspection and 87% of staff had completed this at intermediate level. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Records showed how staff had worked with the local authority safeguarding team and police to ensure a patient who posed a risk and other patients were safe.

Records showed staff protected patients from bullying and harassment from other patients including those with protected characteristics under the Equality Act 2010. Patients told us that staff did not tolerate bullying between patients and homophobic or racist abuse. Patients told us they felt safe on Wyvern ward. Staff said that they would seek advice from the social workers in the team if needed for example, if a patient said they were being bullied.

Staff followed clear procedures to keep children visiting the ward safe. Children did not visit the ward but saw patients in the main hospital visitors' room.

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. The service used a combination of electronic and paper records and staff made sure they were up-to-date and complete. However, many agency staff did not have access to the provider's electronic system. They relied on paper records, which were printed out at each ward round and more frequently if required, and handovers. They liaised with permanent and bank staff to ensure any incidents they needed to report were uploaded onto the electronic system. Some regular agency nurses did have access to the electronic system. The provider had a system to allow agency staff a temporary 24-hour login but agency staff we spoke with were not aware of this.

Records were stored securely. Electronic records were password protected and paper records were kept in a cabinet in the locked staff office.

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.

The medication audit completed on 29 April 2022 on Wyvern ward scored 100%. There were no occasions where rapid tranquilisation was used for the four patients whose medicine cards were reviewed in the month before this audit.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Records showed that where patients were not complying with their medicines this was discussed at their multidisciplinary team meeting. The team looked at reasons why they were not compliant, reviewed their medicines and made changes to the medicine or times taken where appropriate.

Medicine records showed that staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. An independent pharmacy service provided the medicines and visited monthly to complete an audit of prescribing, storage and administration of medicines. They reported their findings to managers and doctors and attended ward clinical governance meetings via a video call.

The multidisciplinary team assessed some patients as being able to administer their own medicines as part of their rehabilitation. Patients had an individual risk assessment that stated the support they needed from staff. However, for one patient we saw that staff had not signed to say they had checked for two days as required in the previous week that the patient had taken their medicines.

Staff did not always follow national practice to check patients had the correct medicines when they were admitted, or they moved between services. For example, one patient's medicine record did not have a T2 (to show the patient has consented to the treatment and medicines prescribed) attached. Staff told us the patient was admitted two days before and this was being done. This meant it was not clear to nurses administering the medicines that the patient had consented.

Staff learned from safety alerts and incidents to improve practice. For example, there was an incident where a doctor had missed prescribing one patient's medicine and the patient deteriorated as a result. A debrief was held with all staff involved to discuss learning from this and action was taken to reduce the number of prescription cards one doctor completed at a time. The patient was informed of this under duty of candour and what was done to reduce the likelihood of this happening again.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicine records showed that patients were not prescribed high doses of medicines and these were not used to control people's behaviour.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance. Doctors and nurses discussed this in patients' ward round meetings. Staff monitored patients' physical health observations weekly and this contributed to their ward round reviews.

Track record on safety

The service had a good track record on safety.

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 on the providers electronic incident reporting system. Staff reported serious incidents clearly and in line with the provider's policy.

Long stay or rehabilitation mental health wards for working age adults

Good 

Wyvern ward had no never events. Never events are serious incidents that are entirely preventable because guidance or safety recommendations providing are available at a national level, and should have been implemented by all healthcare providers.

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. For example, staff told us that a medicine was missed off one patient's prescription and as a result the patients mental health deteriorated. The duty of candour was followed, and the patient apologised to. Relevant notifications including to the CQC, were made.

Staff told us that managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families where appropriate were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. They said they discussed these in supervision sessions, at team meetings and received email communication if not able to attend. Staff met to discuss the feedback and look at improvements to patient care. As a result of the missed medicine on the prescription doctors have reduced the number of prescriptions, they do at any one time. The provider is also looking at introducing electronic prescribing which doctors said would help to reduce errors.

Are Long stay or rehabilitation mental health wards for working age adults 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.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Records included information from patients' previous placements and staff completed preadmission assessments which staff used to inform the assessment on admission.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were detailed and guided staff as to how to support the patient. Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated. Care plans focused on the person's individual goals for their rehabilitation and how they were to be supported to achieve these. Each patient had a positive behaviour support plan that was written in a way they could understand, included what triggers were for behaviours and increased distress so how staff could minimise these.

Long stay or rehabilitation mental health wards for working age adults

Good 

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 supported patients with their physical health and encouraged them to live healthier lives. 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. Patients had access to psychology, arts therapies and to groups where appropriate such as treatment programmes linked to their index offence and drug and alcohol groups.

Staff identified patients' physical health needs and recorded them in their care plans. Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Patients were invited to attend the weekly physical health clinic on the ward which was led by a healthcare assistant. Outcomes of the patient's observations were reported to the multidisciplinary team. Records showed that staff referred people to their GP or specialists to manage their physical health needs. Patients attended appointments with the dentist and optician.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Records showed and staff said that they had access to and could refer patients to a dietician if needed.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff helped patients with smoking cessation and weight loss programmes. Two substance misuse workers were employed at the hospital as part of the multidisciplinary team. They offered advice to patients and supported them in their recovery. Patients told us there was a rambling group which they took part in. This helped to improve their physical and mental health. Patients said they could go cycling if they wanted to and one patient had recently passed their cycling proficiency test.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. They used the Model of Human Occupation Screening Tool (MOHOST), Health of the Nation Outcome Scales (HoNOS) and HCR20v3 - monitoring tool for violence risk assessment and management. Records showed that these were reviewed at each patient's multidisciplinary team meeting.

Managers used results from audits to make improvements. Audits showed that an action plan was completed where needed following an audit and staff had completed actions to make improvements.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. 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 access to a full range of specialists to meet the needs of the patients on the ward. These included nurses, doctors, social workers, occupational therapists, psychologists, speech and language therapists and substance misuse workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. All staff received a full induction to the service before they started working there.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers supported staff through regular, constructive appraisals of their work. 72% of staff on Wyvern ward had received an appraisal at the time of our inspection. Managers had identified which staff needed an appraisal and these had been booked.

Managers supported staff through regular, constructive clinical supervision of their work. 100% of medical staff in the hospital had received supervision. 93% of non-medical staff had received managerial supervision on Wyvern ward at the time of our inspection.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes of these on Wyvern Ward showed that staff who were not able to attend had emails sent to them with the minutes.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role, for example, staff completed training in supporting autistic people and working with people with a personality disorder.

Multidisciplinary and interagency teamwork

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 and engaged with them early in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The discussions held in patients multidisciplinary team meetings were clearly documented in the records we looked at.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. In the handover we observed staff gave clear information to staff on the next shift and staff also had information written down that they could refer to during their shift.

Ward teams had effective working relationships with external teams and organisations. External placing teams and care co-ordinators were invited to patients' multidisciplinary team meetings as were substance misuse teams, social workers, and community mental health teams.

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 a refresher training online each year as part of their mandatory training. 100% of staff had completed this at the time of inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

Long stay or rehabilitation mental health wards for working age adults

Good 

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients told us they knew how to contact an advocate, and these visited the hospital and supported patients in their meetings and reviews if they wanted this. Information about independent mental health advocacy was displayed on the ward. Records showed that patients who lacked capacity were automatically referred to the service.

Records showed that staff spent time with patients explaining their rights under the Mental Health Act to them in a way they could understand and recorded their understanding of these. Patients told us they knew how to apply for a Tribunal and if needed staff supported them with this.

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. Patients told us their leave was rarely cancelled and if it was it was rearranged at another time, so they did not miss out.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Records showed that SOADs were requested where needed.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Records showed that at the patients' last Care Programme Approach meeting prior to their discharge from the hospital their 117 after care arrangements were discussed.

Managers 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.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. 100% of staff had completed this training at the time of inspection.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months for Wyvern ward.

The provider had a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Records showed that staff provided information in easy read formats where needed to ensure the patient had maximum opportunities to make decisions for themselves.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. For example, records showed that staff had assessed patients' capacity to consent to COVID-19 vaccinations.

Where appropriate records showed that decisions were made in patient's best interests. The patient, their family, their GP, and the multidisciplinary team on the ward had been involved in making this decision.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. There were no people under Deprivation of Liberty Safeguards on Wyvern ward at the time of our inspection.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. The last audit was completed in February 2022 and there were no outstanding actions from this.

Are Long stay or rehabilitation mental health wards for working age adults caring?

Good 

Our rating of Caring stayed the same. 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.

We observed that staff were discreet, respectful, and responsive when caring for patients. Staff knew patients well, their interests, likes and the goals they wanted to achieve. However, we observed during the physical health clinic that patients were seen in the interview room on the ward as currently there is no room to do these in the clinic room. The interview room was off the main communal area and there was not a privacy screen which would ensure patients privacy and dignity.

Staff gave patients help, emotional support and advice when they needed it. Patients said that staff spent time talking with them. Records showed that each patient had a care plan to manage them going into crisis and an advance directive as to how they wished to be supported during a crisis.

Staff supported patients to understand and manage their own care, treatment, or condition. Records showed that staff spent time with patients explaining their care and treatment and their prescribed medicines in a way the individual could understand.

Staff directed patients to other services and supported them to access those services if they needed help. All patients knew how to contact an advocate and information was displayed around the ward about advocacy, housing and employment services, benefit services and drug and alcohol services.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients said staff treated them well and behaved kindly. Some patients said that staff on Wyvern ward were the best staff they had in any other hospital they had been in.

Staff understood and respected the individual needs of each patient. Staff knew people well, their likes and dislikes and what they needed to aid their rehabilitation and meet their individual needs.

Staff told us that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. They knew how to raise these and said they would not hesitate to if needed.

Staff followed policy to keep patient information confidential. One patient told us that a staff member had told other patients about their personal information. They said they had raised this, and action had been taken to ensure that staff did not do this. We looked at the complaint investigation into this and saw that this had been handled appropriately and action taken to reduce the likelihood of this happening again.

Involvement in care

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.

Care plans were person centred, individual to each person and focused on goals for the person to rehabilitation.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Another patient was allocated to act as a buddy when a patient was admitted.

Records showed that staff involved patients and gave them access to their care planning and risk assessments. Each patient had completed their interest's checklist with the occupational therapist.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Records showed that each patient had a communication plan that showed how the patient preferred to be communicated with. Information was provided in easy read and picture formats where the patient needed this. Patients had access to speech and language therapists and attended audiology appointments where appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Each morning patients were expected to attend the ward morning meeting where they were involved in deciding what activities there were for the day. There were monthly community meetings with staff. Minutes of these showed that patients views were listened to and action taken as a result of their feedback.

Staff supported patients to make decisions on their care. Records recorded the patients views on their care plan. Records showed that patients had regular one to one time with their named nurse. Patients told us they discussed with staff prior to their ward round (multidisciplinary team review) what they wanted to say and if they wanted to make any requests, for example, section 17 leave or items they wanted to buy. We saw that patients' requests were considered and listened to in the ward round we observed and where appropriate changes were made.

Staff made sure patients could access advocacy services. Patients had access to two advocacy services and information about this was displayed on the ward.

Long stay or rehabilitation mental health wards for working age adults

Good 

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. There was a monthly carers clinic on Wyvern ward. Records showed and staff said they ring families monthly or as often as individuals wanted to give updates on their relative and answer any questions they have. Relatives could attend patients' ward rounds if the patient agreed to this.

Staff gave carers information on how to find the carer's assessment. The provider employed social work staff as part of the multidisciplinary team, they met with carers and completed carers assessments where appropriate.

Staff helped families to give feedback on the service. On Wyvern ward there is a staff member identified as the Carers Champion. Carers said in a survey in July 2021 that they wanted more carer/family days. As a result of this staff told us there is a barbecue and family day arranged for July 2022 which will include a performance by the patient band.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Good 

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

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

The bed occupancy on Wyvern ward was 100% at the time of our inspection. Managers said there were also people on the waiting list to be admitted.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. There were two patients on Wyvern ward who had extended the average length of stay, one was 25 months, and the other was 32 months. The reasons for this were clear due to the patient's needs and managers showed that action was taken to ensure the patient could move as soon as possible.

Patients were placed at the hospital from across the UK. Commissioners worked with the multidisciplinary team on Wyvern ward and with the Ministry of Justice, where appropriate to monitor the patient's length of stay. Patients' care co-ordinators were invited to their multidisciplinary meetings and their Care Programme Approach meetings.

Managers and staff worked to make sure they did not discharge patients before they were ready. We saw in patients records that the multidisciplinary team discussed if the patient was ready for discharge and when and where this would be to. Patients told us that they knew what they needed to do to ensure they were ready to move from the hospital and how the multidisciplinary team were preparing them for this.

When patients went on leave there was always a bed available when they returned.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. Patients had moved from Litchurch ward when they were ready for rehabilitation, other patients had moved from other hospitals and stepped down from low or medium secure to Wyvern ward as part of their rehabilitation.

Staff did not move or discharge patients at night or early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. There were no patients on Wyvern ward whose discharge from the hospital was delayed. Records showed that staff carefully planned patients' discharge from the hospital and worked with care managers and co-ordinators and the Ministry of Justice to make sure this went well.

Staff supported patients when they were referred or transferred between services. Records showed that patients visited other services and Wyvern ward where this was possible. Staff discussed moves with the patient in their named nurse sessions and at their multidisciplinary team meeting.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment 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. Patients told us they were involved in personalising their bedroom and where needed staff supported them with this. Patients had a secure place to store personal possessions. Patients had a key to their bedroom and could access these during the day.

The statement of purpose stated that there are three bedrooms on the ground floor known as Wyvern Court used to help patients step down as part of their rehabilitation, so they had the opportunity to live and socialise with others in a 'flat type' environment. However, due to patients needs these three bedrooms were occupied by patients with physical health and mobility needs. We discussed this with the registered manager who confirmed that they still hoped this to be a step-down part of the ward and did not plan to change the statement of purpose.

Staff used a full range of rooms and equipment to support treatment and care. Activities took place in the main communal area, courtyard, group room and activities of daily living kitchen.

The service had quiet areas on the ward and for those in Wyvern Court there was a communal area. Patients met with their visitors in the main hospital visitors' room.

Patients could make phone calls in private unless their risk assessment stated this was not possible due to the risks to themselves or to others. Risk assessments clearly stated where and to whom phone calls would need to be monitored and this was reviewed regularly by the multidisciplinary team.

The service had an outside space that patients could access easily. There was a courtyard that patients could go in and their individual risk assessment clearly stated if staff support was needed. Staff said and community meeting minutes showed that patients and staff played games in the courtyard including cricket tournaments.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients had access to cold drinks at any time on the ward. They also had access to an activities of daily living kitchen where they could make hot drinks and snacks. If risk assessed as safe patients who wanted could have a coffee machine in their bedroom. Patients were supported to do their own laundry and had a rota to manage this, patients said this was agreed with them and staff supported them when needed.

Most patients said they liked the food and there was a variety that met their individual dietary and cultural needs. Some patients said they did not like trying different foods and this was stated in their records.

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. The service had a Recovery College. Patients had opportunities to have paid work which included recruiting staff, organising activities on the ward in the evenings and at weekends, buying newspapers for the ward and acting as a 'buddy' and mentor to new patients. Patients received training and information on writing a curriculum vitae, job applications and going for interviews. Patients could access education and English, Maths and Information Technology classes.

A coach from the local professional football team visited the hospital fortnightly and held coaching sessions with patients who wanted to play football.

Staff helped patients to stay in contact with families and carers. This was individually risk assessed with the patient and the multidisciplinary team where appropriate.

A 'Pets as Therapy' dog visited as did other animal services as part of the activity programme.

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. Care records we looked at included a care plan that showed how the person communicated and what formats they needed information provided in. Where needed a speech and language therapist had completed an assessment and developed a plan with the patient and staff on how to communicate with the patient. However, one patient's plan stated that they needed to wear a hearing aid to help them communicate. We observed that although staff sat with them to explain, they did not have their hearing aid on when they came to their multidisciplinary team meeting and none of the team members made adjustments for this.

Occupational therapists had assessed patients where needed and aids and adaptations were provided to promote their independence.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Information was provided in easy read and picture formats if a person needed this. The service had information leaflets available in languages spoken by the patients and local community. Managers and staff told us that patients could get help from interpreters or signers when needed.

Long stay or rehabilitation mental health wards for working age adults

Good 

Most patients told us there was a variety of food to meet their dietary and cultural needs and they could buy food to make snacks with. One patient had a role as the 'Food Champion,' patients said that he knew what they each liked, and the menu choices were based on this.

Patients told us they had access to spiritual, religious and cultural support. Patients said that staff supported them to go to a local church when they wanted to go and were respectful of their religious beliefs.

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.

Patients, relatives, and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. We saw that patients had made 21 complaints from 14 June 2021 to 22 April 2022, seven complaints had been upheld, three partially upheld, nine not upheld and two withdrawn. Managers had fully investigated these and had feedback to the patient. Complaint records showed what action had been taken when a complaint was upheld or partially upheld. This showed that improvements were made, and managers shared feedback from complaints with staff, so learning was used to improve the service.

Are Long stay or rehabilitation mental health wards for working age adults 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.

The registered manager and clinical manager were the same for this core service as for the forensic secure wards.

Staff had monthly meetings with other staff on the ward and minutes of these showed that actions were met from the previous meeting.

The ward manager told us they had the opportunity to do leadership training and this had given them the skills and knowledge to undertake their role.

Staff told us that the ward manager on Wyvern ward and the registered manager were approachable, visible on the ward and were available when needed.

Vision and strategy

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

All staff we spoke with were aware of the Cygnet 'values' and how they applied to them in their role. These were displayed in the ward office for all staff to see as they arrived on shift.

Long stay or rehabilitation mental health wards for working age adults

Good 

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.

Staff meeting minutes showed staff were reminded of whistle blowing process and contact details. Staff were aware of the providers Freedom to Speak Up process and knew how to contact the Speak Up Guardian if they needed to. They said they would feel comfortable to raise concerns and these would be listened to.

Staff said they were respected, and their opinions were valued, and they had opportunities to influence decision making. Staff meeting minutes showed that staff were asked for their views, and these were listened to.

The Quality Assurance Manager completed a thematic review of well led at the hospital in April 2022. One of the actions was to have a visible 'You said, we did' board on Wyvern ward for patients and staff to see. Staff said this would be done once the redecoration had been completed but in the interim, they would remind patients of this in community meetings.

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.

The Quality Assurance Manager completed a thematic review of well led at the hospital in April 2022. This showed that there was a robust governance framework in place and demonstrated that information is escalated from ward to board level and information is then fed back down.

There were governance structures in place on Wyvern ward where information was discussed from audit action plans at team meetings, so action is taken to make improvements. Ward managers across the three wards and senior staff nurses were allocated to complete audits across the wards. This information was fed back and discussed at the hospital clinical governance meeting and where needed action was taken to improve.

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.

Managers knew what the risks were and could add items to the provider's risk register. The main concerns they had were the environment which needed refurbishment and skill mix of staff. Staff and managers knew what the risks for Wyvern ward were and had an action plan to manage these.

There was an up-to-date business continuity plan in place. Staff described how during a surge in staff COVID-19 infections they had ensured that the ward was safe by drawing on resources from other wards and other services managed by the provider. The provider had a RAG rating system in place that assessed the ward and the hospital based on the number of COVID-19 infections at any one time. Staff said the providers input and support increased when they were rated a red site.

Long stay or rehabilitation mental health wards for working age adults

Good 

Information management

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

Staff had access to information about the ward, staffing, patients' risk, environmental risks, and restrictive practices and used these to make improvements where needed.

Staff completed e-learning on information governance, 100% of staff on Wyvern ward had completed this at time of inspection.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Records showed that staff on Wyvern ward engaged with care co-ordinators, commissioners, GP and primary care services, social work teams and substance misuse teams to ensure patients' needs were met.

Records showed that where appropriate patients with a diagnosis of learning disability and autism had a care and treatment review. Ward staff and the multidisciplinary team had contributed to these.

Learning, continuous improvement and innovation

Staff had reimplemented the 'safewards' model on Wyvern ward. Work on this had started, for example, by developing a 'ward charter' with mutual expectations so what as staff and as patients they expect from each other on a day-to-day basis. They had also developed 'calm cards' to be put with patient's medicine records for when a patient asks for their 'as required' medicine. They had started to develop a 'chill box' which could be offered as an alternative to as required medicine.

The ward manager told us they had started the Accreditation for Inpatient Mental Health Services (AIMS) process for Wyvern ward. This is a quality network and for Wyvern ward is to meet the service standards for mental health rehabilitation units.

A doctor said they attended an annual conference in mental health rehabilitation and recovery practice which they fed back from to staff on Wyvern ward. They also had monthly peer group meetings with other doctors working in rehabilitation services.

Staff told us they had opportunities for development for example, nurse associate training, train the trainer courses for Prevention and Management of Violence and Aggression training and training in physical health care.