

Cygnnet Alders Clinic

Quality Report

155 Podsmead Road

Gloucester

GL1 5UA

Tel: 01452 222390







Website: www.cygnethealth.co.uk/locations/cygnnet-alders-clinic/

Date of inspection visit: 11 January 2019

Date of publication: 21/03/2019

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Cygnet Alders Clinic as good because:

- Staff provided safe care and treatment for patients using a recovery focused model that followed best practice guidelines. Staff completed thorough assessments of patients which were holistic and used these to inform individualised care plans. Staff empowered patients to make decisions and engage in their care and treatment. Staff ensured that all assessments, including risk assessments and care plans were updated regularly. Records were clear, up-to-date and easily available to all staff providing care.
- Staff supported patients with their physical health and encouraged them to live healthier lives. The service had an on-site gymnasium and beauty therapy room. A range of psychological therapies were on offer and staff ensured that patients received a minimum of 25 hours of therapeutic activity each week. Staff supported patients with activities outside the service, such as work, education and family relationships.
- The service was accessible to all and took account of patients' individual needs. Staff supported patients to develop skills and prepared them for life in the community following discharge. The service had a high percentage of successful discharges when patients had completed their rehabilitation at Alders clinic.
- The environment was spacious, clean and well maintained. Patients had their own bedrooms which they could personalise and keep personal belongings safely. Patients felt safe at the service and well supported by staff. Patients were involved in informing change in the service, such as menu choices and the choice of therapies on offer.
- Staff treated patients with compassion, kindness and supported their individual needs. Staff empowered patients to make decisions about their care, treatment and changes to the service. The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff. Staff felt supported and respected by managers. Staff worked well together as a team.
- The team included or had access to the full range of specialists required to meet the needs of the patients. Staff had appropriate training that enabled them to meet the needs of patients and keep them safe. Staff understood their roles and responsibilities under the Mental Health Act 1983, the Mental Health Act Code of Practice and the Mental Capacity Act (2005).
- The manager of Alders Clinic was enthusiastic, proactive and focused on quality improvement for both patients and staff. There was a positive working culture between colleagues and staff to ensure important decisions were given careful consideration. There were robust governance systems in place to support staff development, reflection and practice.

However:

- The external windows of all the bedrooms allowed anyone in the outdoor space to look in and therefore compromised patients' privacy.
- The Automated External Defibrillator (AED) was due a service check in July 2018 but this had not been completed at the time of the inspection.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cygnet Alders Clinic	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	24
Areas for improvement	24

Good 

Cygnnet Alders Clinic

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Cygnet Alders Clinic

Cygnet Alders Clinic is a 20-bed hospital in Gloucestershire for women with personality disorder and complex needs. It is a longer term high dependency rehabilitation unit providing pharmacologic and psychotherapeutic interventions. The service aimed to address the core features of personality disorder and to prepare the women for a transition to life in the community. At the time of this inspection there were 17 patients using the service.

Alders Clinic provides care for women over the age of 18. It has been designed and equipped to assist with emotional and behavioural control and regulation, individualised psychological formulation, crisis management and relapse prevention.

The service has three units: Severn unit has 8 beds and provides assessment and stabilisation, Avon unit has 6 beds and provides care and treatment and Coln unit has 6 beds providing preparation for discharge.

The service is registered to carry out the following regulated activities:

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

There was a registered manager in place at the time of the inspection. The last inspection of this service was on 23 May 2018, which was a focussed inspection to look at the key questions: safe, effective and well-led. This was due to concerns from a local GP regarding the number of patients presenting at the surgery with self-injuries. We found that the service had comprehensive care plans in place to minimise the risk of harm to clients, staff were trained to a high level to deliver specific care and safeguarding processes were robust.

Our inspection team

The team that inspected this service comprised of two CQC inspectors and one specialist advisor; a nurse with experience in personality disorder services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Looked at the quality of the environment and observed how staff were caring for patients
- Spoke with five patients who were using the service
- Spoke with two carers

Summary of this inspection

- Spoke with the registered manager and the head of care
- Spoke with twelve other staff members; including a doctor, occupational therapist, psychologist, nurses, support workers, housekeepers, kitchen assistant and maintenance lead
- Attended and observed one daily handover meeting and a therapy session
- Looked at eight care and treatment records of patients
- Carried out a specific check of the medication management
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five patients who were using the service. Other patients were given the opportunity to speak with us but did not wish to.

The patients we spoke with were very complimentary about the care and treatment they received. They felt safe and said staff were caring, supportive and always made time for them. Patients told us they enjoyed the variety of activities on offer and they were engaged in activity planning. Patients felt heavily involved in decisions about their care and told us they were supported by all the different staff members to complete their care and treatment plan. Patients we spoke with had a copy of their care plan.

Patients who were detained under the Mental Health Act (1983) knew their rights and how to access advocacy. Patients knew how to complain if they wished to, and felt that staff listened to their concerns and responded accordingly.

Patients spoke positively about the food and told us there were opportunities to improve their physical and emotional wellbeing.

We only managed to speak with two carers via telephone calls, out of a total of 15 contacts we were given. One carer told us that staff were caring, respectful, and knew the patient well. The carer also told us that staff had facilitated home visits as the carer was unable to visit Alders. Another carer told us they felt the staff had not communicated information very well.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- Staff completed and updated comprehensive risk assessments for each patient and used these to understand and manage risks. The service used an approach of positive risk taking to help patients recover and prepare for life outside the clinic. This meant restrictions were based on individual patient risks, and the service had followed best practise guidelines by minimising the use of restrictive interventions.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff identified and responded to changing risks to, or posed by, patients. Staff intervention was clearly documented with a full rationale, and patients physical and mental health was closely monitored after each episode. Staff knew how to protect patients from abuse and worked well with other agencies to do so.
- Staff followed good practice in medicines management and had access to the full range of equipment required to provide care and treatment for the patient group.
- 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.
- The service had a robust induction process for new staff and all staff were up to date with appropriate mandatory training to provide high-quality care and treatment for the patient group. The service was well staffed and had adequate medical cover.
- The environment was safe, fit for purpose, clean and well maintained.

However:

- At the time of our visit, the Automated External Defibrillator (AED) was 6 months overdue for a service check. Staff were not consistent in completing the daily checks on the AED to make sure that the unit was fit for clinical use.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- The clinic had a service model which provided recovery focused care and treatment interventions suitable for the patient group in line with the relevant National Institute for Health and Care Excellence (NICE) guidance.
- Staff assessed the physical and mental health of all patients on admission and developed personalised, holistic and recovery orientated care plans. Care records were regularly updated and daily risk assessments were written in detail. Staff had spent quality time with patients to ensure they were fully involved in decisions about their care and treatment.
- Staff supported patients with their physical health and encouraged them to live healthier lives. Patients had access to a timetable of therapeutic activities and a program of psychoeducational groups. Staff ensured that patients were offered a minimum of 25 hours of therapeutic activity each week.
- Managers supported staff with appraisals, supervision, and opportunities to update and further develop their skills.
- The team included or had access to the full range of specialists required, who worked together as a team to meet the needs of the patients. Staff had a wide range of skills, experience and knowledge to bring to the multidisciplinary team. The management team had a good understanding of the team's skills and competencies and provided staff with learning opportunities to improve their knowledge where needed.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Patients had easy access to information about advocacy and an independent mental health advocate visited the premises weekly.

Are services caring?

We rated caring as outstanding because:

- Staff attitudes and behaviours clearly demonstrated compassion, dignity and respect, and maintained a strong ethos of empowering and including their patients. Staff recognised the totality of patients' needs and always took into consideration a person's personal, social, religious and cultural needs. Staff were passionate about delivering a high standard of person-centred care to patients. Each person using the service had a detailed recovery plan and risk management in place that demonstrated the persons preferences, recovery capital and goals.
- We observed joined up working between the disciplines of staff and a strong sense of community between both the patients

Outstanding



Summary of this inspection

and all the staff. Staff had sought innovative ways of supporting patients to achieve their goals and engage in their care and treatment. Easy-read care plans were available where appropriate.

- Therapy sessions offered at the service were informative, engaging, and were specifically for the recovery of the patient group.
- Staff demonstrated inclusion of patients with protected characteristics, and maintained privacy and confidentiality. The service had made arrangements for people to practise their faith and had facilities in place for patients requiring levelled access. Staff worked closely with all their patients to maintain an environment of inclusion and acceptance of everyone's individuality.
- Patients had access to community meetings and were actively involved in informing the service provision, such as the therapies on offer, menu choices and recruitment of new staff. Patients had also been involved in environmental risk assessments.
- Patients were encouraged and supported to access paid employment at the clinic, to build patients' confidence and an opportunity to regain skills. Patients were encouraged to self-medicate where this was assessed as safe and appropriate, which promoted patient independence.
- The service paid travel expenses for ex-patients to visit Alders clinic, to provide peer support for patients currently in treatment.
- The manager of Alders Clinic was enthusiastic, proactive and focused on quality improvement for both patients and staff. There was a positive working culture between colleagues and staff to ensure important decisions were given careful consideration. Staff could raise concerns about any concerning behaviour or attitudes without fear of reprisal.

Are services responsive?

We rated responsive as good because:

- Patients had their own rooms which they could personalise and keep personal belongings safely. There were quiet areas for privacy and facilities that supported patients' treatment.
- Staff supported patients with activities outside the service, such as work, education and family relationships. In addition to this, the service employed patients to complete certain tasks through a therapeutic earnings scheme.

Good



Summary of this inspection

- Staff planned for patient's discharge from the point of admission and the service had a high percentage of successful discharges. Discharge plans were written by patients in individual sessions with a range of staff disciplines to encompass the patients' needs entirely.
- There were a range of activities available for patients, including psychology, self-care, arts and crafts, gym and fitness.
- Staff supported patients to maintain contact with their families and carers, and arranged visits home for patients as necessary.
- The service was accessible to all who needed it. All areas were accessible by people using a wheelchair. Staff catered for patient's nutritional needs such as dietary requirements and religious preferences. Patients had easy access to interpreters, speech and language therapists and advocacy.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The external windows of all patient's bedrooms did not afford them privacy from people accessing the outdoor space. This compromised patients' privacy and dignity. When raised with the service manager they acted immediately to rectify this.

Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to run a service providing high-quality sustainable care. Leaders were visible and approachable by staff and patients to provide support and guidance. Leaders were passionate about the service they delivered and were actively working to better the patient experience.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There a comprehensive schedule of meetings and reporting systems to ensure good governance of the service. This included meetings at service level and meetings held with other Cygnet services.
- There was a strong sense of positivity amongst the staff team. Staff were supported and valued, and had good working

Good



Summary of this inspection

relationships with their leaders. All staff had an appraisal and regular supervision sessions to explore all aspects of their respective roles. Staff had confidence that action would be taken to address their concerns.

- Leaders provided staff with all the relevant training and experience to provide high quality care, and provided opportunities for personal and professional development.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Ninety-four per cent of staff had completed training in the Mental Health Act (1983). Staff were trained in and had a good understanding of the Mental Health Act (1983), the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on the use of the Mental Health Act (1983) and its Code of Practice. There was a dedicated Mental Health Act administrator who was supported by Mental Health Act administrators from other hospitals run by the provider. A hard copy of the Code of Practice was available to staff, along with an easy read version that staff could use with patients.

Staff stored copies of patients' detention papers and associated records correctly, and these were available to all staff that needed to access them.

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

People who are detained under the Mental Health Act 1983 (MHA) understand and are empowered to exercise their rights under the Act. Patients had easy access to information about advocacy and the independent mental health advocate (IMHA) visited the premises weekly. There was evidence that the IMHA was involved in all aspects of decision making, as the patient wished. Posters advertising the independent mental health advocacy service were visible throughout the service.

Staff explained to patients their rights under the Mental Health Act (1983) in a way that they could understand, repeated it as required and recorded that they had done it. Rights information was available in easy read format for patients that needed this.

Second opinion appointed doctors were requested when appropriate. Consent to treatment certificates were kept with medication charts in line with Code of Practice guidance.

Staff ensured that patients could take Section 17 leave (permission for patients to leave the premises) when this was granted. Patients used leave to visit the local area.

Mental Capacity Act and Deprivation of Liberty Safeguards

As of January 2019, 94% of staff had completed training in the Mental Capacity Act (2005). This had improved since our last inspection in May 2018 when it was at 72% compliance.

Staff had a good awareness of the Mental Capacity Act (2005), particularly the five underpinning principles, and their relevance in practice. They knew where to seek advice if needed.






At the time of inspection, no patients were under a Deprivation of Liberty Safeguards (DoLS) authorisation.

Staff were aware of the importance of giving patients all possible assistance to make decisions about their care before assuming they lacked the mental capacity to make the decision themselves.

For patients who appeared to have impaired mental capacity, staff assessed and recorded this on a decision specific basis.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

- Staff could observe all areas of the unit safely. Staffing levels were adjusted to meet the needs of patients on enhanced observations (such as having a staff member within arm's reach). There were also fixtures such as convex mirrors to help mitigate risk in areas on the unit that were not immediately visible. Convex mirrors are used to provide a wider field of view and eliminate blind spots.
- Managers ensured the safety of the environment was checked. There were checks for fire safety, the boiler, kitchen appliance and an environmental ligature audit. A ligature audit covers an inspection of an environment for points that could be used to tie a cord or similar for the purpose of self-strangulation. This audit was up to date and showed dates when actions had been completed.
- There was a well-maintained clinic room. Staff undertook checks to ensure medicines were stored at correct temperatures (to not reduce their shelf life) and checked the emergency equipment located at reception and in the clinic room.
- There were no extra care areas, or seclusion rooms where patients might be separated from the unit.

• The service was very clean and inviting, with modern furnishings. Cleaning logs for the service showed regular and in-depth cleaning had taken place. The maintenance lead demonstrated regular and prompt repairs had taken place.

- Staff adhered to infection control principles, including handwashing and handling of laundry. There were handwashing posters displayed around the clinic to remind staff and patients of correct hand washing techniques.
- Staff had access to working personal alarms, and they responded quickly when the alarm was raised.

Safe staffing

- Managers set staffing levels according to patient needs and the number of patients at the service. The staffing establishment per shift was worked out on a service-wide basis. Minimum staffing levels were two qualified nurses plus four support workers on each shift. Managers and therapists were in addition to this establishment. Staff worked 12.5-hour shifts, either day or night. The minimum staffing levels had been met for the last two months of the rota, and it was usual for up to eight support workers to be on duty during the day.
- Managers ensured there were sufficient staff to keep patients safe, and when necessary, managers deployed agency and bank nursing staff to maintain safe staffing levels. Staffing levels had improved at Alders clinic since the start of 2018. The clinic had the equivalent of 54 full time staff, including clinical and non-clinical staff. This was above the establishment number of 44. There were no vacancies at the time of the inspection. There had been a slight increase in the use of bank staff from March 2018 (where 638 hours were logged) to an average of 726 hours over the last six months. The use of

Long stay/rehabilitation mental health wards for working age adults

Good 

agency staff had also increased from 206 shifts in the year before May 2018 to 162 shifts filled by agency in the six months prior to this inspection. The service had their own bank of staff who received the same induction as permanent staff and were familiar with the clinic and patient group.

- Agency staff were inducted to the service, and were selected based on prior experience of working at the clinic. Where possible, the service manager block booked staff to help ensure continuity.
- Staff received and were up to date with appropriate mandatory training. Overall, 96% of staff were up to date with their mandatory training and all training courses had a completion rate of 75% or above. Mandatory training included specialist training on working with patients with personality disorders.
- Medical cover for mental health needs was adequate for the number of patients using the service. A consultant psychiatrist worked four days per week and a junior doctor worked two days a week. Staff had adequate medical cover out of hours via an on-call system should there be an emergency. A service level agreement with the local health access centre (GP service) ensured that there was appropriate medical cover for physical health conditions.
- In the 12-month period prior to our visit, the staff sickness rate was 3.2% and staff turnover rate 47.7%. Management were aware that staff turnover was high, and were looking into reasons why staff had left the service.

Assessing and managing risk to patients and staff

- We reviewed the care records for eight patients. Staff completed a risk assessment of every patient before admission and updated it on patient arrival. Staff used daily risk assessments to feed into a patient's care plan and highlight risks at handovers. Patient risks were also discussed at multidisciplinary meetings.
- Staff used a recognised risk assessment tool. The Short-Term Assessment of Risk and Treatability (START) was used by the multidisciplinary team to provide a comprehensive risk overview of each patient.
- There were no episodes of seclusion or long-term segregation in the six months before the inspection. Staff did use restraints and rapid tranquilisation

medicine where required. Rapid tranquilisation medicine is used to calm a patient when they are aggressive and posing a risk to themselves or others. Staff adhered to national guidance when they administered rapid tranquilisation medicine. In the 12-month period prior to our visit, rapid tranquilisation had been used 34 times.

- Staff used restraint only after de-escalation had failed and used correct techniques. Staff were trained in Management of Actual or Potential Aggression (MAPA) which focuses on prevention, de-escalation and avoidance of violence and aggression and the need for physical intervention.
- Between January and July 2018 there were 82 episodes of restraint, these restraints involved nine patients. There were no incidents of prone restraint. Care plans followed the principles of positive behaviour support (focussing on preventative strategies, including de-escalation) and we observed staff use restraint only when all de-escalation strategies had been unsuccessful.
- Patient risks were regularly assessed and updated during their admission. Patients were assessed in depth over the first 72 hours of their admission to form a care plan around risks and their needs.
- The service used an approach of positive risk taking to help patients recover and prepare for life outside the clinic. This meant restrictions were based on patient risks, and typically were applied individually. At the time of this inspection, there was only one blanket restriction which was to not allow plastic bags to be bought onto the premises. The provider had a clear rationale for this restriction, which was to reduce the risk of patients using plastic bags to cause self-harm
- Informal patients could leave at will. Staff reminded informal patients regularly of their right to leave. This was written in their care plans and posters were visible at entry/exit points.
- Staff identified and responded to changing risks to, or posed by, patients. We saw that observation levels of patients were determined based on the patient's risk. Where incidents had happened while patients were under staff observation, lessons were learned and actions taken to mitigate future events occurring.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service participated in a restrictive interventions reduction programme. Restrictive interventions were audited regularly. Several changes had been made to reduce restrictive interventions. There was free access to communal areas on the individual units and patients had been individually assessed for fob access to the kitchen and communal walkway of the service.

Safeguarding

- Staff made 22 referrals to the local safeguarding team in the six months before this inspection. They could explain how they identified a safeguarding concern and knew the process to follow to keep people safe. The clinic's policy stated that all safeguarding concerns should be escalated to the head of care or service manager within an hour.
- Staff had strong working relationships with the local authority safeguarding team.
- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
- Staff knew how to identify adults at risk of, or suffering, significant harm. This included working in partnership with other agencies to educate them on personality disorder diagnoses.
- Staff followed safe procedures for children visiting the service. All visits from children had to be pre-booked. Visits would take place in the visitor's room located next to reception where safe and observed (where necessary) visits by a patient's family or children could be facilitated.

Staff access to essential information

- The clinic used a combination of paper and electronic records. A daily record of patient presentation was kept electronically, along with some care plans and risk assessments. Most of the information for each patient was kept in paper form. Patient care records were kept in the nursing office and all staff knew how to access these.
- All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form. This included when patients moved between the different areas of living e.g. Severn, Avon and Coln.

Medicines management

- Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication) and did it in line with national guidance.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance, especially when the patient was prescribed a high dose of antipsychotic medication.
- However, in the clinic room we saw a British National Formulary (BNF) which had expired in March 2018. A BNF is a pharmaceutical reference book that contains information and guidance on prescribing and facts about medicines. We brought this to the attention of the staff during our visit, and it was removed and replaced immediately with the current BNF.
- The service had access to the full range of equipment required to provide care and treatment for the patient group. Most of the equipment was serviced regularly in line with manufacturers recommendations. However, the defibrillator was due a service in July 2018. This had not been done, which meant its efficacy could not be guaranteed. Between July 2018 and the time of the inspection, the defibrillator was attached to a patient but was not used to provide an electric shock. We made staff aware of this at the time of inspection and the defibrillator was removed by staff. There was another defibrillator on-site. This had recently been purchased by the provider to make sure that Severn, where most of the high-risk incidents occurred, had their own defibrillator. Since the inspection, we have been seen evidence that the original defibrillator has been serviced. We also saw the daily defibrillator check had not been completed consistently, with one period of 9 consecutive days being missed in December 2018.
- Staff had access to two first aid boxes to support patients with minor injuries. However, we saw multiple out-of-date items in both first aid boxes; mostly bandages, eye pads and eye wash. This was brought to the attention of staff, who removed them immediately, arranged for them to be returned to the pharmacy for safe disposal and ordered replacements.

Track record on safety

Long stay/rehabilitation mental health wards for working age adults

Good 

- There had been two serious incidents in the six months before this inspection, one involving the death of a patient. A full internal investigation had been completed and a police report concluded that no root cause was found that could have altered the outcome in this case. We saw that managers had implemented recommendations from the serious incident report and staff had received individual supervision sessions for reflective practice. Learning had been disseminated to staff and training had become more robust. The service had implemented a twice monthly resuscitation drill, where different scenarios were presented for staff to assess and provide appropriate and timely support.

Reporting incidents and learning from when things go wrong

- Staff were aware and comfortable with the processes used to raise risks within the service. They said that these processes were clear, supportive and allowed them time to debrief both as a team, and individually.
- We saw evidence that these incidents were reported to the organisation that commissioned the service on behalf of patients and the CQC where relevant.
- Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation when things went wrong.
- Staff had weekly meetings where they discussed risks and incidents, and shared any learning. The head of care at the service also attended monthly meetings with other heads of care across the provider to share learning from incidents at their service, and learn from incidents that had occurred elsewhere.
- We saw evidence of changes to practice following incidents, including new resources being acquired, changes to procedure and wider learning and changes to patients' care plans. While up to date national data is not available on the number of incidents typical in services for women with personality disorders, our expert specialist advisors saw that the type of incidents were not unusual in their experience. When incidents occurred, staff reacted appropriately.
- Feedback from investigations was shared through monthly newsletters, team meetings and supervision.

Are long stay/rehabilitation mental health wards for working-age adults effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff carried out a comprehensive assessment of patients' physical and mental health needs before and during admission. This information was used to create personalised, holistic and recovery orientated care plans, which staff updated as needed. We reviewed the care records of eight patients. All of these records contained comprehensive and holistic assessments that were personalised and recovery orientated. Care records clearly documented patient's individual goals and how the service was going to support them to achieve these. Care records were regularly updated from both multidisciplinary meetings with the patient, and the daily risk assessments and handovers.
- Staff had assessed patients' physical health needs and supported them to access physical healthcare. Patients at the service often had a variety of physical health needs. Appointments with local hospitals and GP services were facilitated by staff. The provider had a good working relationship with the local health access centre, where most of the patients were registered for physical healthcare. The relationship with the local GP surgery had improved since our last inspection in 2018, however a decision had been taken by the service to register new patients with the local access centre. A few patients were still registered with the GP surgery as they had been registered there on admission.
- Care records were kept electronically, in a password-protected system. Daily notes and updates from the handovers were put onto this system to ensure staff had timely access to up to date information.

Best practice in treatment and care

- The clinic had a service model which provided recovery focused care and treatment interventions suitable for the patient group in line with the relevant National Institute for Health and Care Excellence (NICE) guidance.

Long stay/rehabilitation mental health wards for working age adults

Good 

This included activities and work opportunities to help patients with daily living skills. Staff ensured that patients were offered a minimum of 25 hours of therapeutic activity each week.

- We reviewed ten medication charts and saw that prescriptions for medicines such as antipsychotic medicines were within national guidance such as that provided by NICE.
- Access to psychological therapies recommended by NICE had improved since our last inspection in May 2018. A full-time clinical psychologist and two psychology assistants were in post to improve patients access to one to one therapies. Staff in the service used techniques from cognitive behavioural therapy and dialectical behavioural therapy to help patients. Patients had a timetable of therapeutic activities and a program of psychoeducational groups.
- Staff supported patients with their physical health, and ensured that they had access to physical healthcare as needed. Patients had access to a dietician, who had also worked with the chef to inform specific dietary requirements for patients. For example, providing calorie supplementation or healthier options.
- Staff supported patients to live healthier lives, for example, by providing healthy eating and smoking cessation advice, and encouraging patients to increase their levels of physical activity. The service had an on-site gym and had recently bought a rowing machine following patients' request in a community meeting. A personal trainer who was also a qualified nutritionist, visited the clinic once a week to provide specialist support in physical training and nutrition.
- Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes. Multidisciplinary staff members used the Health of the Nation Outcome Scales (HoNOS) as well as other specific rating scales, such as Beck Depression Inventory (BDI) and Brief Psychiatric Rating Scale (BPRS) used by

Skilled staff to deliver care

- The staff team included or had access to the full range of specialists required to meet the needs of the patients. There was a range of staff from different therapeutic disciplines on site including psychiatrists, nursing staff, a psychologist, dietician, nutritionist, and occupational therapists. Where needed other specialists were brought

in, including arranging a part time registered general nurse for a patient. These staff were experienced and qualified for their role and had the benefit of additional training on working with patients with personality disorders.

- All staff took part in an induction process. This included a checklist of tasks and competences and completion of all mandatory training. Staff had access to both formal and informal group and individual supervision. There were weekly formulation meetings, handovers and staff received individual supervision monthly during their induction, and once every six weeks afterwards.
- Managers dealt with poor performance and helped staff to perform their role better.
- All staff received an appropriate induction, including bank staff. Staff were required to complete mandatory training as part of their induction.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit the patients. They supported each other to make sure patients received the care they needed.
- Staff held regular and effective multidisciplinary team meetings and had mechanisms in place to support effective team communication. Housekeeping and kitchen staff were also included in the daily staff meeting which reviewed patients risk and informed staff of any issues and/ or incidents. This meant that all staff on the premises were aware of any risks and could minimise the occurrence of incidents.
- Staff reported good links with local emergency departments and the police. They also reported a good working relationship with the local safeguarding team and the different funding bodies that placed patients at the clinic. On the day of the inspection we saw a meeting had been arranged by the provider with a funding body to discuss a patients' care pathway.
- The clinic had built effective relationships with the local health access centre responsible for managing the physical health care and needs of patients.

Adherence to the MHA and the MHA Code of Practice

Long stay/rehabilitation mental health wards for working age adults

Good 

- Ninety-four per cent of staff had completed training in the Mental Health Act (1983). Staff had a good understanding of the Mental Health Act (1983), the Code of Practice and the guiding principles.
- There was a clear understanding from staff about the various restrictions being detained under the Act entailed, and staff demonstrated a good understanding of the Code of Practice. Staff had easy access to administrative support and legal advice on the use of the Mental Health Act (1983) and its Code of Practice. A hard copy of the Code of Practice was available to staff, along with an easy ready version that staff could use with patients.
- Staff knew who their Mental Health Act administrator was. The MHA administrator audited and monitored the paperwork associated with the Mental Health Act monthly.
- Staff stored copies of patients' detention papers and associated records correctly and these were available to all staff that needed to access them. At the time of this inspection, 12 out of 16 patients were detained under the Act.
- Patients confirmed that they had been presented their rights under the Act, and were reminded of these appropriately. Patients had easy access to information about advocacy. Posters advertising the independent mental health advocacy service were visible throughout the service. The independent mental health advocate visited the premises weekly.
- Staff explained to patients their rights under the Mental Health Act (1983) in a way that they could understand, repeated it as required and recorded that they had done it. Rights information was available in easy read format for patients that required it.
- Second opinion appointed doctors were requested when appropriate. Consent to treatment certificates were kept with medication charts in line with Code of Practice guidance.
- Staff ensured that patients could take Section 17 leave (permission for patients to leave the premises) when this was granted. Escorted leave was only cancelled in exceptional circumstances, e.g. when an incident resulted in the immediate need for staff to remain on the premises to ensure the safety of patients.

Good practice in applying the MCA

- As of January 2019, 94% of staff had training in the Mental Capacity Act (2005). This had improved since our last inspection in May 2018 when compliance was at 72%.
- Staff had a good awareness of the Mental Capacity Act (2005), in particular the five underpinning principles, and their relevance in practice. They knew where to seek advice if needed. Staff were aware of the importance of giving patients all possible assistance to make decisions about their care before assuming they lacked the mental capacity to make the decision themselves.
- None of the patients were under a Deprivation of Liberty Safeguard (DoLS) authorisation at the time of the inspection.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes when working with patients showed they were compassionate, kind and respectful, providing patients with help, emotional support and advice at the time they needed it. Staff ensured patients' dignity and privacy were maintained at all times
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff supported patients to understand and manage their care and treatment. Staff aimed to give individual, person-centred care for every patient to meet their needs in the best way for them. We saw evidence of care plans being reviewed regularly to reflect this.
- Staff recognised the totality of patients' needs and always took into consideration a person's personal,

Long stay/rehabilitation mental health wards for working age adults

Good 

social, religious and cultural needs. For example, a carer who lived out of county told us that they could not visit Alders for personal reasons. Staff had facilitated a visit home for the patient on two separate occasions to see her family.

- Staff had built therapeutic relationships with patients and were able to recognise early signs of distress and intervene before situations became critical. We observed this twice on the day of our visit.
- Staff were proactive, empathic, calm and had a clear focus on giving the best care possible. Our observations around positive staff attitudes extended towards catering, housekeeping and maintenance staff who spoke passionately about providing a good patient experience. The general atmosphere of the service was one of positivity, and patients we spoke with were very complimentary about the care and attention they received from staff.
- People's emotional and social needs were as important as their physical needs. For example, a specialist nurse had been employed on a short-term contract to meet the physical healthcare needs of a patient who could not access the local GP facilities.
- We observed staff continuously encouraging patients to undertake tasks for themselves, which helped aid recovery and promoted a sense of independence.
- The service had maintained contact with previous patients, with consent, and asked them to provide peer support for patients in treatment. The service reimbursed their travel expenses.
- The service had paid for accommodation for a patient's family who had travelled a considerable distance, so they could spend time with her in the local General Hospital.

Involvement in care

- Patients were thoroughly involved in their care plans, which were written in consultation with each discipline of the team, for example with a nurse, occupational therapist and psychiatrist.
- The admission process orientated patients to the service and involved introductions to other patients and all staff. A welcome guide was available for all patients, families and carers.
- Patients we spoke with told us they were included in discussions and decisions relating to their care and treatment. We saw records to show that this was the case.
- Advocacy was provided by an external company who visited the service weekly and on request.
- We were told by staff that consent from patients was always sought with regards to family involvement. The service had also paid travel arrangements for family and friends on low incomes to visit patients in hospital.
- We spoke with two carers. One was complimentary of the care and support provided by the service and felt the staff had a close therapeutic relationship with their loved one. One carer had not received a copy of a care plan until a year after the patient had been admitted, and another carer was still waiting to receive one 12 months into the patients' treatment.
- Community meetings were held once weekly. We saw meeting minutes to show that this was the case.
- Patients were able to undertake paid employment within the service. Patients who were interested in jobs that involved staff recruitment, collecting newspapers, cleaning and watering plants would submit an application and were then subject to normal recruitment procedures. This promoted a sense of independence and responsibility and was good preparation for discharge and future employment.
- Patients were actively encouraged to participate in creating the service menus.
- Staff involved patients in care planning and risk assessment. Staff used easy read information to involve patients where appropriate. Prior to multidisciplinary reviews staff met with patients to gain feedback from the patient.
- Patients had access to advocacy support. The advocate attended the service weekly.
- Staff involved patients in decisions about the service. Patients were encouraged and supported to give feedback on the service they received, through patient surveys and community meetings. We saw that patients were responsible for completing minutes for the community meetings. Staff were committed to supporting patients to exercise their right to make a complaint about the service.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff acknowledged that many of the patients were not from the local area and so it could be difficult for some families and carers to be actively involved.
- Patients on Coln unit had been involved in the environmental risk assessment, and highlighted the potential risks that needed addressing by the provider.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- At the time of inspection, the service had 17 patients.
 - The average length of stay for patients was 14 months and bed occupancy for the last six months was 84.28%.
 - There were no delayed discharges in the six months before or at the time of the inspection. Discharge was never delayed for anything other than clinical reasons.
 - Patients were admitted from across the country due to the specialist nature of the service provided.
 - The care pathway consisted of three areas within the service. The pathway started with Severn unit, where patients would receive ongoing assessment into their individual needs. The second area was Avon unit where patients would receive treatment based on the outcome of their assessments. The third area was Coln unit where patients would be engaged in discharge planning and preparation. Patients were able to move through this care pathway dependent on their changing or evolving needs.
 - We were told by the service manager that there was always a bed available for patients returning from leave.
 - Patients were not moved between the units unless it was justified on clinical grounds and was in the interests of the patient. A patient had moved units following an incident where staying on the unit could have posed further risk.
- The service had a 70% successful discharge rate and when patients were moved or discharged this happened at an appropriate time of day. This was measured by completion of treatment at the Alders Clinic and successful discharge from the service.
 - Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Regular meetings were held with care managers/co-ordinators to review discharge plans and ensure arrangements were made for the patient upon discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff and patients had access to the full range of rooms and equipment to support treatment and care. There were clinic rooms, a treatment room, an activity room as well as lounges and quiet lounges. The service also had a gymnasium and computer suite.
- Patients had their own bedrooms which were spacious, bright and pleasant with ensuite shower facilities. There was a separate bathroom with bathing facilities. Staff encouraged patients to make their bedrooms their own and we saw patients' bedrooms had been personalised with photographs and other personal items. Patients were also able to paint their rooms a colour of their choice. All bedrooms had secure lockers and wardrobes where patients could keep their valuables.
- There were various courtyards within the service grounds. These were pleasant and spacious, with some flowerbeds maintained solely by patients. We saw a plant had been planted by staff and patients in memory of a patient who had passed away. Subject to risk assessment, patients had free access to these courtyards. There was sufficient seating outdoors and designated smoking shelters. There was a smoking cessation lead who supported and encouraged patients wishing to cease smoking.
- The layout and facilities of the service enabled staff to accommodate patients using a wheelchair.
- Patients on Severn and Avon had free access to drinks and snacks subject to risk assessment. Where risks had been identified patients would either be supervised in kitchens or staff would prepare drinks and snacks for them. On Coln unit, patients had access 24 hours day, seven days a week.

Long stay/rehabilitation mental health wards for working age adults

Good 

- There were a range of activities available for patients which were led by the psychology and occupational therapy staff and supported by nursing staff. These included psychology, self-care, arts and crafts, gym and fitness.
- The food was of good quality. All food was prepared and cooked on site. Patients were encouraged to provide feedback on the food and make suggestions for the menu. Patients were also involved in a consultation regarding how many takeaways they should be allowed each week to maintain healthy lifestyles.
- Patients were able to make telephone calls in private, and subject to risk assessment patients were able to have use of their own mobile phones.
- A room was located near the entrance which could also be used for family visits.
- The external windows of all the bedrooms allowed anyone in the outdoor space to look in and therefore compromised patients' privacy. Previously a privacy film had been attached to windows, but had to be removed following an incident of the film being removed by a patient and used to self-harm. This was brought up with staff on the day of our visit and immediate action was taken to identify a solution. Since our visit, evidence has been provided to show a spray etching on the windows, which is not removable and a permanent solution.

Patients' engagement with the wider community

- When appropriate, staff ensured that patients had access to education and work opportunities. The service ran a therapeutic earnings programme where patients could receive payment for working at the service. One patient was paid to tidy the dining area after meals. Another patient was employed to water the indoor and outdoor plants.
- Staff supported patients to maintain contact with their families and carers. Visits were encouraged and patients were supported to schedule regular telephone calls with families and carers. Patients had been taken to visit their families in circumstances where family members were unable to visit the service.

Meeting the needs of all people who use the service

- The service had made adjustments for disabled patients. For example, by ensuring disabled people's

access to premises and by meeting patients' specific communication needs. Rooms and corridors were wide allowing for wheelchair users and assisted bathrooms and accessible toilets were available. We saw patients were given easy read care plans where needed.

- At the time of our visit, there were no patients who needed interpreters or communication assistance. However, staff were aware of how and where they could get interpreters and information in other languages.
- Notice boards displayed information relating to treatment options, local services, patient rights and complaints.
- Specific dietary requirements and religious preferences were catered for. For example, we saw a patient's meals being fortified following a recommendation by the dietician.
- Access to spiritual support was provided by a chaplain who visited the service fortnightly. Various religious and spiritual support could be sourced locally, as and when required. Patients who wished to, attended a local church service.

Listening to and learning from concerns and complaints

- The service received 16 complaints in the last 12 months. In the first six months of 2018, four complaints were made regarding insufficient staffing. However, the provider had acknowledged this and was in the process of recruiting new staff members. At the time of our visit, the service had a full complement of staff and there were no vacancies to fill.
- The service received 26 compliments in the last 12 months, mainly from patients in relation to the caring nature of staff, the service environment and good communication.
- Patients knew how to complain or raise concerns. When patients complained or raised concerns, they received feedback. Staff gave feedback verbally and in writing.
- Staff knew how to handle complaints appropriately. They received feedback on the outcome of investigations of complaints and acted on the findings.

Long stay/rehabilitation mental health wards for working age adults

Good 

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. Leaders ensured that new staff were supported by experienced colleagues and were provided with training and development opportunities to ensure they could successfully perform their role.
- Leaders had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care.
- The service manager and head of care were visible in the service and approachable for patients and staff. They held regular meetings with staff and were always available for support and guidance.
- Leadership development opportunities were available for staff and the provider encouraged leaders to engage in these opportunities.

Vision and strategy

- Managers and staff had a clear vision for the aims of the service. The vision and values for Cygnet Health Care had recently changed in September 2018 and staff were aware of these changes and what the new values were.

Culture

- There was a strong sense of positivity amongst all staff. Staff we spoke with, including housekeeping and kitchen staff, told us they felt supported and valued, and had good working relationships with managerial staff. We found that staff cared about their patients and worked as a unit to deliver high-quality personalised care.
- Staff felt able to raise concerns without fear of retribution and had confidence that action would be taken to address their concerns.
- Staff knew how to use the whistle-blowing process.

- Managers dealt with poor staff performance when needed. We saw records of supervision sessions to address specific areas of practise or concern.
- Although there had been a high turnover of staff between 2017 and 2018, we saw staff working well together to provide high quality care for the patients. Some staff had been employed since the service opened and this provided stability and a good knowledge base for new employees.
- All staff had an appraisal and regular supervision sessions. Annual appraisals and monthly supervision explored personal and professional development opportunities. We also saw extra supervision sessions being held with staff individually after incidents to provide support and address areas for improvement. Staff told us they found these sessions purposeful and meaningful.

Governance

- The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service. The registered manager and representatives from staff groups met monthly for local governance meetings. These fed into and received feedback from regional and national governance agendas. They also shared information via a group email for any lessons learned.
- There was a clear framework of what must be discussed at unit or team level in team meetings to ensure that essential information, such as learning from incidents and complaints, was covered.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance, and staff acted on the results when needed. There was a comprehensive audit schedule for the service.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

- The service used a range of key performance indicators to measure the effectiveness of the service provided and to monitor quality and patient safety. The registered manager provided data such as staff sickness, incidents, agency use, and complaints. This was electronically

Long stay/rehabilitation mental health wards for working age adults

Good 

monitored by the provider's central governance team, and formed part of a performance dashboard which could be reviewed and benchmarked against other hospitals run by the provider.

Information management

- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.
- Information governance systems included confidentiality of patient records. Patient records were kept in the locked nurses station.
- Staff made notifications to external bodies as needed.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used, for example through the intranet, bulletins and newsletters.

- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. We saw patients had been involved in changes to the service via feedback from community meetings. For example, some patients fed back a request for smoothies in place of a regular breakfast, so staff put provisions in place to allow patients to have this option.

Learning, continuous improvement and innovation

- Staff had not had opportunities to participate in research, although this was something the managers told us they would welcome.
- The Clinic has registered and is currently working through the Accreditation for Inpatient Mental Health Services scheme (AIMS) process through the Royal College of Psychiatrists.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should maintain oversight of the necessary checks for equipment, to ensure all pieces of equipment are working efficiently.