

Cygnnet Hospital Ealing







Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
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 Hospital, Ealing as good because:

- The wards were clean and well maintained. Furnishings were in good condition and there was a programme of redecoration and refurbishment in place. Staff had undertaken infection control training and followed infection control practices. Emergency equipment in the clinic rooms was checked regularly. Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe.
- The hospital protected patients from the risk of abuse and avoidable harm. There were clear, open and transparent processes for reporting and learning from incidents. Staff reported incidents, and managers shared learning locally and within the wider organisation. Staff undertook appropriate mandatory and specialist training for their role. They had regular supervision and an annual appraisal.
- Patients' care and treatment was planned, delivered and reviewed regularly, in line with best practice guidance. Outcomes of patients' care and treatment were collected and monitored. Care and treatment records showed physical health checks took place and there was on-going healthcare investigations and healthcare monitoring.
- Patients were involved in their treatment and had been included in decisions about their care. Records and patients confirmed this. Multidisciplinary teams were pro-actively involved in patient care, support and treatment.
- Patients had access to the complaints process. Staff and managers listened to complaints and concerns from patients and made improvements when required.
- We observed positive interactions between staff and patients throughout our visit. The majority of patients spoke positively about the care, support and treatment they received. Patients spoke positively about the advocacy service at the service. There was an extensive programme of group and individual activities that were recovery focused.

- Senior managers were visible and proactively engaged staff in the vision and values of the organisation. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service. The provider had systems in place to monitor performance and make improvements through its governance structures.

However:

- There had been a number of notifiable incidents such as, safeguarding, police involvement and detained patients being absent without leave where the provider had not submitted statutory notifications to the CQC as required.
- There was a high use of prone restraint at the hospital. The service had in place a Reducing Restrictive Practice strategy and policy. Two reducing restrictive practice leads had been appointed by Cygnet Health to assist with implementing the strategy. The provider reviewed all prone restraints at the monthly integrated governance meeting and was a member of the Restraint Reduction Network.
- Information on some incident forms for New Dawn ward was not available, for example the level of severity of harm, whether the patient received a debrief after the incident or their MHA status.
- Patient records were in paper format and regularly archived. There was no log recording how often care plans and risk assessments had been completed as only the most recent one was kept on file.
- It was not clear how staff followed up outstanding shortfalls identified following the Short Term Risk Assessment and Treatability tool (START) risk assessment audit and care programme approach (CPA) report audits.
- Staff demonstrated a working knowledge of the principles of capacity to consent and the Mental Capacity Act (MCA) and how they put these into

Summary of findings

practice on a daily basis. However, nursing staff were not fully aware of their responsibilities in carrying out capacity assessments and told us these were completed by the consultant psychiatrist.

- We received comments that a few members of staff had a poor professional attitude towards the patients. Patients confirmed they had raised these concerns with the ward manager who was addressing them with individual staff.

Summary of findings

Our judgements about each of the main services

Service

Acute wards for adults of working age and psychiatric intensive care units

Rating Summary of each main service

Good



- The wards were clean and well maintained. Furnishings were in good condition and there was a programme of redecoration and refurbishment in place. Staff had undertaken infection control training and followed infection control practices. Emergency equipment in the clinic rooms was checked regularly. Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe.
- The hospital protected patients from the risk of abuse and avoidable harm. There were clear, open and transparent processes for reporting and learning from incidents. Staff reported incidents, and managers shared learning locally and within the wider organisation. Staff undertook appropriate mandatory and specialist training for their role. They had regular supervision and an annual appraisal.
- Patients' care and treatment was planned, delivered and reviewed regularly, in line with best practice guidance. Outcomes of patients' care and treatment were collected and monitored. Care and treatment records showed physical health checks took place and there was on-going healthcare investigations and healthcare monitoring.
- Patients were involved in their treatment and had been included in decisions about their care. Records and patients confirmed this. Multidisciplinary teams were pro-actively involved in patient care, support and treatment.
- Patients had access to the complaints process. Staff and managers listened to complaints and concerns from patients and made improvements when required.
- We observed positive interactions between staff and patients throughout our visit. The majority of patients spoke positively about the care, support

Summary of findings

and treatment they received. Patients spoke positively about the advocacy service at the service. There was an extensive programme of group and individual activities that were recovery focused.

- Senior managers were visible and proactively engaged staff in the vision and values of the organisation. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service. The provider had systems in place to monitor performance and make improvements through its governance structures.
- There was a commitment to quality improvement and innovation across the service. New Dawn ward had received the APT (The Association for Psychological Therapies) Award for excellence in DBT in 2014 and 2016.

However:

- There had been a number of notifiable incidents such as, safeguarding, police involvement and detained patients being absent without leave where the provider had not submitted statutory notifications to the CQC as required.
- There was a high use of prone restraint at the hospital. The service had in place a Reducing Restrictive Practice strategy and policy. Two reducing restrictive practice leads had been appointed by Cygnet Health to assist with implementing the strategy. The provider reviewed all prone restraints at the monthly integrated governance meeting and was a member of the Restraint Reduction Network.
- Information on some incident forms for New Dawn ward was not available, for example the level of severity of harm, whether the patient received a debrief after the incident or their MHA status.
- Patient records were in paper format and regularly archived. There was no log recording how often care plans and risk assessments had been completed as only the most recent one was kept on file.

Summary of findings

Specialist eating disorders services

Good



- It was not clear how staff followed up outstanding shortfalls identified following the Short Term Risk Assessment and Treatability tool (START) risk assessment audit and care programme approach (CPA) report audits.
 - Staff demonstrated a working knowledge of the principles of capacity to consent and the Mental Capacity Act (MCA) and how they put these into practice on a daily basis. However, nursing staff were not fully aware of their responsibilities in carrying out capacity assessments and told us these were completed by the consultant psychiatrist.
 - We received comments that a few members of staff had a poor professional attitude towards the patients. Patients confirmed they had raised these concerns with the ward manager who was addressing them with individual staff.
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- The wards were clean and well maintained. Furnishings were in good condition and there was a programme of redecoration and refurbishment in place. Staff had undertaken infection control training and followed infection control practices. Emergency equipment in the clinic rooms was checked regularly. Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe.
 - The hospital protected patients from the risk of abuse and avoidable harm. There were clear, open and transparent processes for reporting and learning from incidents. Staff reported incidents, and managers shared learning locally and within the wider organisation. Staff undertook appropriate mandatory and specialist training for their role. They had regular supervision and an annual appraisal.
 - Patients' care and treatment was planned, delivered and reviewed regularly, in line with best practice guidance. Outcomes of patients' care and treatment were collected and monitored. Care and treatment records showed physical health checks took place and there was on-going healthcare investigations and healthcare monitoring.

Summary of findings

- Patients were involved in their treatment and had been included in decisions about their care. Records and patients confirmed this. Multidisciplinary teams were pro-actively involved in patient care, support and treatment.
- Patients had access to the complaints process. Staff and managers listened to complaints and concerns from patients and made improvements when required.
- We observed positive interactions between staff and patients throughout our visit. The majority of patients spoke positively about the care, support and treatment they received. Patients spoke positively about the advocacy service at the service. There was an extensive programme of group and individual activities that were recovery focused.
- Senior managers were visible and proactively engaged staff in the vision and values of the organisation. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service. The provider had systems in place to monitor performance and make improvements through its governance structures.

However:

- There had been a number of notifiable incidents such as, safeguarding, police involvement and detained patients being absent without leave where the provider had not submitted statutory notifications to the CQC as required.
- There was a high use of prone restraint at the hospital. The service had in place a Reducing Restrictive Practice strategy and policy. Two reducing restrictive practice leads had been appointed by Cygnet Health to assist with implementing the strategy. The provider reviewed all prone restraints at the monthly integrated governance meeting and was a member of the Restraint Reduction Network.

Summary of findings

- Patient records were in paper format and regularly archived. There was no log recording how often care plans and risk assessments had been completed as only the most recent one was kept on file.
- It was not clear how staff followed up outstanding shortfalls identified following the Short Term Risk Assessment and Treatability tool (START) risk assessment audit and care programme approach (CPA) report audits.
- Staff demonstrated a working knowledge of the principles of capacity to consent and the Mental Capacity Act (MCA) and how they put these into practice on a daily basis. However, nursing staff were not fully aware of their responsibilities in carrying out capacity assessments and told us these were completed by the consultant psychiatrist.
- We received comments that a few members of staff had a poor professional attitude towards the patients. Patients confirmed they had raised these concerns with the ward manager who was addressing them with individual staff.

Summary of findings

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Good 

Cygnet Hospital Ealing

Services we looked at

Acute wards for adults of working age and Specialist eating disorders services.

Summary of this inspection

Background to Cygnet Hospital Ealing

Cygnet Hospital, Ealing has two wards:

Sunrise ward is an eating disorder service for women aged over 16, including those with extremely low Body Mass Index (BMI) and has 17 beds. The ward can also treat individuals who have a dual diagnosis of an eating disorder combined with personality disorder, complex challenging behaviour and self-harm.

New Dawn ward is an acute admission ward for women with borderline personality disorders and has nine beds. There was one vacant bed at the time of the inspection.

The last inspection took place in September 2013 and the service was fully compliant with all regulations.

Cygnet Hospital, Ealing is registered for the following regulated activities:

Treatment of disease, disorder or injury.

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

Our inspection team

The team that inspected Cygnet Hospital Ealing consisted of one CQC inspector, one CQC inspection manager, a Mental Health Act reviewer and specialist advisors consisting of a consultant psychiatrist and one nurse.

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:

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eight patients who were using the service
- spoke with two relatives
- spoke with one former patient
- spoke with the registered manager, managers or acting managers for each of the wards, clinical services manager and hospital manager
- spoke with 19 other staff members; including doctors, dietician, catering manager, administrator, maintenance worker, nurses, healthcare assistants, occupational therapists, clinical psychologist, clinical services manager and social worker
- spoke with an independent advocate

Summary of this inspection

- attended and observed one community meeting, one multidisciplinary team meeting, one planning meeting and a textile therapy group
- collected feedback from eight patients using comment cards
- looked at 16 care and treatment records of patients, including medicine records
- reviewed records of restraint
- looked at records regarding incidents, training, team meetings, complaints, staffing levels and community meetings
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Overall, patients spoke positively about their care and treatment at Cygnet Ealing. However, some patients on Sunrise ward spoke about poor staff attitude and blanket restrictions that were imposed due to a low BMI. The majority of patients spoke positively about the various activities and groups that were available to them, the food provided and the cleanliness of the environment.

We received mixed feedback from eight patients on comments cards from Sunrise ward. The main negative themes related to use of agency staff, staff support and attitude. Positive themes related to the quality of food and activities. The service carried out quarterly patient satisfaction surveys, feedback from these was used to make improvements to the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **requires improvement** because:

- There had been a number of notifiable incidents such as safeguarding, police involvement and detained patients being absent without leave where the provider had not submitted statutory notifications to the CQC as required.
- There was a high use of prone restraint at the hospital. The service had in place a Reducing Restrictive Practice strategy and policy. Two reducing restrictive practice leads had been appointed by Cygnet Health to assist with implementing the strategy. The provider reviewed all prone restraints at the monthly integrated governance meeting and was a member of the Restraint Reduction Network.
- Information on some incident forms for New Dawn ward was not available, for example the level of severity of harm, whether the patient received a debrief following the incident or their MHA status.

However:

- The service provided care in a clean and hygienic environment.
- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. There was an active recruitment and retention programme.
- Systems were in place to monitor and manage patient risk. Staff carried out comprehensive assessments in a timely manner and regularly reviewed these.
- Staff carried out various levels of observation on the wards to ensure effective risk management.
- Staff were aware of incident reporting procedures. Staff confirmed they had received feedback from incidents.
- Patients were cared for safely by a staff team who received appropriate training and supervision to meet their needs.
- Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Multidisciplinary teams were proactively involved in patient care, support and treatment. The patients were supported by a staff team that had specialist expertise in eating and personality disorders.

Good



Summary of this inspection

- Staff told us that they had a good level of supervision and support to deliver care and treatment effectively.
- Care and treatment of patients was planned and delivered in line with best practice guidance and standards.
- The physical health needs of patients were supported through regular checks and monitoring.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of the service.
- Staff told us that they had a good level of supervision and support to deliver care and treatment effectively.
- The staff had a good understanding of the Mental Health Act (MHA) 1983 and the MHA Code of Practice. Detention records were in order and easily available.
- Staff had undertaken training on the MHA and Mental Capacity Act (MCA) 2005.

However:

- Patient records were in paper format and regularly archived. There was no log recording how often care plans and risk assessments had been completed as only the most current one was kept on file.
- It was not clear how staff followed up outstanding shortfalls identified following the START risk assessment audit and CPA report audits.
- Nursing staff were not fully aware of their responsibilities in carrying out mental capacity assessments and told us these were completed by the consultant psychiatrist.

Are services caring?

We rated caring as **good** because:

- Most patients spoke positively about the care, support and treatment they received.
- We observed positive interactions on wards between staff and patients.
- Patients had access to an independent advocate.
- Patients spoke positively about the extensive range of activities that was available both on and off the wards.
- Staff working at the service understood the needs of people, and worked closely with people that were important to them.
- Patients were involved in their care planning.
- Comprehensive information on the service was provided to patients on admission.
- Patients had the opportunity to feedback information about the services through regular community meetings.

However:

Good



Summary of this inspection

- We received comments that a few members of staff had a poor professional attitude towards the patients. Patients confirmed they had raised these concerns with the ward manager who was addressing them with individual staff.

Are services responsive?

We rated responsive as **good** because:

- There was a good range of facilities including quiet rooms, therapy rooms and outdoor space.
- There was a full activities programme which was tailored to meet the needs of the patients.
- The diverse needs and religious beliefs of patients were actively supported. The service had a multi-faith room and religious leaders visited the hospital or staff supported patients to attend places of worship in the community.
- A complaints procedure was in place. Patients' concerns and complaints were addressed in a timely manner and used to improve the service.

Good



Are services well-led?

We rated well-led as **good** because:

- Staff had a good understanding of the provider's vision and values for the service.
- Staff were positive about working at the service and felt supported by the management team. Staff said they felt comfortable raising any issues to their managers and that these would be acted on.
- Staff were supported with their continuous professional development. Various programmes were available such as a new apprenticeship programme, leadership development and encouraging staff to complete external studies.
- Systems were in place to capture and monitor that staff had received mandatory training, annual staff appraisal and supervision was happening regularly.
- The provider had systems in place to monitor performance and make improvements through its governance structures. The service had an action plan which incorporated actions from the risk register, incidents, complaints and audits.
- There was a commitment to quality improvement and innovation across the service. The service used the peer network through the Royal College of Psychiatrists to drive improvement. New Dawn ward had received the APT (The Association for Psychological Therapies) Award for excellence in DBT in 2014 and 2016.

Good



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.

We carried out one Mental Health Act review visit as a part of our inspection of the service, on New Dawn ward. We found that detention documents were in order and easily available.

Six of the nine patients were detained under the MHA on the day of our inspection. All detention documents scrutinised were in order and available for inspection. Records were well kept and systematically organised and were easily accessible to staff. Assessments were completed in a timely manner on admission. There were processes in place for undertaking monthly audits of all MHA documentation.

MHA training was included in the annual mandatory training. Training around the revised MHA Code of Practice had been undertaken by the majority of staff to ensure that they had sufficient skills, information and knowledge about the MHA to support all their patients.

Staff informed patients about their rights as detained patients and these were repeated at regular intervals in accordance with the MHA Code of Practice.

Records showed that patients were informed on admission to the ward of their right to support from an independent mental health advocate (IMHA). There was a

good relationship between the provider and the advocacy service. The service visited the ward weekly and patients knew how to contact them directly when required.

There was no hard copy of the MHA Code of Practice available on the ward for use by staff, patients and carers. It could only be accessed electronically or by borrowing a copy from the MHA administrator's office. The MHA administrator told us that copies would be supplied for both wards. Although there was evidence found that patients' responsible clinician carried out capacity assessments at regular intervals and that meaningful discussions around consent had taken place with the patients concerned, there were still issues found around treatment certificates.

Leave was recorded on a standardised form and the parameters and conditions of leave were appropriately recorded. Out of date leave forms had been struck through or removed from patients' files. Risk assessments and risk management plans for leave were regularly reviewed and we found no evidence that staffing levels impinged on patients' ability to take escorted leave.

There were issues around the validity of a treatment certificate authorising the administration of medication. There was no evidence found that the patient had consented to the administration of an anti-psychotic depot injection. This was brought to the attention of ward staff during our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed Mental Capacity Act (MCA) 2005 training as part of the Mental Health Act (MHA) 1983 mandatory training.

Staff demonstrated a working knowledge of the principles of capacity to consent and the MCA and how they put these into practice on a daily basis. For example, patients had consented to sharing information about

their care and treatment. However, nursing staff were not fully aware of their responsibilities in carrying out capacity assessments and told us these were completed by the consultant psychiatrist.

The provider did not have any patients subject to deprivation of liberty safeguards at the time of our inspection and no applications had been made.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Specialist eating disorder services	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Acute wards for adults of working age and psychiatric intensive care units

Good 

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

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement 

Safe and clean environment

- The hospital used CCTV in communal areas on both wards that staff monitored from the nursing office.
- The wards were clean and well maintained. Furnishings were in good condition and there was a programme of redecoration and refurbishment in place. Staff had undertaken infection control training and followed infection control practices. Hand cleaning gels were available throughout the hospital.
- The layout of the wards meant staff could not observe all parts of the ward. There were long corridors that used mirrors and CCTV to mitigate blind spots.
- Staff were aware of current ligature risks on the wards and managed these through patient and environment observations. The provider had completed a ligature risk assessment and ligature point audit in January 2016 for each ward. Ligature cutters were located in each ward office. We saw records that staff completed regular environmental and patient observations on the wards to manage the identified risks.
- All bedrooms on New Dawn ward were single; nine of the bedrooms had ensuite toilet facilities.

- On New Dawn ward patients were encouraged to use the ligature free shower room instead of the bathroom, when patients' privacy might sometimes be compromised.
- On Sunrise ward there seven double rooms and three single bedrooms.
- On Sunrise ward there was one bedroom with ensuite shower facilities which was ligature free. Plans were in place to refurbish the communal shower room and make it ligature free. Patients who presented with the greatest risk used the ligature free bedrooms on each ward.
- However, standard taps, wardrobe hinges and window closures were still in place in all other bedrooms and ensuite bathrooms.
- Two patients who we spoke with on New Dawn ward both told us that they had recently taken overdoses as they had felt suicidal.
- The clinic rooms on both wards were quite small and did not have room for an examination couch. Staff conducted physical examinations in patients' bedrooms. Records showed staff regularly checked the room temperature, fridge temperature and emergency equipment including oxygen and the defibrillator.
- All staff carried personal alarms and there were emergency alarms located on the walls of each ward. In the event of an emergency on a particular ward staff from the other ward provided support for emergencies when required.

Safe staffing

Acute wards for adults of working age and psychiatric intensive care units

Good 

- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. The service used an establishment tool to set the staffing levels for each ward. Staff were available to facilitate escorted leave and to provide one to one time for patients. Staff said that they felt these levels were sufficient to deliver safe care to patients.
 - New Dawn ward was fully staffed apart from a permanent ward manager, which they were in the process of recruiting to. There was an acting ward manager in place. New Dawn ward staffing consisted of two qualified nurses and two health care assistants during the day shift and one qualified nurse and two health care assistants during the night shift.
 - On Sunrise ward there were two nurse vacancies and five health care assistants had been offered a post and were waiting to commence employment. On Sunrise ward staffing consisted of three qualified nurses and five healthcare assistants during the day shift and two qualified nurses and two healthcare assistants during the night shift. The hospital manager confirmed that additional staff were deployed based on levels of acuity, to support observation levels or activities such escorted leave or trips. Recruitment was under way to fill the nursing staff vacancies and plans were in place to support the retention of staff across the service.
 - Patients on Sunrise ward told us there had been a high use of Cygnet bank and agency workers and this had impacted on the consistency and quality of care they received. Where possible the service used regular bank and agency staff that were familiar with the service.
 - From 01/03/15 to 29/2/16, the provider reported bank or agency staff filled a total of 821 shifts. Staff told us that the numbers of bank and agency staff had decreased over the past 12 months.
 - In the previous 12 months staff sickness rates on New Dawn ward were 4.9% and 1.7% on Sunrise ward. Staff turnover was 42% information provided by the service showed this was due to staff retirement, internal transfers, staff moving from the area and dismissals.
 - The service completed a thorough recruitment and selection process before employing staff to make sure that have the right skills and experience. We saw three staff records which confirmed the relevant checks had been carried out to make sure they were suitable to work at the service.
 - There were medical staff on call 24 hours per day and there was a safe level of medical cover for both wards.
 - Cygnet bank workers were required to complete Cygnet's mandatory training courses. Where bank workers were not up to date with their training the electronic booking system used to book shifts, did not allow further bookings to be made until training had been completed. The service only used agency staff from agencies that were on the preferred provider list.
 - New health assistants undertook a comprehensive induction and were supported to obtain the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. Existing health assistants who had completed training in NVQ level 3 and 4 were not required to undertake the Care Certificate.
 - As of January 2016, 90% of staff had completed the yearly mandatory training. Staff training records showed that 96% of staff were up to date in training in adult safeguarding and in control and restraint. Equality, diversity and disability mandatory training had been undertaken by 93% of staff so that they could respond to peoples cultural, religious and diversity needs. However, completion rates were at 65% for basic life support training and 71% for prescription writing and administration standards. The manager told us that training had been arranged for all new staff. All training was electronically tracked and flagged as an issue if not completed and addressed individually through supervision. Following the inspection we received information from the provider that as of April 2016 84% of staff had completed basic life support training.
- ### Assessing and managing risk to patients and staff
- Risks to patients were assessed on admission, regularly reviewed and linked to their plan of care. Risk assessments were completed using the Short Term Risk Assessment and Treatability tool (START).
 - Training in risk management had been completed by 96% of staff. Staff confirmed there were ongoing

Acute wards for adults of working age and psychiatric intensive care units

Good 

discussions about risk in the daily handover meeting which they contributed to. Staff reviewed patient risks at each handover and during weekly multidisciplinary team (MDT) meetings.

- On Sunrise ward two patients spoke of the restrictions that were imposed due to low Body Mass Index (BMI). They told us they were unable to access group activities until they reached a target BMI. These were appropriate restrictions based on risk and clinical need which patients were made aware of when admitted to the ward.
- Staff carried out various levels of observation on the wards to ensure effective risk management. Staff completed a minimum of hourly checks on patient location and increased this if the risks were greater. Where patients had one to one observation individual records were completed.
- We looked at the records of the use of restraint from 11 May 2015 to 3 March 2016 on New Dawn ward. Staff recorded seventeen episodes, nine of which women had been restrained in the prone position. Two of these resulted in rapid tranquilisation. On Sunrise ward for the same period there were nineteen episodes of restraint, two of which women had been restrained in the prone position and two of which required rapid tranquilisation. The Department of Health's Positive and Safe programme, drawn up post Winterbourne View in April 2014, recommended moving towards ending prone restraint.
- The service had a Reducing Restrictive Practice strategy and policy in place. Two reducing restrictive practice leads had been appointed by Cygnet Health to assist with implementing the strategy. The provider reviewed all prone restraints in detail at the monthly integrated governance meeting. This review included looking at any trends, patterns and carrying out a mini case study on the patient so that lessons could be learnt to make improvements. The provider was a member of the Restraint Reduction Network.
- The service had also amended the mandatory training course for the prevention and management of violence and aggression (PMVA). This emphasised that prone restraint was to be used as a last resort.
- Records viewed found that in line with the Mental Health Act Code of Practice guidance, staff gave patients

the opportunity for a debriefing session after an incident of restraint. However, patients were distressed by witnessing restraint being carried out in communal areas. This compromised patients' privacy and dignity. It was unclear whether those patients witnessing an incident also had the opportunity for debriefing.

- Staff confirmed they had received physical intervention training and there were sufficient staff to carry out physical interventions if required. Records viewed confirmed this.
- Two patients on New Dawn ward told us they generally felt safe but did not feel safe when other patients got agitated or there was an incident. They said that this included witnessing an episode of restraint being carried out in communal areas.
- On Sunrise ward one patient told us they had witnessed an episode of restraint where a patient required restraint during the insertion of a nasogastric feeding tube.
- Staff were aware of the safeguarding procedures and could give examples of recent safeguarding referrals. The hospital social worker was the safeguarding lead who liaised with the local authority, arranged strategy meetings and gave feedback to staff. Cygnet also had an appointed professional lead for safeguarding that staff could get support from.
- The wards did not have a seclusion room. Quiet rooms were located off the wards. Staff managed patients through the assessment and admission process to ensure patients were suitable for the service.
- The hospital used an external pharmacist who visited the wards weekly to review medicine charts and stock. The medicines were organised alphabetically and by individual patient. There were processes in place for the storage and dispensing of medicines. Staff could order online and via fax could get same day delivery.
- Procedures were in place for patients to have family/child visits. No visitors were allowed on the wards. All visits were arranged in advance. Visiting rooms were available away from the ward areas and were supervised where necessary.

Track record on safety

Acute wards for adults of working age and psychiatric intensive care units

Good 

- The service reported four serious incidents between 28 January 2015 and 8 November 2015. Three of these related to allegations of abuse and one related to a serious fire at the service.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what should be reported. A number of supervision procedures were in place when staff received feedback on incidents and lessons learnt were discussed.
- Staff completed incident forms in a paper file. The ward manager reviewed the form, which an administrator uploaded electronically. We reviewed four incident forms. Some were difficult to read due to being hand written and a carbon copy. Not all forms indicated the level of severity of harm, or whether they patient received a debrief or their MHA status. Incident information was also fed into the integrated governance meetings on a monthly basis.
- Staff said they were informed of serious incidents that occurred at other Cygnet Hospitals and discussed learning. Staff gave an example, where flameless wall lighters had been installed following a fire incident.
- Staff did not submit all required statutory notifications to the CQC including safeguarding incidents, a serious incident involving the police and when patients were absent without leave from the wards.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Assessments were carried out after admission. The service used a recovery care model called 'my shared pathway' and recovery star. Care plans were holistic and recorded patients' own views about their treatment in their own words. Patients told us they had involvement in their care.

- On Sunrise ward the dietician was involved in assessing patients' nutritional status and had prepared a personalised meal plan based on patients' current needs. Staff on the ward followed risk protocols for re-feeding patients. There were seven meal sessions throughout the day including three main meals and four snack times.
- Patients' care records had completed admission checklists, consent to sharing information forms, risk planning and information about their physical health needs.
- All patients' records were stored in paper files. This meant that staff had to de-bulk them regularly if they got too full. Archived files were stored on the hospital site. However, this meant that staff did not have easy access to all patients' information. For example, patients' files only had the most up-to-date care plans and risk assessments and not risk assessments which were archived. There was no log recording how often these assessments had been completed.

Best practice in treatment and care

- On New Dawn ward, clinical practice was led by a dialectical behavioural therapy (DBT) model. Staff said that this was incorporated into all aspects on the ward including reflective practice and weekly consultation meetings that staff took turns to chair with the psychologist. Staff also incorporated DBT skills into patient activity groups for example doing mindfulness exercises as a part of the walking group. Patients were supported to use dialectic behaviour therapy (DBT) skills including self-soothing, stop skill and mindfulness, to reduce self-harm.
- On Sunrise ward staff used guidance based on the Management of really sick patients with anorexia nervosa (MARSIPAN) guidelines. These guidelines provide guidance on the clinical management and care of really unwell patients with anorexia nervosa. This tool is approved by the Royal College of Psychiatrists and the Royal College of Physicians. MDT staff attended monthly MARSIPAN meetings to review best practice and implement changes.
- The catering manager worked closely with patients, staff and the dietician on Sunrise ward when developing individual meal plans. Patients on Sunrise ward used the dining room at a separate time from the patients on

Acute wards for adults of working age and psychiatric intensive care units

Good 

New Dawn ward. This was in accordance with the Royal College of Psychiatrists' standards for adult inpatient eating disorder services. We observed a lunchtime meal for patients on Sunrise ward. Staff supported people with the task of eating in a calm and compassionate manner.

- Health of the nation outcome scales were used to look at the progress patients were making. On Sunrise ward eating disorder examination questionnaire was used to assess and record severity and outcomes for patients with an eating disorder. This is completed by the patient on admission and on discharge.
- A full physical health check was conducted on admission. Patients were encouraged to register with a local GP service, dentist and optician. The physical health needs of patients who did not wish to do this were either met by the ward doctor, by the local walk-in centre or by their own GP, if the surgery was within travelling distance. Staff completed weekly baseline monitoring during ward rounds. Each patient had a physical health care record with evidence of on-going health care investigations and monitoring of health conditions.
- More complex physical health issues and emergencies were dealt with at Ealing Hospital or Northwick Park Hospital.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of the service. Areas covered included clinical records, risk assessments, incidents, prescription charts, infection control and physical health care. However, in the recent START risk assessment audits on New Dawn ward, it was unclear how staff followed up on outstanding issues. Issues identified in the January 2016 audit including missing information were still outstanding in the February audit 2016.
- On Sunrise ward an audit of CPA reports in February 2016 had identified some shortfalls. There was no evidence that the shortfalls had been addressed.

Skilled staff to deliver care

- Staff told us that they had a good level of supervision and support to deliver care and treatment effectively.

This included weekly reflective practice sessions and weekly DBT consultations. Staff also received group supervision with an external psychologist and monthly individual supervision.

- All staff who had worked at the service for 12 months had received annual appraisals.
- The manager on Sunrise ward had extensive experience in working with patients with eating disorders. Both consultants had specialist expertise in working with people with eating disorders. The consultant on New Dawn ward who was also the medical director had specialist expertise in working with personality disorders.
- Ninety three percent of nursing and medical staff were trained in naso-gastric tube insertion and feeding. The dietician at the service was also a cognitive behavioural therapist and had a dual role within the team.
- All staff on New Dawn ward had completed external foundation training in DBT. Four staff were trained to deliver DBT skills training and seven registered staff were trained to provide DBT therapy, which included completing a one week residential course. While health care assistants did not provide individual therapy to patients, they completed two day training on delivering DBT skills training. Staff received in-house training for updates and refreshers on DBT. Staff had dual roles on the ward, for example working as both nursing staff and a DBT practitioner and the ward was in the process of reviewing this to ensure better consistency in patient care. They were also looking at implementing a six-week pre-treatment programme.

Multidisciplinary and inter-agency team work

- Some members of the MDT and management worked working across both wards and Cygnet Hospital Kenton including the clinical psychologist, social worker, dietician and head of OT. Staff said they felt the MDT worked well together as a team and were listened to.
- In addition to the nursing and medical staff there was a compliment of therapists including psychotherapist, psychologist, psychology assistants, cognitive behavioural therapists and specialists in eating disorders. They all worked across the two wards and provided both individual and group sessions.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- Cygnet Hospitals Group had meetings for allied health professionals working across the organisation including head of OTs, social work practice development group and monthly psychologist meetings.
- Each consultant held a weekly multidisciplinary meeting to review patients' progress and care. Patients were seen on an individual basis at the meeting.
- Staff worked closely with patients' care coordinators in their local areas and patients were encouraged to take weekend leave where appropriate.
- The advocate said that they prepared a monthly report for hospital managers on issues raised by patients. The advocate often attended multidisciplinary team meetings and care programme approach (CPA) meetings. They would support patients at hospital manager's hearings and first tier tribunals, if a patient wanted their support. They said that the hospital managers and ward staff were extremely approachable.
- Records showed that patients were informed on admission to the ward of their right to support from an independent mental health advocate (IMHA). There was a good relationship between the provider and the advocacy service. The service visited the ward weekly and patients knew how to contact them directly when required.
- There was no hard copy of the MHA Code of Practice available on the ward for use by staff, patients and carers. It could only be accessed electronically or by borrowing a copy from the MHA administrator's office. The MHA administrator told us that copies would be supplied for both wards. Although there was evidence found that patients' responsible clinician carried out capacity assessments at regular intervals and that meaningful discussions around consent had taken place with the patients concerned, there were still issues found around treatment certificates.
- Leave was recorded on a standardised form and the parameters and conditions of leave were appropriately recorded. Out of date leave forms had been struck through or removed from patients' files. Risk assessments and risk management plans for leave were regularly reviewed and we found no evidence that staffing levels impinged on patients' ability to take escorted leave.
- There were issues around the validity of a treatment certificate authorising the administration of medication. There was no evidence found that the patient had consented to the administration of an anti-psychotic depot injection. This was brought to the attention of ward staff during our inspection.

Adherence to the MHA and the MHA Code of Practice

- We carried out one Mental Health Act review visit as a part of our inspection of the service, on New Dawn ward. We found that detention documents were in order and easily available.
- Six of the nine patients were detained under the MHA on the day of our inspection.
- All detention documents scrutinised were in order and available for inspection. Records were well kept and systematically organised and were easily accessible to staff. Assessments were completed in a timely manner on admission. There were processes in place for undertaking monthly audits of all MHA documentation.
- MHA training was included in the annual mandatory training. Training around the revised MHA Code of Practice had been undertaken by the majority of staff to ensure that they had sufficient skills, information and knowledge about the MHA to support all their patients.
- The majority of policy documents had been updated or drafted in line with the requirements of the revised MHA Code of Practice.
- Staff informed patients about their rights as detained patients and these were repeated at regular intervals in accordance with the MHA Code of Practice.

Good practice in applying the MCA

- All staff had completed MCA training as part of the MHA mandatory training.
- Staff demonstrated a working knowledge of the principles of capacity to consent and the MCA and how they put these into practice on a daily basis. For example, patients had consented to sharing information about their care and treatment. However, nursing staff were not fully aware of their responsibilities in carrying out capacity assessments and told us these were completed by the consultant psychiatrist.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- The provider did not have any patients subject to deprivation of liberty safeguards at the time of our inspection.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good 

Kindness, dignity, respect and support

- We saw kind and caring interactions between staff and patients.
- We received mixed feedback from patients about the care, treatment and support they received. Patients on New Dawn ward and some patients on Sunrise ward were positive about the level of care they received. They said they were treated well by staff members and received individual care.
- We also received comments that a few members of staff had a poor professional attitude towards the patients. Patients confirmed they had raised these concerns with the ward manager who was addressing them with individual staff.
- Staff had a comprehensive understanding of individual patients' needs.

The involvement of people in the care they receive

- Patients were provided with information on the service upon admission through a patient handbook. The handbooks for each ward provided information which was specific to the service, for example on Sunrise ward the handbook provided clear information about weight restoration and recovery. The provider had a comprehensive website which also provided information on the service.
- Patients took turns to chair the daily planning meeting that all nursing staff attended on each ward. We attended a planning meeting on New Dawn ward. The chair greeted and checked in with each staff and patient at the meeting. They discussed allocations, groups, escorts and any issues. The patient also led a

mindfulness exercise as part of the meeting. A patient also chaired the ward weekly community meeting. The minutes of community meetings were only available to patients on request.

- Patients were involved in the development and review of their care. Ward round records viewed confirmed that patient views were obtained. Patients said that they had been offered a copy of their care plan. However, one patient on New Dawn ward said that they had not been offered an up to date care plan, although they had asked for one. Another patient on New Dawn ward told us that their care plan did not reflect what had been agreed in ward round. The advocate also told us that patients complained that care plans did not always reflect what they felt had been agreed in ward rounds or were updated in a timely manner.
- Information about how patients could access independent advocacy was clearly displayed and available on the wards.
- New Dawn ward had a monthly friends and family meeting that an assistant psychologist and team leader attended.
- With the permission of patients, families were appropriately involved in their care and treatment. The hospital held a carer's group one weekend a month. There was also a monthly leavers group on New Dawn ward where ex-patients who have been discharged speak to current patients about their experiences of leaving the ward.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The wards took patients from all over the country. Services were commissioned by NHS England. All referrals were discussed at the MDT meeting to ensure the service was suitable and could meet the needs of the individual.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- The majority of admissions to the service were planned once agreed by the MDT, on rare occasions emergency admissions were accepted.
- Between 01 June 2015 and 30 November 2015 the mean bed occupancy in New Dawn ward was 78.9%, while the mean bed occupancy in Sunrise ward was 87.7%.
- There was one delayed discharge on Sunrise ward between 01 June 2015 and 30 November 2015. The delay was due to the necessity to wait for supported accommodation. There were no delayed discharges on New Dawn ward.
- The average length of stay on New Dawn ward in 2015 was 12.7 months and on Sunrise ward 11.7 months. This was partly because of the lack of specialist support services in patients' home areas. Staff worked closely with the patients' care coordinators. Some patients moved on to Cygnet Lodge Kenton a step-down locked rehabilitation service, others moved back to the community.
- Patients had regular CPA and review meetings to discuss their goals to be ready for discharge including management of self-harm and developing skills to manage independently. Care plans were individualised and recovery orientated.

The facilities promote recovery, comfort, dignity and confidentiality

- There were several seating areas and quiet spaces for patients' use. There was a pay phone on each ward, however on New Dawn ward this was not working during our inspection. A cordless phone was available for greater privacy.
- Each ward had access to outside space. On New Dawn ward there was a small garden, which patients could access on request. Sunrise ward patients could access a balcony area. Both spaces had seating and designated smoking areas.
- Meals were available to meet cultural, religious or dietary requirements. Patients had access to hot drinks and snacks whenever they required.
- Patients had personalised their bedrooms.
- Patients did not have keys to their rooms; this was discussed with them upon admission to the hospital. On New Dawn ward patients could request staff to lock their

bedroom doors when they left. On Sunrise ward this was not possible due to the majority of bedrooms being shared. All bedrooms had lockable safes for patients to store their possessions; there was also a communal safe.

- There was a full activities programme which was tailored to meet the needs of the patients. Available activities included cooking, yoga, massage, drama, dance, art therapy, working with textiles and 'pampering' sessions. Some patients attended a community gym. Patients had access to an OT kitchen, OT room and studio room.
- Patients spoke positively about the extensive range of activities that was available both on and off the wards.
- At the time of our inspection, there was an exhibition in the studio room of patients' art work and projects that they had completed in their various groups including photography, poetry and textiles. There was also a chill out room that had sensory lights and music. Patients could meet with visitors in one of the group rooms. Staff said that patients could access coffee trips, topic groups and board games on the weekends. However, two patients told us that there was not enough to do on weekends.

Meeting the needs of all people who use the service

- Bathrooms had disabled access and a lift was available for patients with any mobility issues to use.
- Patients could only use the bathrooms under supervision. Staff sometimes had to accompany patients inside the bathroom, due to risks they presented with.
- All shared bedrooms on Sunrise ward had a privacy curtain in place. Some patients told us their privacy was not always maintained as the other person sharing the room could hear what staff discussed with them. Patients could access a meeting room on the ward for confidential discussions and one to one treatment. Other rooms in the hospital were also available for use.
- The wards had a number of notice boards which were well ordered and displayed a range of information for patients and carers, including information about how to access the IMHA. There was also information about how patients could contact the CQC.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- The diverse needs and religious beliefs of patients were actively supported. The hospital had a multi-faith room and religious leaders visited the hospital or staff supported patients to attend places of worship in the community.
- Staff could access interpreters when required. Interpreters were available if required for people whose first language is not English.

Listening to and learning from concerns and complaints

- There had been six formal complaints from January 2015 to December 2015. All six of these complaints were partially upheld. No complaints had been referred to the ombudsman during this time. Complaints related to poor staff attitude, delay in accessing a specialist NHS service and bank and agency worker lacking in eating disorder knowledge.
- Staff had supported patients on Sunrise ward to develop a 'please do not' and a 'please do' list for bank and agency staff. This was in response to complaints about bank and agency staff.
- The provider had a system in place for monitoring complaints and the complaints procedure was discussed with patients during community meetings and one to one sessions. We looked at the complaints logs and found the service was responsive to complaints made.
- Complaints were discussed within the local clinical governance meetings to ensure that learning could be disseminated across the wards and service.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good 

Vision and values

- Staff knew and agreed with the organisation's visions and values. Some staff had key cards on their ID badges with the organisation's values. The organisation used values-based interviews to recruit new staff.

- Staff knew who the senior members of staff were at Cygnet and they had visited the hospital. They told us that senior managers were very approachable and had a frequent presence on the wards. Staff reported that they felt able to speak to managers if they had any concerns.

Good governance

- The hospital had governance processes in place to manage quality and safety within the service. There was an overarching local action plan that rated areas red, amber, or green based in the level of risk of the environment and health and safety. Cygnet Ealing had a risk register and staff were aware of the risks on their ward. Cygnet had a corporate risk register across all of their locations that also provided information about incidents in other services.
- New Dawn ward monitored outcomes including numbers of incidents in correlation to which stage they were at in the DBT treatment programme. They also monitored patients' length of stay and any delayed discharge.
- Cygnet Ealing also had monthly integrated governance meetings with Cygnet Kenton that discussed complaints, safeguarding, serious incidents, restraint, seclusion, risk register, medicines, audits and service user engagement.
- Cygnet Ealing were working on improving their staff retention by reviewing exit interview trends and using feedback to implement action. They reviewed actions with new starters to see if actions had made positive changes. They also developed a preceptorship programme and appointed a lead for this in the organisation. Cygnet Ealing were also improving staff's personal development including a new apprenticeship programme, leadership development and encouraging staff to complete external studies.
- Systems were in place to capture and monitor that staff had received mandatory training, annual staff appraisal and supervision was happening regularly.

Leadership, morale and staff engagement

- Staff were positive about their jobs, colleagues and managers. They felt supported and feedback there were good professional development opportunities available.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff who were promoted into new roles within the service spoke positively about the support and induction they received. Some staff had been working at the service for several years.

- Staff said they felt comfortable raising any issues to their managers and that these would be acted on. Staff had opportunities to provide feedback into the service in various ways including annual staff surveys that resulted with action plans. The 2015 staff survey had an overall positive score of 89%. Staff felt managers were open and supportive of any feedback and suggestions they raised.






Commitment to quality improvement and innovation

- The provider demonstrated a commitment to quality improvement and innovation. The service were members of the Royal College of Psychiatrists' Centre for

Quality Improvement accreditation scheme called accreditation for inpatient mental health services for adult inpatient areas and the Quality Network for Eating Disorders for eating disorder services. The service currently has an "excellent" rating accreditation.

- The service undertook and participated in research projects, for example a team leader at the service was undertaking a research project on compassion on both wards as part of their university studies.
- The MDT team on New Dawn ward were part of the London tier 4 personality disorder networking group led by West London Mental Health Trust. Regular meetings took place with other independent and NHS providers of personality disorders services. Meetings focused on sharing best practice and future service development.

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Requires improvement 

- There had been a number of notifiable incidents such as safeguarding, police involvement and detained patients being absent without leave where the provider had not submitted statutory notifications to the CQC as required.
- There was a high use of prone restraint at the hospital. The service had in place a Reducing Restrictive Practice strategy and policy. Two reducing restrictive practice leads had been appointed by Cygnet Health to assist with implementing the strategy. The provider reviewed all prone restraints at the monthly integrated governance meeting and was a member of the Restraint Reduction Network.
- Patients received care in a clean and hygienic environment. Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. There was an active recruitment and retention programme. Systems were in place to monitor and manage patient risk. Staff carried out comprehensive assessments in a timely manner and regularly reviewed these.
- Incidents were reported and learning from these was shared. Patients were cared for safely by a staff team who received appropriate training and supervision to meet their needs. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good 

- Patients were supported by a staff team that had specialist expertise in eating disorders. Multidisciplinary teams were proactively involved in patient care, support and treatment.
- Staff told us that they had a good level of supervision and support to deliver care and treatment effectively. Care and treatment of patients was planned and delivered in line with best practice guidance and standards.
- The physical health needs of patients were supported through regular checks and monitoring. Staff participated in a wide range of clinical audits to monitor the effectiveness of the service. Staff told us that they had a good level of supervision and support to deliver care and treatment effectively.
- The staff had a good understanding of the Mental Health Act (MHA) 1983 and the MHA Code of Practice. Staff had undertaken training on the MHA and Mental Capacity Act (MCA) 2005.

Specialist eating disorder services

Are specialist eating disorder services caring?

Good 

- Most patients spoke positively about the care, support and treatment they received. We observed positive interactions on wards between staff and patients. We received comments that a few members of staff had a poor professional attitude towards the patients. Patients confirmed they had raised these concerns with the ward manager who was addressing them with individual staff.
- Patients had access to an independent advocate. Staff working at the service understood the needs of people, and worked closely with people that were important to them.
- Patients spoke positively about the extensive range of activities that was available both on and off the wards.
- Patients were involved in their care planning. Comprehensive information on the service was provided to patients on admission. Patients had the opportunity to feedback information about the services through regular community meetings.

Are specialist eating disorder services responsive to people's needs? (for example, to feedback?)

Good 

- There was a good range of facilities including quiet rooms, therapy rooms and outdoor space.
- There was a full activities programme which was tailored to meet the needs of the patients.

- The diverse needs and religious beliefs of patients were actively supported. The service had a multi-faith room and religious leaders visited the hospital or staff supported patients to attend places of worship in the community.
- A complaints procedure was in place. Patients' concerns and complaints were addressed in a timely manner and used to improve the service.

Are specialist eating disorder services well-led?

Good 

- Staff had a good understanding of the provider's vision and values for the service.
- Staff were positive about working at the service and felt supported by the management team. Staff said they felt comfortable raising any issues to their managers and that these would be acted on.
- Staff were supported with their continuous professional development. Various programmes were available such as a new apprenticeship programme, leadership development and encouraging staff to complete external studies.
- Systems were in place to capture and monitor that staff had received mandatory training, annual staff appraisal and supervision was happening regularly.
- The provider had systems in place to monitor performance and make improvements through its governance structures. The service had an action plan which incorporated actions from the risk register, incidents, complaints and audits.
- There was a commitment to quality improvement and innovation across the service. The service used the peer network through the Royal College of Psychiatrists to drive improvement.

Outstanding practice and areas for improvement

Outstanding practice

New Dawn ward had received the APT (The Association for Psychological Therapies) Award for excellence in DBT in 2014 and 2016.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that they submit all required statutory notifications to the CQC.

Action the provider **SHOULD** take to improve

- The provider should ensure they actively work to reduce the use of prone restraint at the service and that restraint is conducted in a manner which upholds the dignity and privacy of patients.
- The provider should ensure that ligature risks are adequately managed and mitigated.
- The provider should ensure that all information is fully completed on incident forms.
- The provider should ensure that all staff complete basic life support training and prescription writing and administration standards training.
- The provider should ensure that outstanding shortfalls identified following audits are followed up.
- The provider should ensure nursing staff fully understand their responsibilities in carrying out mental capacity assessments.
- The provider should consider how they manage the recording and archiving of patient's care plans and risk assessments.
- The provider should continue to ensure that poor staff attitude is addressed and that patients are treated with respect at all times.
- The provider should continue to address privacy and dignity concerns raised by patients in shared bedrooms.
- The provider should ensure that community meeting minutes are displayed in communal areas.
- The provider should ensure that care plans reflect what had been agreed in the ward rounds and updated in a timely manner.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person did not ensure that important events that affected the welfare, health and safety of people who used this service were reported to the Care Quality Commission as required. Notifications had not been received for a serious fire which resulted in the police being called to the service and for two allegations of abuse. This is a breach of Regulation 18 (1)(2)(e)(f)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983 The registered person did not notify the commission without delay of the unauthorised absence from Cygnet Hospital, Ealing of a service user who is liable to be detained by the registered person under the Mental Health Act 1983. Notifications had not been received for patients that were absent without leave whilst detained under the Mental Health Act 1983. This is a breach of Regulation 17 (1)(a)