

## Cygnet Behavioural Health Limited

# Cygnet Heathers

### Inspection report

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

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

- The service provided safe care. The hospital had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided care and treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The hospital team included or had access to a range of specialists required to meet the needs of patients in the hospital. Leaders ensured that staff received training, supervision and appraisal. The staff worked well together as a multidisciplinary team and with those outside the hospital who would have a role in organising aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Services for people with acquired brain injury

### Rating

Good



### Summary of each main service

- The service provided safe care. The hospital had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided care and treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The hospital team included or had access to a range of specialists required to meet the needs of patients in the hospital. Leaders ensured that staff received training, supervision and appraisal. The staff worked well together as a multidisciplinary team and with those outside the hospital who would have a role in organising aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

# Summary of findings

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# Summary of this inspection

## Background to Cygnet Heathers

Cygnet Heathers provides rehabilitation to men with acquired brain injury. The hospital has twenty beds. The hospital operates over two floors with communal areas and offices on the ground floor and patient bedrooms on the first floor.

The service is registered for the following regulated activities:

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

There is a registered manager for the service.

Patients entering the service have a diagnosis of recognised or suspected acquired brain injury, alcohol related brain injury, Korsakoff's syndrome, Huntington's disease, early onset dementia with rehabilitation potential and may have been detained under the Mental Health Act.

Patients may present with challenging behaviour, comorbid psychiatric disorders including forensic history or substance misuse, moderate to severe cognitive impairment, organic psychiatric disorder or organic personality change, dysphasia or other communication problems and abnormal movements or restricted mobility but will not typically be wheelchair dependent.

The service was last inspected 15 January 2019. At that time, it was rated good in all five key questions. There were no breaches of regulation identified.

### What people who use the service say

Patients were very positive about staff, and they said staff treated them with respect, dignity and they felt safe living at Cygnet Heathers.

Relatives and carers we spoke with were positive about Cygnet Heathers and that patients were safe living there. They reported that staff supported patients with community visits and made sure they kept in touch with family even when they lived a long way away.

## 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?

# Summary of this inspection

- Is it well-led?

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

During the inspection visit, the inspection team:

- visited the service to look at the quality of the environment and observed how staff were caring for patients
- spoke with two patients
- spoke with seven carers
- looked at seven care records
- spoke with the Hospital manager
- spoke with seven other members of staff, including a nurse, healthcare assistants and occupational therapist.
- attended one professionals meeting
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Services for people with acquired brain injury

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

## Are Services for people with acquired brain injury safe?

Good 

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

### Safe and clean care environments

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

### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The most recent environmental risk assessment had been completed by the maintenance staff and overseen by the manager.

The design and layout of the hospital meant that staff could not easily observe patients in all parts of the wards. The hospital used Closed Circuit Television (CCTV) cameras, regular observation, individual risk assessments, management plans and a qualified nurse in the ward areas to reduce risks. There was clear notification in place to let patients know the hospital used CCTV.

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

There were potential ligature anchor points in the service. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Management of these risks included, care planning, staff awareness, individual risk assessment, observation and relational security. The hospital had an environmental risk assessment in place. The assessment took place yearly and included all risks within the hospital including ligature points.

Staff had easy access to alarms and patients had easy access to nurse call systems. Visitors to the unit were provided with alarms and instructed how to use them.

### Maintenance, cleanliness and infection control

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

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning rotas were kept up to date and had been signed daily to demonstrate cleaning had been completed including patient bedrooms.



# Services for people with acquired brain injury

Staff followed infection control policy, including handwashing. There were good Covid-19 guidelines in operation at the hospital and we saw that anyone entering the hospital needed to have had a recent negative test. Hand sanitisers were available for patients, staff and visitors to use. Training records demonstrated that staff had undertaken training in infection control.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment. Records showed that staff had carried out regular checks of the clinic equipment and ensured that there were stickers with dates of equipment check and when the next test was due.

## Seclusion

The service did not have a seclusion room.

## Safe staffing

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

## Nursing staff

The service had enough nursing and support staff to keep patients safe. The hospital had two shifts a day, which covered 24 hours, seven days a week. The nurse establishment at the time of inspection was two registered nurses with eight support workers during the day shift, and two registered nurses with six support workers during a night shift. We reviewed staff rotas which confirmed the staffing numbers per shift.

At the time of the inspection there were no vacancies in the service. The service had low rates of bank nurses.

Managers limited their use of bank staff and when needed requested staff familiar with the service and the service users. Managers made sure all bank staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health. Levels of sickness were low. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The hospital manager could adjust staffing levels according to the needs of the patients.

Patients had regular one-to-one sessions with their named nurse. These sessions were recorded in patients' continuation records. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely. All staff were trained in managing violence and aggression.

Staff shared key information to keep patients safe when handing over their care to others.

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Cygnet Heathers had two full time doctors; one consultant neuropsychiatrist and one specialist registrar with a specialist interest in acquired brain injuries. The consultant provided on call cover out of hours.

# Services for people with acquired brain injury

## Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training included topics such as Managing Actual and Potential Aggression, Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, basic life support, epilepsy, suicide risk, dealing with concerns, infection control, health and safety, equality and diversity, and food safety.

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

## Assessing and managing risk to patients and staff

### Assessment of patient risk

Staff assessed and managed risks to patients and themselves well. Staff completed a risk assessment for every patient on admission and updated these regularly, including after incidents. The service used the Short-Term Assessment of Risk and Treatability. (START) We reviewed eight records relating to the care and treatment of patients. We found in all records staff had completed a risk assessment for each patient and those assessments had been regularly reviewed and updated.

Staff achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.

Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. Following any incidents, an analysis of challenging behaviours was undertaken. Together with the patient and staff involved, changes were made to the care and treatment plan to reduce future incidents.

The ward staff participated in the provider's restrictive interventions reduction programme. Patients had expressed frustration about waiting for drinks if they have no kitchen access. The hospital developed an action plan that will reduce the restrictions on those patients and support their access to drinks.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Care plans contained guidance and interventions for managing those risks. Staff identified and responded to any changes in risks to or posed by patients.

Staff discussed each patient's observation levels at the morning meeting and changes were noted and recorded. Staff kept accurate patient observation records.

Staff followed procedures to minimise risks where they could not easily observe patients. On the ground floor of the building staff were always in the patient areas and there was also allocation of one-to-one observations in place. Staff were also based on the first floor in patient areas.

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

### Use of restrictive interventions

Cygnets Heathers did not have a seclusion room and had not used long term segregation.

# Services for people with acquired brain injury

Cygnnet Heathers was guided by the providers reducing restrictive practices policy to review processes and to use the least restrictive interventions. We found levels of restrictive interventions were low. The hospital had its own local action plan to reduce any restrictions that patients have raised with the hospital staff.

The service used positive behaviour support plans they also used Managing Actual and Potential Aggression for restraint and de-escalation. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Prone restraints were not used when restraining a patient. There had been no restraints reported that had led to intramuscular rapid tranquilisation.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

## Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff explained there was a dedicated robust programme of safeguarding training in place. The service had effective communication with the local authority and were able to query safeguarding issues with them.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. Managers and staff explained that they all completed online safeguarding training. Additional training was also provided by doctors or psychologists for Health Care Support Workers. Safeguarding was also discussed in supervision to ensure staff knew what to report and who to report it to. Staff we spoke to demonstrated a clear understanding of who they could obtain support from if they had a safeguarding concern. They were aware of the policies concerning completion of referrals and other safeguarding documents and knew where to access them.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records. Patient notes were comprehensive up to date, complete and all staff could access them easily.

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

Records were stored securely.

## Medicines management

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

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute of Health and Care Excellence guidance. We saw evidence of this in the care records.

# Services for people with acquired brain injury

Staff completed medicines records accurately and kept them up to date. All records reviewed showed that medicine records were properly and accurately completed by staff.

Staff stored and managed all medicines and prescribing documents safely. Medicines and documentation were stored in locked cupboards within a locked room.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. The patient review meetings discussed medicines with patients and talked about why they were been prescribed and what the effects may be.

## Track record on safety

The service had a good track record on safety.

## Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the providers policy. The provider cascaded lessons learnt from a national level through regional governance groups, emails and newsletters.

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

Managers debriefed and supported staff after any serious incident.

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

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

## Are Services for people with acquired brain injury effective?

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

# Services for people with acquired brain injury

## Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented. We reviewed eight patient care records and we found each patient had a full and comprehensive assessment.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Patients had their physical health assessed soon after admission and regularly reviewed during their time on the hospital.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated. Staff regularly reviewed and updated care plans when patients' needs changed.

## Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. The service offered a range of groups, which included the coping group, relaxation group and brain gym. The psychologist regularly evaluated the group with the team and the patients and as a result of this the coping group have introduced and have started to look at patients' emotions and techniques in how to manage them. In the brain gym, patients completed cognitive exercises to support them to feel more confident. At the end of the session as part of the group exercise patients reflected on memory games they completed and how they could apply the learning to real life situations.

Staff supported patients with their physical health and encouraged them to live healthier lives. Patients were encouraged to use the onsite gym which was available to use following a risk assessment by the physiotherapist. The service had two doctors on site one specialised in physical health and over saw the health care of patients at the unit. Patients were also supported to grow their own produce in the garden, which was then used as part of the ingredients for recipes for patient meals.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The speech and language therapists at the service used outcome measures including, Specific Measurable

# Services for people with acquired brain injury

Achievable Relevant Time bound targets, Goal Attainment Scaling, National Service Framework for long term conditions and accessible information standards. Occupational therapists used standardised outcome measures such as the Functional Independence Measure and Functional Assessment Measure and Model of Human Occupational Screening. Outcomes were reported to the clinical board and heads of service and shared with the clinic governance team.

Staff used technology to support patients during the pandemic to ensure patients kept in contact with their friends and families. Managers used results from audits to make improvements.

## Skilled staff to deliver care

The ward team(s) included or had access to the full range of specialists required to meet the needs of patients in the hospital. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had range of specialists to meet the needs of the patients on the ward. The team included two doctors, registered learning disability nurses and registered mental health nurses, there was also a registered general nurse to manage patient's physical health. The hospital also employed occupational therapists and psychologists, an activity coordinator and activity worker as well as support workers.

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

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

Managers supported staff through regular, constructive appraisals of their work. Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff attended regular team meetings or gave information to staff who could not attend the meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. This included topics such as dysphagia, working with people with learning disability and patient dynamics.

Managers recognised poor performance, could identify the reasons and dealt with these.

## Multi-disciplinary and interagency teamwork

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

Each morning a daily meeting was held for staff. This was attended by the hospital manager, the consultant psychiatrist, specialty doctor and representatives from each professional discipline, including the chef for the service, Housekeeping and maintenance team.

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

# Services for people with acquired brain injury

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. The hospital team had effective working relationships with other teams in the organisation. They maintained effective working relationships with external teams and organisations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

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

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

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

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

## **Good practice in applying the Mental Capacity Act**

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

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

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

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

# Services for people with acquired brain injury

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and when they needed made improvements.

## Are Services for people with acquired brain injury caring?

Good 

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

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

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

Staff when interacting with patients were discreet, respectful, and responsive. They gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care, treatment or condition. Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed the organisations policy to keep patient information confidential.

### Involvement in care

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

### Involvement of patients

Staff introduced patients to the hospital and the services as part of their admission. Staff introduced patients to the building as well as to staff working in the hospital.

Staff involved patients and gave them access to their care planning and risk assessments. Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties.



# Services for people with acquired brain injury

Staff involved patients in decisions about the service, when appropriate. Patients could give feedback on the service and their treatment and staff supported them to do this. Patients were encouraged to attend a weekly community group. Community group minutes showed both staff and patients attended. The agenda included activities available, reducing restrictive practice, positive and negative patient comments.

Staff supported patients to make decisions on their care. Staff made sure patients could access advocacy services.

## Involvement of families and carers

Staff informed and involved families and carers with the agreement of the patient. One carer told us that staff at Cygnet Heathers are good at keeping them informed and they try to go above and beyond. Other relatives were able to tell us where in the rehabilitation their relative was because the service shared information with them and encouraged patients to keep in touch with relatives.

Staff helped families to give feedback on the service. Families and carers are invited to attend or contribute to the multi-disciplinary team reviews. Staff regularly try to get families and carers to provide written feedback on the service their relative has received.

Staff gave carers information on how to find the carer's assessment.

## Are Services for people with acquired brain injury responsive?

Good 

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

## Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay was eighteen months to two years. Staff worked to make sure they did not discharge patients before they were ready. When patients were discharged it was planned and well-coordinated with the new placement of the patient.

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

Staff did not move or discharge patients at night or very early in the morning. Staff supported patients during transfers between services.

## Discharge and transfers of care

The service had a low number of delayed discharges in the past year. Managers monitored the number of delayed discharges. Discharge plans were discussed with patients on admission and regularly discussed in their care review meetings. The only reasons for delaying discharge from the service were clinical or lack of accommodation to meet the patients' needs.

# Services for people with acquired brain injury

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff supported patients when they were referred or transferred between services. Discharge planning took place with the patient, their relatives where they were involved, and commissioners were invited to contribute to the discussion about the discharge placement.

The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. There were a range of rooms that could be used for different activities and those included a gym and computer room. Patients had access to lounges and dining areas.

The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. Patients had a secure place to store personal possessions. Patients were able to access their rooms when they wanted if their risk assessment supported them to have their own keys.

Staff used a full range of rooms and equipment to support treatment and care. The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. Patients had access to their own mobile telephone and the internet. The provider had an easy read internet policy that patients could read, understand and sign to show their agreement. When needed according to risk assessments some patients access to mobile telephone and the internet was closely managed.

The service had outside space that patients could access easily.

Patients could make their own hot drinks and snacks, however, their kitchen was kept locked, and patients had to ask for it to be opened whenever they wanted to make a drink. Patients assessed as being well enough and safe to have the responsibility to access the kitchen independently were given keys.

## Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships. One carer told us about how the service supports their relative to go to church on Sundays and was able to go out to lunch with visitors. We heard that where patients live a long way from where their families lived, the hospital provided transport for them to visit.

Staff made sure patients had access to opportunities for education and work and supported patients.

Staff helped patients to stay in contact with families and carers. Patients were supported to use phone calls or technology to stay in touch with their families throughout the pandemic.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients care plans included regular community visits with support where needed.

# Services for people with acquired brain injury

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

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There was an access ramp to the building, a lift and two adapted bathrooms for patients who needed assistance with bathing.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were communication boards for patients that contained information on their rights, advocacy and local activities. They also contained information explaining the patient journey through from admission to discharge. At every stage of the journey audio information was available at the push of a button. This meant patients could revisit this board as many times as necessary to hear the information again. The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. Patients had access to a multi faith room onsite, and staff supported patients to access spiritual support in the community as needed.

## Listening to and learning from concerns and complaints

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

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

Patients, relatives and carers knew how to complain or raise concerns. There was lots of information displayed around the hospital telling patients and visitors how to raise a complaint. Most patients raised their concerns with the hospital director and the head of care as well as staff working with them.

Staff understood the policy on complaints and knew how to handle them. All the staff spoken with knew how to respond to patients concerns

Managers investigated complaints and identified themes.

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

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

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

## Are Services for people with acquired brain injury well-led?

# Services for people with acquired brain injury

Good 

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

## Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. The leadership team spoke of the work that had taken place during the pandemic and how all staff had striven to support their patients to keep them safe.

All staff spoken with were complimentary of the managers. Staff described the leadership team as supportive, approachable, visible and knowledgeable. Regional managers visited the hospital and were able to spend time talking with some staff.

## Vision and strategy

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

All the staff spoken to were able to tell us what the vision and values of their organisation was and how it was applied within their hospital. The providers vision and values were displayed around the hospital as well as on staff swipe cards. Managers told us they are discussed in staff supervisions, staff meetings, debriefs, in house training and lessons learnt discussions. We heard how staffed worked together with the leadership team to ensure they delivered high quality care.

## Culture

Staff felt respected, supported and valued. They said the hospital promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Staff were aware of the whistleblowing process and felt able to raise concerns without fear of retribution.

All staff we spoke to told us they felt valued and supported. They said they felt really supported and valued by their colleagues. Staff told us the work can be stressful however they knew that they could always approach senior managers for support.

Staff performance was monitored by the hospital director and head of care who would take action where performance was not up to required standards.

Staff expressed pride working for Cygnet Heathers and in the work, they do for their patients.

## Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

We saw systems and processes were mostly embedded in the hospital to ensure there was effective oversight of areas including undertaking audits, incident reviews and shared learning. Completed audits were given to the hospital manager and head of care as well as results going to the regional quality manager so that the hospitals performance could be monitored.

# Services for people with acquired brain injury

The service provided staff at every level with development opportunities and staff were supported to access specialist training to support them in their role.

Shifts at the time of inspection were filled with the right numbers and skills to meet the needs of patient's needs. Hospital initiatives and recruitment drives had made positive inroads to improve. There were no registered nurse vacancies. There were three healthcare assistant vacancies. There was an active recruitment drive to rectify this.

## Management of risk, issues and performance

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

The hospital managers regularly checked the environment to ensure it was safe for both staff and patients to work and live within. There were plans in place to manage any emergency that arose for the hospital. Information governance systems included confidentiality of patient records. The hospital ensured regular environmental risk assessments were completed and any identified risks were removed or mitigated.

## Information management

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

Staff had access to equipment and information technology needed to do their work. The systems worked well and helped improve the quality of care that the service provided.

Managers had access to information to support them with their leadership of the hospital. This included information on performance of the service, staffing and patient care. Information was in an accessible presentation and was completed in a timely manner.

Staff made notifications to external bodies as needed. These included the CQC, local authority and other agencies.

## Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

The hospital access to a website that provided up to date information about the service and the provider.

There was a welcome pack available for patients. The experience of patient, carers was actively sought about the service provided by the hospital.

## Learning, continuous improvement and innovation

Cygnet Heathers staff team had been recognised for their practice and performance by credible external bodies.