

Cygnnet Behavioural Health Limited

Cygnnet Aspen House

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

Staff provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

The ward team included the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Staff treated patients with compassion and kindness and understood the individual needs of patients. They encouraged involvement from patients and families in care decisions.

Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

The service worked to a clear model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

Patient's care plans had limited reference to long term goals or a holistic approach including all aspects of their care and treatment.

Managers did not ensure staff had access to regular team meetings.

Patient's privacy and dignity was not always maintained when they were given their medications.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	

Summary of findings

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Summary of this inspection

Background to Cygnet Aspen House

Cygnet Aspen House is a high dependency long stay rehabilitation hospital provided by Cygnet Behavioural Health Limited. The hospital, located in the small town of Mexborough, South Yorkshire, provides care and treatment for women who have severe and enduring mental illness.

The hospital consists of 20 beds.

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

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

Treatment of disease, disorder and or injury

At the time of the inspection, there were 19 patients at the hospital, all of whom were detained under the Mental Health Act.

We last inspected Cygnet Aspen House in May 2018. At that time, the service was rated overall good. We rated good in the effective, caring, responsive and well-led domains. We rated the safe domain as requires improvement due to concerns at that time. On this inspection, we found that the service had addressed these concerns.

What people who use the service say

During our inspection, we spoke with eight patients using the service and the relatives of five patients.

Patients told us they felt safe at the hospital and within the environment. They liked the staff and said there was always a staff member to speak to. They knew their rehabilitation goals and how to access advocacy support. All patients felt the food was good and there were different options to choose from. They told us that the staff encouraged them to eat healthily. One patient thought the external grounds at the hospital needed some improvements.

Relatives were all positive about the care their loved ones were receiving. They told us staff facilitated visits well, that they were invited to key meetings and kept informed of any changes. They all felt staff were polite, warm and caring. They felt assured that staff were familiar and consistent. They knew how to raise a complaint. One relative told us of a previous concern which they raised with hospital managers. They told us this was responded to and addressed satisfactorily. They mostly found the environment clean and calm. However, one relative felt the hospital exterior could look more inviting.

How we carried out this inspection

Our inspection team comprised one lead CQC inspector, one specialist advisor who was a registered nurse, one specialist advisor who was a psychologist and one expert by experience.

This was an unannounced inspection.

Summary of this inspection

During our inspection, we:

Toured the care environment and observed how staff were caring for patients.

Spoke with eight patients who were using the service.

Received feedback from five relatives of patients who were staying at the service.

Interviewed 11 staff including: the head of care, consultant psychiatrist, occupational therapist, registered nurses, support workers and administrative and auxiliary staff.

Observed one handover meeting, a hospital morning update meeting and a patient's Care Programme Approach (CPA) meeting.

Reviewed six care records.

Completed a specific check of medicines management and reviewed all medication records.

Reviewed a range of documents and policies in relation 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>.

Areas for improvement

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

Action the service SHOULD take to improve:

The provider should ensure care plans are holistic and recovery focused.

The provider should ensure staff attend or have access to regular team meetings.

The provider should ensure patient's privacy is considered when medications are given.

Our findings






Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Our rating of safe improved. 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 the ward area and removed or reduced any risks they identified.

Staff could observe patients in all parts of the ward. The hospital comprised a ground floor and an upper level. The corridors had convex mirrors fitted to aid observation of all the ward areas including blind spots. Staff also maintained regular presence to maintain observations.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. They last completed a ligature audit of the environment in November 2021. Staff mitigated ligature risks by regular risk assessments for each individual patient. The hospital had ligature cutters on both floors which staff were aware of, and had easy access to.

The hospital complied with guidance on eliminating mixed-sex accommodation because it provided care and treatment to female patients only.

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff carried an alarm. There were call systems in all rooms.

Maintenance, cleanliness and infection control

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Staff followed infection control policy, including handwashing.

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.

The hospital had two clinic rooms. One room was dedicated as a physical health room, the other for medicines. Staff carried out the required checks and maintained the necessary records for both medicines and equipment.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe.

The service had low vacancy rates. At the time of inspection there was one vacancy for a support worker.

The service had low rates of bank staff. These were regular bank staff used familiar with the service. They did not use agency staff.

The service had low turnover and levels of sickness. At the time of inspection, there was a 2% turnover of staff. The hospital's sickness rate was 2.4%.

Managers accurately calculated and reviewed the number and grade of nurses and support workers for each shift. They could adjust staffing levels according to the needs of the patients.

Patients had regular one-to-one sessions with their named nurse and 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.

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

Medical staff

Long stay or rehabilitation mental health wards for working age adults

Good 

The service had enough daytime and night-time medical cover, but it was not clear whether there was a doctor available to go to the ward quickly in an emergency. The consultant psychiatrist was on an on-call rota with similar services to respond to emergencies out of hours. However, the on-call policy did not make clear how quick their response should be and it was evident those on-call could be covering a wide geographical area.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The service had an overall compliance rate of 96%. There were four individual units where staff compliance was below 75%. These included a new course on Physiological Observations which seven staff had yet to complete. These staff were booked onto the course in the following month. Staff compliance with Clinical Supervision training was 71%; outstanding staff had the training scheduled. The data provided by the hospital showed staff compliance for Ligature Rescue Training to be 71%. However, this course was now incorporated into the Emergency First Aid training where staff were 93% compliant. The fourth course with low compliance at 25% was the organisation's START Risk Assessment training. This course related to online updates in their systems which had not yet been introduced. Staff were however, 97% compliant in the training unit for Clinical Risk Management.

The mandatory training programme was comprehensive and met the needs of patients and staff.

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

Assessing and managing risk to patients and staff

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

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed the records of six patients. All had comprehensive risk assessments which were up to date and included current and historic risks.

Staff used the organisation's Short-Term Assessment of Risk and Treatability (START) risk tool. Risks were assessed daily by nursing staff looking at key risks over each 24-hour period.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. They identified and responded to any changes in risks to, or posed by, patients. Risks were discussed in the daily handover meetings and in the multi-disciplinary team's daily morning meeting where strategies for mitigation were formulated.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff we spoke with told us that searching of patients was care planned on an individual basis.

Long stay or rehabilitation mental health wards for working age adults

Good 

Use of restrictive interventions

Levels of restrictive interventions were low. Staff participated in the provider's restrictive interventions reduction programme which included an annual audit of the hospital's blanket restrictions. They carried out the most recent audit in November 2021; the audit provided assurances that staff applied blanket restrictions on patients' freedom only when justified.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff understood the Mental Capacity Act definition of restraint and worked within it. They followed NICE guidance when using rapid tranquilisation. For the period from April 2021 to May 2022, staff recorded 48 restraints, of these, there were two occasions where rapid tranquillisation was required.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. They were 98% compliant with the required levels of safeguarding training and were able to give clear examples of how to protect people from harassment and discrimination.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They knew who the hospital's and organisation's safeguarding leads were available if they needed advice.

Safeguarding concerns were discussed in the hospital's morning update meeting and in clinical governance meetings.

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, and all staff could access them easily, including bank staff working in the service.

Records were stored securely. The service used a combinations of electronic and paper records and staff made sure they were up-to-date and complete.

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. They reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff completed medicines records accurately and kept them up to date. Nurses carried out medicine reconciliations each night and senior nurses regularly checked staff competencies. The pharmacy, which supplied the hospital, visited weekly for further checks.

Staff stored and managed all medicines and prescribing documents safely. They followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff supported patients to self-medicate when appropriate through a staged and assessed pathway. They used easy read materials to explain about medicines.

Staff learned from safety alerts and incidents to improve practice. They used the Balance Error Scoring System to monitor and learn from medications errors.

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.

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. They raised concerns and reported in line with the organisation's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. There was an organisational Duty of Candour policy and staff were prompted to consider this through their reporting systems.

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

Staff received feedback from investigation of incidents, both internal and external to the service. Lessons learnt were shared through emails and through a communications book which all staff could add to and access. Staff also discussed incidents in reflective practice sessions.

Staff from the multi-disciplinary team met to discuss the feedback and look at improvements to patient care. Incidents were discussed at clinical governance meetings at hospital and regional levels.

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

Good 

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs but were not always holistic or recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. They used the organisation's Daily Living Skills Observation Scale on admission to track functionality and assess the ability of patients to successfully live an independent life in the community. The Global Assessment of Progress tool was then used to monitor and measure an individual's progress throughout their stay.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Nurses carried out physical health monitoring for all patients on a monthly basis.

Staff regularly reviewed and updated care plans when patients' needs changed. We reviewed the care plans for six patients and found evidence of reference to goals, but found plans were largely medical and nursing orientated. Whilst patients we spoke with were aware of the steps they needed to take for their rehabilitation, we found these were not always fully documented and reflected within care plans.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. The hospital used the organisation's rehabilitation model with four stages of assessment and engagement, recovery, consolidation and transition. The model was supported by psychiatry, psychology, occupational therapy and nursing specialists. The aim of the model was to reach each patient's optimum in that pathway. The model included therapy jobs for some patients such as collecting newspapers for the hospital three times each week. The roles enabled patients to see progression in their rehabilitation such as initially doing the role escorted and progressing to unescorted leave.

Staff delivered care in line with best practice and national guidance. Patients attended sessions either in groups or individually. Sessions were underpinned by evidenced based therapies such as cognitive behavioural and dialectical behaviour therapies.

Staff identified patients' physical health needs and recorded them in their care plans. They made sure patients had access to physical health care, including specialists as required. The hospital used the National Early Warning Score tool (NEWS) to detect and respond to clinical changes. Staff discussed the physical health needs of patients in the daily morning meetings.

The hospital had two nurses who led on physical health clinics for the patients; they liaised with GPs to address patient needs and refer onto specialists as needed. We saw diabetic monitoring for those requiring it and ongoing referrals where appropriate.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. During our inspection, we observed fresh fruit available to patients throughout the hospital.

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. These included the Health of the Nation Outcome Scales, the Model of Human Occupations and the Brief Psychiatric Rating Scale.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. The organisation had an annual audit programme which included audits for safeguarding, information governance, infection control and physical health. Reports were escalated through the organisation's governance system where findings for improvement were shared among all services.

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 on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. This included psychiatry, occupational therapy, psychology, activity co-ordinators, registered nurses and support workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. They 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. The hospital had a compliance of 91.7% of staff who were up to date with their annual appraisal.

Managers supported staff through regular, constructive supervision of their work. Staff compliance for clinical supervision was 77.1%; they were 97.8% compliant in managerial supervision. Staff also had the opportunity to attend monthly reflective practice sessions.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, some staff had completed additional training for supporting patients with behaviour which could be challenging whilst other staff had completed training in phlebotomy and taking electrocardiograms. The organisation also had a pathway for nursing apprenticeships.

Managers did not ensure staff attended regular team meetings. The last team meeting for the hospital for all staff was over 12 months ago. However, staff did receive important communications around risks, lessons learnt and safeguarding via handover meetings, a communications book and emails.

Multi-disciplinary and interagency team work

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The multi-disciplinary team met five mornings a week to discuss all patients. They updated risk assessments and care plans as needed through discussion.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. All staff going onto a shift attended a handover meeting delivered by the senior nurse of the previous shift. All patients were discussed. This meant staff were kept up to date with patient changes as needed.

Each patient's care and treatment was discussed in greater detail every four weeks in the hospital's weekly ward round. These were attended by members of the hospital's multi-disciplinary team. Involved nursing staff, support workers, the patient, relatives, external teams and the advocate were invited.

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 peoples' 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. In the hospital, 98% of staff had completed the provider's training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. They 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 and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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 provider's 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. In the hospital, 93% of staff had completed the provider's training which also included the Deprivation of Liberty Safeguards.

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

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

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

Good 

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. We observed staff demonstrating positive interactions with patients. They knew the patients well and had a good rapport with them.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff gave patients help, emotional support and advice when they needed it. They 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. They felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

However, patients received their medication through a hatch in the clinic room on a main corridor. We observed two occasions where patients were queuing to receive their medicines. This meant their privacy was not always maintained and they did not have an opportunity to discuss any concerns privately.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward as part of their admission. If possible, patients visited the ward prior to their admission. If this was not possible, staff showed the patient around and introduced them to the other patients on the ward. Patients also had a hospital guide providing them with key information. They were given a welcome pack on arrival which included toiletries, slippers and dressing gowns.

Staff involved patients and gave them access to their care planning and risk assessments. They made sure patients understood their care and treatment and encouraged involvement in therapy sessions and in their treatment meetings.

Staff involved patients in decisions about the service, when appropriate. Patients attended a daily community meeting where they could contribute ideas and raise concerns.

Patients could give feedback on the service and their treatment and staff supported them to do this. The provider encouraged patients to participate in an annual survey and patients attended a daily meeting to discuss ideas and concerns. We reviewed the patient survey completed by patients using the service in November 2022. Four patients from the service had responded, three of the four patients agreed that they felt involved in decisions relating to their care and treatment.

Staff supported patients to make decisions on their care. The hospital had regular visits from the advocacy service.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff supported, informed and involved families or carers. Families had access to a hospital guide which provided them with key information. We spoke with the relatives of five patients. They all told us the hospital kept them informed about their loved one's care and treatment and that they were invited to key meetings.

Staff helped families to give feedback on the service through an annual survey and informally when visiting.

Prior to the pandemic, the hospital held family days where relatives could meet up for the day in the grounds and enjoy the event together. They planned to resume these in the future.

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

Good 

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

Access and discharge

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

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for patients at the hospital was 21.6 months.

At the time of our inspection, most patients were not from the local area. However, the majority were from adjoining districts with limited travel time.

Managers and staff worked to make sure they did not discharge patients before they were ready.

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

In the 12 months prior to our inspection, six patients had been discharged. A further three patients had discharges planned before the end of July 2022. Discharges were supported by the local community support teams. There had been no patients where their discharge had been delayed .

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. Patients had their own keys to their room which gave them a secure place to store personal possessions.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff used a full range of rooms and equipment to support treatment and care. The hospital had a gym, an activity room, three lounges, a sensory room, a laundry, a computer room and a salon for beauty treatments and hairstyling.

The service had quiet areas and a room where patients could meet with visitors in private. Patients had their own mobile phones depending on individual risk assessments.

The service had an outside space that patients could access easily. There was a vegetable patch for patients to use who had an interest in growing produce.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Results from the most recent 'Service User Satisfaction Survey' demonstrated all patients responding had rated the food provided either 'very good' or 'good'.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work and supported them to do so. One patient was enrolled to attend a college course at the time of our inspection. The hospital had a minibus to enable patients to enjoy day trips to local places. Some patients visited an animal sanctuary each week to assist in animal care.

Staff helped patients to stay in contact with families and carers. Patients could access their own mobile phones as well as a ward telephone if required. Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The hospital had a lift for those patients with mobility difficulties. Two patients had communication passports to support them with sharing information when this may be needed.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. They could access information leaflets in languages spoken by people and local community if this was required. 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.

Listening to and learning from concerns and complaints

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Patients, relatives and carers knew how to complain or raise concerns. All five relatives we spoke with knew how to complain if they needed to.

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

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. We reviewed the ten formal complaints the service had received in the year leading up to our inspection. Of which, six were upheld. The hospital also investigated and recorded informal complaints. Complaints were discussed in the clinical governance meetings to identify any themes where improvements could be made. Clinical governance meetings that there had been no complaints in the three months prior to the inspection and therefore themes from complaints were not discussed at these meetings.

Staff protected people who raised concerns or complaints from discrimination and harassment. They knew how to acknowledge complaints and people 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. Staff we spoke with told us about being involved in investigations and receiving communications about lessons learned.

The service used compliments to learn, celebrate success and improve the quality of care. We saw that these were shared and discussed in clinical governance meetings.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Good 

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

Leadership

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

The hospital manager and the head of care were based at the hospital and had an office situated in an active part of the ward. They had an open-door policy which patients and staff told us enabled them to be visible and accessible. The hospital had a regional operations director who visited regularly.

Vision and strategy

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers incorporated the organisation's values into recruitment and appraisals. They were embedded into staff's reflective practice sessions. Staff could tell us the values and explain how these behaviours were included in their practice.

Culture

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

Staff were positive and proud about the work they did in their team. They mostly felt valued, supported and respected by managers at the hospital.

Staff felt able to raise concerns without fear of retribution. They knew how to use the whistle-blowing process and about the role of the Speak Up Guardian and who that person was. We observed staff working well together and where there were difficulties managers dealt with them appropriately.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.

Governance

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

The organisation had a clear framework of what must be discussed at team, hospital and provider level to ensure that essential information was shared and discussed. Governance meetings at management and organisation level showed good attendance, clear actions and set agendas including safety, training, effectiveness, patient experience, leadership and lessons learnt. This meant that the quality and effectiveness of the service was sufficiently monitored.

However, managers did not ensure that staff had access to team meetings. Key information such as lessons learnt, risks, and organisational updates were shared through daily handovers, emails and a communication book. The absence of regular formal meetings did not however, give staff the opportunity to participate and provide input for continually improving the quality of the service.

Management of risk, issues and performance

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

Staff could escalate risks they felt needed to be on the register. One example of this, was staff concerns around patient's physical health risks such as cardiac arrest and insulin overdoses.

Engagement

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Staff, patients and carers had access to up-to-date information about the work of the provider through the intranet, bulletins and the internet. Patients and carers had opportunities to give feedback on the service they received through annual surveys. Managers used the feedback to make improvements.

Learning, continuous improvement and innovation

The organisation had launched a Quality Improvement Hub in November 2021. The programme was aimed to support and empower the service to drive local quality improvements. This involved compliance with quality improvement training courses, formulating a local quality improvement project, getting involved in regional forums and ensuring quality improvement is part of local governance meeting discussions.