

Cygnnet Acer Clinic

Quality Report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

Overall summary

- Due to Covid 19 it was not possible to inspect the hospital on site. However, information was gathered remotely to see whether the service had made improvements since our last comprehensive inspection in October 2019. We focused on the areas highlighted as requiring improvement from our last inspection as outlined in the warning notice we issued to the provider, and other areas of concern that had been raised since our last inspection. We did not inspect all areas and so the ratings have not been changed. The hospital remains in special measures.
 - The service had made the required improvements outlined in our warning notice, issued following our last comprehensive inspection. However, some further work was still needed.
 - 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 developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They 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 teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multidisciplinary team and with those outside the ward who had a role in providing aftercare.
 - Records demonstrated patients were involved in the development and review of their care plans.
 - The service was well led, and the governance processes ensured that ward procedures ran smoothly.
- However:
- Whilst there had been improvements in how staff carried out the observation of patients, there was still more to do.
 - Patients gave us mixed feedback about staff attitude towards patients. Not all patients said that staff understood the individual needs of patients or supported patients to understand and manage their care, treatment or condition.
 - Staff did not always inform and involve families and carers appropriately.

Summary of findings

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Requires improvement 

Cygnnet Acer Clinic

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

Summary of this inspection

Background to Cygnet Acer Clinic

Cygnet Acer Clinic provides care and treatment for 28 female patients with personality disorders and who self-harm. Some patients also have a mental illness, learning disability, substance misuse problems or an unrelated physical health condition. The service has 28 beds, 14 beds on Upper House and 14 beds on Lower House.

Cygnet Acer Clinic is registered to provide:

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

There was a registered manager in post at the time of this remote inspection.

Cygnet Acer Clinic has been inspected five times since 2015. Following our inspection team finding serious safety concerns during a responsive inspection in August 2019, the service was placed into special measures. The service was last inspected by the Care Quality Commission in October 2019 when the service was rated as requires improvement overall, but a rating of inadequate remained for the safe domain. At the time of this remote inspection, the service remained in special measures due to the service needing to demonstrate significant improvement. We issued a Warning Notice

notifying the provider that they must make significant improvement around the governance of the service. The areas we identified as requiring improvement from our last inspection were as follows:

- The provider must ensure staff maintain accurate records of patient care and treatment, including patient observations, patients' self-administration of medication and the checks of emergency equipment.
- The provider must ensure the system(s) used to monitor staff attendance at the unit are clear, and where more than one system is used, that there are no discrepancies between the staff numbers on site at any given time.
- The provider must ensure staff use audits effectively to identify errors and drive improvement.
- The provider must ensure staff follow the provider's policies and procedures for the use of observation.
- The provider must ensure patients' care plans reflect the needs and behaviours highlighted in each patient's risk assessment.
- The provider must ensure that specific risk assessments, such as a choking risk assessment, are reviewed in line with the frequency outlined in the assessment.
- The provider must ensure staff protect patient confidentiality in all areas of the hospital.
- The provider must ensure patients are involved in and are aware of their involvement in their care plans.

Our inspection team

Our inspection was conducted remotely and therefore we did not visit the hospital site. This was due to the Covid-19 pandemic. We conducted a remote inspection to reduce the spread of the virus and minimise the pressure on the service.

The team that inspected the service remotely comprised three CQC inspectors and an inspection manager.

Why we carried out this inspection

We carried out this remote inspection to see whether the service had made significant improvement since our comprehensive inspection in October 2019. As a result,

Summary of this inspection

we focused on the areas highlighted as requiring improvement from our last inspection as outlined in the warning notice we issued to the provider, and other areas of concern that had been raised since our last inspection.

How we carried out this inspection

This was a focussed remote inspection, and therefore our inspection activity focussed on specific areas. This means we did not look at all key lines of enquiry in each of the domains. This remote inspection was completed by the team conducting a series of telephone interviews with staff and patients, and reviewing a range of policies, procedures and other documents relating to the running of the service.

During this remote inspection, the inspection team:

- spoke over the telephone with five patients who were using the service;
- we sent comment cards to the service to give to patients to provide feedback, but none were returned
- spoke over the telephone with and gathered written feedback from five relatives/carers of people who were using the service;
- spoke over the telephone with the registered manager;
- spoke with 10 other staff members over the telephone; including a doctor, nurses, support workers and a social worker;
- received feedback about the service from a commissioner;
- reviewed the minutes of three patient review meetings;
- looked at the care and treatment records for 11 patients who were using the service;
- carried out a specific check of the medication management records for both wards; and
- looked at a range of other documents relating to the running of the service.

What people who use the service say

As part of this remote inspection, we spoke with five patients by telephone to gather their feedback about the service. Of these patients, four said there were not enough staff and that this impacted on their ability to access support from nursing staff, including one to one time. Three patients told us that high use of agency staff had an impact on how familiar staff were with patients. Three patients told us they did not feel safe on the ward; one patient said they were required to escalate their behaviour in order to gain staff support, another raised concerns that staff did not take self-harming incidents seriously. One patient raised concerns that staff do not always check their bedroom/bathroom space when completing observations. Two patients told us that the alarms rang within the service all the time and they found this distressing. These two patients also raised concerns about staff members' response to alarm calls, saying it was slow and inconsistent.

Some patients said that the visibility of staff on the wards was poor. Three patients told us that short staffing impacted on their access to activities and leave and described frequent cancellations. Three patients raised concerns about staff attitudes towards patients and said that some staff are rude and shout at them. However, another patient said staff were really kind and caring. Two patients told us they had not been involved in their care plan and another said their family had not been involved in decisions about their care.

We reviewed two sets of community meeting minutes from Upper and Lower House and these provided us with different information to that given to us by some of the patients we spoke with directly. We saw that all patients present at the meeting had shared positive feedback about staff, describing them as supportive, patient and understanding. We reviewed survey results sent to staff and patients regarding their experiences and satisfaction. Overall staff were all very positive above the care and

Summary of this inspection

treatment they gave to patients. Patients were generally complimentary about the care they received and staff attitude. Patients told us they knew how to raise complaints and one patient said this was dealt with well and had received feedback, but two patients said they did not feel listened to.

We also sent some feedback/comment cards to the service to enable patients who may not have wanted to or been able to talk with us over the phone to provide feedback about the service. However, none of these were returned by the service.

As part of this remote inspection, we gathered feedback from five carers or relatives of patients who were using

this service. Overall, carers or relatives shared positive feedback about the service, including kind and supportive staff of suitable numbers. Three of the five carers reported good communication with the service and were well involved in the care planning and decisions made about their family member. However, two reported issues with being able to speak to staff when they needed to, concerns around management of leave with family and not feeling involved in decisions made about their family member's care. All of the carers knew how to make a complaint, although one described not feeling listened to and not receiving feedback from complaints.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

However:

- Whilst staff had improved how they carried out the observation of patients, there was still more to do. We found several examples of patient observations being completed after the prescribed time frame. This presented a safety risk to patients within the service.

Inadequate



Are services effective?

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation.

Requires improvement



Summary of this inspection

- Staff participated in clinical audit, benchmarking and quality improvement initiatives.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients did not have gaps in their care. Teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.

Are services caring?

- Patients gave us mixed feedback about staff attitude towards patients. Not all patients said that staff understood the individual needs of patients or supported patients to understand and manage their care, treatment or condition.
- Staff did not always inform and involve families and carers appropriately.

However:

- Patients told us that staff respected their privacy and dignity.
- 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.

Requires improvement



Are services responsive?

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

Good



Are services well-led?

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Requires improvement



Detailed findings from this inspection






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	Inadequate	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

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

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

Inadequate 

This was a focussed remote inspection. We did not inspect all areas within this domain and have therefore not rated.

Safe and clean environment

We did not complete this inspection on site and therefore were unable to make a judgement about the visible cleanliness of the ward environment. However, we reviewed the cleaning records of the clinic rooms from 4 February to 17 March 2020 and these demonstrated that staff had cleaned the clinic room regularly. Records also demonstrated that staff maintained the clinic room equipment well and kept it clean. Since our last inspection where we raised concerns about staff not recording that they had cleaned portable physical health equipment, the service had added a prompt for staff to ensure they recorded this as part of their clinic room checklist.

Staff told us they had easy access to alarms. However, two patients told us that the response to nurse call alarms was poor and that this put patients at risk.

Clinic room and equipment

As we conducted our inspection remotely, we did not see the clinic rooms to check they were well equipped to provide safe care and treatment. However, we saw records that demonstrated how staff had cleaned and checked portable physical health equipment. This had improved since our last inspection.

Safe staffing

Nursing staff

The service had enough nursing staff of relevant grades to keep patients safe. The service had 12 whole time equivalent registered mental health nurses and 40 whole time equivalent support workers. At the time of our remote inspection, the service had three whole time equivalent nurse vacancies and six support worker vacancies. The nurse vacancy rate was comparable to the rate reported in the last inspection in October 2019, but the support worker vacancy rate was double that reported in October 2019. We saw evidence that some staff had taken a career change and others had not found the role suited their needs. The service had arranged a recruitment day each month to support staff recruitment.

Managers limited their use of bank and agency staff and requested staff who were familiar with the service and patients. Between 1 January and 17 March 2020, the service used bank staff to fill 10.6% of shifts and agency staff to fill 4.6% of shifts.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

This service had five (8.9%) staff leavers between 31 January and 17 March 2020. This data is not comparable to the data gathered during the previous inspection because the last inspection gathered data over a 12-month period.

Managers supported staff who needed time off for ill health. The sickness rate for this service was 11% between 1 January and 17 March 2020. The most recent full month's data (February 2020) showed a sickness rate of 10.7%. This was higher than the sickness rate of 7.1% reported at the

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

last inspection in October 2019. Although the sickness levels for the month of March 2020 were slightly affected by a 1.7% sickness rate due to Covid-19, the sickness levels remained higher than the provider's target rate of less than 5%. The management team explained this was due to non-work-related long-term sickness within the team.

Managers had calculated the number and grade of nurses and support workers required. The hospital had three qualified nurses across the site on each shift. Staffing rosters demonstrated this was consistently achieved during the period 1 January to 17 March 2020. During our last inspection, we found discrepancies between the nursing rosters and the fire register records, which made it difficult to confirm the exact number of staff on duty and therefore whether the service had maintained safe staffing levels. This had improved at this inspection and we found the service had taken action to address this safety concern. We reviewed the fire registers and saw staff signing in and out of the building had significantly improved. Staff monitored these through the completion of weekly audits, and we saw evidence that actions were taken as a result of these to drive improvement in this area.

The ward manager could adjust staffing levels daily to take account of case mix and the manager was not included in the staffing complement. Although the hospital was not at full occupancy at the time of our remote inspection, the manager confirmed that the service had maintained staffing numbers. This ensured the safety of the patients and the service had made the necessary improvements highlighted in our previous inspection. We saw evidence that the team considered the needs of the current patient group and staff complement when making decisions about new admissions. Staff were able to decline admissions to support the needs of the existing patient group.

Whilst the records provided showed that patients had regular one to one sessions with their named nurse, some patients told us these did not consistently take place. Patients reported that short staffing led to their one to one sessions with their named nurse and activities, including Section 17 leave, being cancelled. We reviewed the activity records for three patients and saw that in all cases, patients were offered regular one to one sessions with their named nurse and other members of staff and that patients rarely had their escorted leave or activities cancelled. 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. The service had recently recruited a second consultant psychiatrist to support the medical cover within the service and this staff member was due to start in June 2020. Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

The compliance for mandatory training courses at 29 February 2020 was 99.5%. The provider set a target of 85% for completion of mandatory and statutory training. Of the training courses listed, none failed to achieve the provider's target.

The training compliance reported for this core service during this remote inspection was higher than the 98% reported at the last comprehensive inspection.

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

Assessment of patient risk

We looked at 11 patients' care and treatment records. Records demonstrated staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. At our comprehensive inspection in October 2019, we saw the service had made improvements to their approach to assessing patient risk on a daily basis following our responsive inspection in August 2019. At this remote inspection, we saw that the service had sustained these improvements.

Staff used a recognised risk assessment tool. Staff used the Short-Term Assessment of Risk and Treatability (START) as a framework to assess and manage patient risk. As part of this assessment, the multidisciplinary team had completed a comprehensive psychological formulation of each patient's current behaviours and needs and plans to assist staff to support the patients effectively.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

Management of patient risk

Since our last inspection, staff had begun to undertake daily audits to monitor the accuracy of staff practice and recording around patient observations. We found these audits were thorough and were an accurate reflection of the observation records we reviewed. Where issues were identified with practice and/or recording of observations, including late entries, missed signatures and following a review of the closed-circuit television records, actions were identified to drive improvement. These actions included supporting the identified staff member with additional supervision, training and a review of the observation and engagement policy, as well as further disciplinary action if issues were not addressed. We saw evidence that staff completed an incident report form when issues were identified with the practice and/or recording of observations to enable the management team to maintain oversight of these issues. Managers were aware of themes and trends arising from these audits. In addition, since the last inspection, the service calibrated the closed-circuit television recording system weekly to ensure its accuracy. This practice had significantly improved since our last inspection.

Staff knew about any risks to each patient and acted to prevent or reduce risks. During our last inspection, we found that not all the risk assessments we reviewed linked in with the corresponding patients' care plans or risk management plans. However, at this remote inspection, we found that all the details outlined in each patient's risk assessment were accurately translated into the patient's care plan. We saw evidence that risk assessments and care plans were amended or updated to reflect changes in a patient's level of risk, for example, following a serious incident of self-harming behaviour.

Staff knew about any risks for each patient and acted to prevent or reduce risks. Staff risk assessed each patient on an individual basis using a person-centred approach. This meant that each patient's level of risk for different activities was dependent on their own behaviours and current mental state. However, staff did not always follow the provider's policies and procedures when they observed patients. We looked at the observation charts for six patients, three from Upper House and three from Lower House. Alongside these records, we also looked at the audits the staff had undertaken to review the practice and recording of observations. In the records of observations

and the audits of these records, we identified staff had failed to complete and record patient observations in the prescribed time, for example, four times within an hour, on 48 occasions between 1 February and 17 March 2020. Of these 48 late patient observations, we noted 21 to be late by more than five minutes. This presented a safety risk to the patients within the service. However, it is important to note that on occasions staff in the service were completing and recording a total of around 900 observations per day and therefore the error rate we found was relatively minimal. This equated to less than 1% of actual patient observations being undertaken.

We noted other issues with the recording of patient observations. In the same time period, staff had not completed the handover sheet on eight occasions and staff had failed to complete their signatures on the record on 28 occasions.

Use of restrictive interventions

There were four incidences of rapid tranquilisation at Upper House and five at Lower House over the reporting period this related to the care and treatment of two patients across both sites. Incidences resulting in rapid tranquilisation for this service ranged from 11 February 2020 to 14 March 2020 over (a two-month period). Staff followed policy, procedure and NICE guidance when using rapid tranquilisation.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training.

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.

Medicines management

We reviewed 12 medicine administration records, six from Upper House and six from Lower House. All records demonstrated staff recorded when they had administered medicines to patients.

Staff maintained accurate records of patients' self-medication procedures and this had improved since our last inspection. In three of the medicine administration records reviewed, patients were participating in the

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

providers' self-medication programme. Records showed staff made and kept a complete record of the prompts or checks required for the stage of the self-medication programme the patient was participating in and, weekly clinic audits from Lower House demonstrated improvements. Staff ensured they kept accurate records of patients' self-medication procedures. We saw that checking self-medication records and any issues with was a standard agenda item within registered nurse's meetings, morning meetings and reviewed within patient review meetings.

The service had a good track record on safety.

Between December 2019 and January 2020 there were 593 serious incidents reported by this service. Of the total number of incidents reported, the most common type of incident was self harm.

The number of serious incidents reported during this inspection had continued to reduce from the previous inspection and significantly reduced overall.

We saw evidence that the team considered the needs of the current patient group and staff complement when making decisions about new admissions. Staff were able to decline admissions to support the needs of the existing patient group

We saw evidence that the service continued to monitor and analyse incident patterns and trends on both an individual and service level. For example, the team reviewed the time, location, and type of incident to as to inform staff to make managerial decisions about how to reduce the occurrence of incidents where possible.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff reported all incidents that they should report. Staff reported serious incidents clearly and in line with the provider's policy. We saw that staff provided a detailed account of the incident in which they were involved, documenting which strategies staff used to support the patient during the incident. We saw that these strategies were aligned to the patient's care plan.

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

Managers debriefed and supported staff after any serious incident. We saw evidence that staff conducted post-incident reviews in a timely manner.

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. Staff told us they were aware of learning from incidents that had taken place elsewhere and how this applied to their service. We also saw that lessons learnt was a standing agenda item in the morning communication meeting.

There was evidence that changes had been made as a result of feedback. The service had continued to embed improvements made following our inspections in August and October 2019, specifically around incident analysis and daily risk assessment. At our last inspection, staff had identified that most incidents had occurred at night or during weekends. As a result, the service had recruited an assistant psychologist and a therapy coordinator to work shifts covering evening and weekends. This enabled patients to access group activities and more structured therapies at the times that had been identified as more challenging for patients, in the hope that this may help to reduce incidents. Of the staff we spoke with, two told us this change was an improvement that had supported the patients and reduced incidents.

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

(for example, treatment is effective)

Requires improvement 

This was a focussed remote inspection. We did not focus on all areas within this domain and have not rated.

Assessment of needs and planning of care

We looked at 11 patients' care and treatment records. Records demonstrated that staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

In all 11 of the records we reviewed, we saw evidence that 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. All the care plans we reviewed reflected the patient's risks as identified in their risk assessment. This supported staff to know how best to manage specific risks, such as self-harming behaviours. This had improved since our last inspection.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the patients in the service. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included medication and psychological therapies and activities, training and work opportunities intended to help patients acquire independent living skills.

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. The doctor saw patients at least monthly during patient review meetings and we saw evidence that the doctor frequently met with patients in between these meetings.

Since our last inspection, the service had recruited a general nurse who took a lead on managing patients' physical health, including running a well-women's group, taking bloods, monitoring the use of high-dose antipsychotics and completing electrocardiograms as required. The general nurse had met with the local GP surgery to discuss how best to support patients to attend cervical smear screening tests. The general nurse was also due to develop some specific training for staff around supporting patients to manage their physical health needs.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers used results from audits to make improvements. We looked at the head of care checklist audits, staffing audits and observation practice and record review audits and saw that these were used effectively to identify areas for improvement.

Multi-disciplinary and inter-agency team work

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

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation and with external teams and organisations.

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

Requires improvement 

This was a focussed remote inspection. We did not focus on all areas within this domain and have not rated.

Kindness, privacy, dignity, respect, compassion and support

Staff told us they were discreet, respectful, and responsive when caring for patients and we saw written evidence of this in the documentary review we did. However, two of the five patients we spoke with raised concerns about staff attitude towards patients. We reviewed two sets of community meeting minutes from Upper and Lower House and saw all patients present had shared positive feedback about staff, describing them as supportive, patient and understanding. This included two of the patients we spoke with who shared negative feedback with us about staff attitudes.

At our last inspection, one patient told us that because staff wore identification lanyards when supporting patients in the community, this made it difficult for patients to engage in community-based activities without members of the community knowing they were receiving support from a staff member. Patients did not think this protected their confidentiality. Since the last inspection, the service had requested and successfully implemented a change in policy through the People's Council so that staff no longer wore lanyards in the community but were required to have them on their person at all times for identification purposes.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

At the time of inspection, staff within the service were in the process of signing up to the National Dignity Council and had become dignity champions. Formerly known as The Dignity Partnership Board, the National Dignity Council meets every two months alternating between telephone conference and face-to-face contact. It exists to shape and influence the work of the Dignity in Care network, and also campaigns for, and supports Dignity Champions. Led by the National Dignity Council, Dignity Champions form part of a nationwide network of 120,000+ individuals and organisations who work to put dignity and respect at the heart of UK care services to enable a positive experience of care.

The documentary evidence we reviewed demonstrated that staff understood and respected the individual needs of each patient. During our individual interviews with staff and review of care plans, risk assessments and meeting minutes, we saw evidence that staff took a person-centred approach to caring for patients. For example, staff described individualised management plans to support patients who engaged in self-harming behaviour and we saw staff followed these management plans in patient care plans and records of incidents. We saw evidence in care plans that staff supported patients to understand and manage their own care treatment or condition.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. All staff we spoke with were aware of the process for raising concerns and described feeling confident to use the whistleblowing process should they need to.

Involvement in care

Involvement of patients

We saw evidence in care plans that staff involved patients and gave them access to their care planning and risk assessments. Staff always invited patients to attend their multidisciplinary team patient review meetings, unless there were specific risk issues which needed to be discussed without the patient. Staff reported, and records demonstrated this was rare and based on clinical decision making. However, two of the five patients we spoke with said they had not been involved in the development and review of their care plan.

Patients could give feedback on the service and their treatment and staff supported them to do this. We saw evidence that patients knew how to make a complaint and

were offered the opportunity to give feedback on their treatment in patient review meetings and community meetings. We reviewed the minutes of two patient community meetings and saw that patients were given the opportunity to make requests, for example, ideas for activities for the patients to engage in, and share feedback about the service. Staff followed up on actions to support patients' requests in a timely manner. These minutes also demonstrated how staff kept patients up to date with changes to the service, such as changes to the format of patient care plans and menus.

Staff supported patients to make advanced decisions on their care. Staff and patients told us of care plans that were displayed on patient's bedroom walls to assist staff to support them using personalised strategies at times of crisis.

Involvement of families and carers

We gathered feedback from five family members or carers of patients using the service. Three of the family members or carers described how staff supported, informed and involved them in their family member's care and treatment. However, two family members or carers raised concerns about the lack of communication they received from staff and reported issues with being able to speak to staff when they needed to.

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

Good 

This was a focussed remote inspection. We did not focus on all areas within this domain and therefore have not rerated.

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

The service had effective processes in place for managing complaints and staff understood and followed the provider's complaints policy. Managers investigated complaints and identified themes.

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

This service received nine complaints between 1 January and 17 March 2020. Of these 9 complaints, two were upheld. None were referred to the Ombudsman. We saw evidence that staff managed complaints in an effective and timely manner. However, two patients and one carer described not feeling listened to when making a complaint and the carer told us that they had not received feedback from their complaint.

We saw evidence that the advocate supported patients to resolve their concerns and the clinical team were keen to capture all these concerns, as well as formal complaints, to improve learning.

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

Requires improvement 

This was a focussed remote inspection. We did not focus on all areas within this domain and therefore have not rated.

Leadership

Leaders had responded responsively to make changes following the last inspection and were visible to staff. Since our last inspection, the senior management team had conducted a review of the current management structure within the service and had developed plans to strengthen the clinical leadership within the service. This was not yet finalised at the time of our remote inspection.

Staff reported being well supported by the leadership team within the hospital. Staff described managers as supportive, approachable and effective.

Staff and patients reported leaders were visible in the service and approachable for patients and staff.

Culture

All staff we spoke with reported being able to raise concerns without fear of retribution.

Staff knew about the whistle-blowing process and the role of the bullying and harassment officer.

The service's staff sickness and absence were higher than the provider target, although the manager explained this was due to non-work-related long-term sickness within the team.

Staff felt respected, supported and valued and reported feeling positive and proud about working for the provider and their team.

Managers dealt with poor staff performance when needed.

However, three patients we spoke with raised concerns about the culture of the staff attitude within the service, stating that some staff shouted at and were rude towards patients.

Governance

The governance of the service had improved since our last inspection. The management and clinical team had made improvements to the quality and accuracy of record keeping and had developed thorough and effective audit tools to maintain oversight of these records. We noted improvements in the record keeping in all areas identified as an issue at our last inspection, including the recording patient self-medication processes, cleaning and maintenance of physical healthcare equipment, staffing registers and patient observations. However, we found ongoing issues with patient observation records and some missing staff signatures on the fire register, but we were reassured that these had also been identified through audit and that prompt action had been taken to address these issues.

We saw that key information was shared across the service, including lessons learned from incidents, through supervision, emails, morning meetings and incident review and clinical governance meetings. The management team had continued to try different ways to improve attendance at staff meetings, but this remained a challenge. However, staff we spoke with were aware of recent lessons learned from incidents and said they felt able to discuss these openly within their teams.

The service had continued to respond accordingly to the enforcement conditions placed upon the service following our previous inspections. We saw evidence that these changes had been

implemented in a timely manner and the management had successfully engaged the staff team to develop and embed these changes through various means of communication.

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Members of the multidisciplinary team participated in clinical audits relevant to their role and staff described the outcome of these audits and how they supported improvement in the service.

Management of risk, issues and performance

Managers continued to benchmark the number of incidents and self-harm against other Cygnet locations, as well as monitoring the current themes and trends of these incidents within the service to support staff to reduce the frequency and severity of incidents.

Managers had good oversight of the risk profile of the patients within the service. They used clinical governance and incident review meetings, as well as audits to keep under review the suitability of each patient's placement within the service and clinical needs, such as safe observation levels and staffing requirement.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff follow the provider's policies and procedures for the use of observation. Regulation 12 (2) (a) (b) HSCA (RA) Regulations 2014 Safe care and treatment.

Action the provider **SHOULD** take to improve

- The provider should ensure that families and carers are kept adequately informed about patients' care and treatment or support them appropriately to maintain regular contact with their family members.

- The provider should ensure all staff treat patients with respect and compassion and engage patients in developing and understanding their care and treatment plans, specifically around the management of risk behaviours.
- The provider should ensure all feedback received from patients and their carers is responded to appropriately to ensure people feel listened to and are given feedback from their concerns.
- The provider should continue to monitor staff compliance with signing of the fire register when entering and leaving the building.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure staff consistently followed their policy and procedure for the use of observations. This was a breach of regulation 12 (1) (2)