Cygnet Hospital Kewstoke

Quality Report

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Date of inspection visit: 24 January 2017 and 16 March 2017
Date of publication: 25/04/2017

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

Overall summary

- In the previous CQC inspection of Cygnet Hospital Kewstoke in January 2016, we issued a requirement notice to the provider. This related to a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - the safety and suitability of premises. We found this breach to have occurred on Nash ward which was the psychiatric intensive care unit.
- The requirement notice required the provider to take action to ensure that on Nash ward the cleanliness and damage to interior walls, fixtures and fittings were addressed immediately and adequately maintained from there onwards.
- Prior to this January 2017 inspection we had also had some concerns raised with CQC regarding the provision of physical health care on Nash ward. We also reviewed physical healthcare at the hospital on this inspection.
- On this inspection we visited Nash ward to review the requirement notice and subsequent actions that the provider had taken.
- The provider had undertaken various actions to address the requirement notice. It had developed an improvement plan for the ward and had progressed a number of improvements such as maintenance requests being dealt with more promptly, painting and decorating and deep cleaning of ensuite bathrooms. However, we found there were still issues over a communal bathroom, cleanliness around bolted down tables in the dining room and slight odours in some bedrooms where carpet remained.
- The provider had taken action to strengthen its focus on physical healthcare in a range of ways. For example, it had recruited two ward doctors from a GP background, developed a training programme for nursing staff and was encouraging changes in practice in line with a revised physical health care policy.

However,

- Not every patient care record we saw was easy to follow or clear about how physical health care was monitored.
- Some patients were not able to access gender specific health screening such as smear test screening for cervical cancer and breast screening for women.

Summary of findings

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Location name here

Services we looked at
Acute wards for adults of working age and psychiatric intensive care units.

Summary of this inspection

Background to Cygnet Hospital Kewstoke

Cygnet Hospital Kewstoke is a 70 bedded low secure psychiatric hospital, consisting of five wards. The hospital is registered to provide treatment of disease, disorder and injury and assessment or medical treatment of people detained under the Mental Health Act 1983. There is a registered manager in place.

Cygnet Hospital Kewstoke aims to help patients learn how to manage their mental health and reinforce their daily living skills, to prepare for independent life back in the community, or for moving into mainstream rehabilitation. Cygnet Hospital Kewstoke provides the following services:

Nash ward is a 12 bedded psychiatric intensive care unit (PICU) for men in the acute stages of psychosis. It is located on the ground floor of the main hospital. Patients are detained under the Mental Health Act.

Sandford ward is a 16 bedded male acute inpatient service, accepting emergency admissions. It is part of Cygnet's national network of acute and PICU emergency admission services. It is located on the first floor of the main hospital.

Milton ward is a 15 bedded low secure forensic mental health service, providing a recovery focused care pathway for women addressing complex needs through to rehabilitation. It is located on the ground floor of the main hospital.

Knightstone ward is a 15 bedded female specialist personality disorder service, supported by dialectical behaviour therapy and other therapy models. It is located on the first floor of the main hospital.

The Lodge at Cygnet Hospital, Kewstoke is a female locked rehabilitation unit providing a care pathway for 12 patients who have been in hospital and are preparing for community living before discharge. It provides treatment in a community setting within the grounds of the main hospital, but separate from the main building. Its stated aim is to form part of an integrated care pathway for female patients only. It acts as a 'step-down' from medium secure, low secure and specialist services, and also as a 'step up' from community living to prevent a long term admission to secure services

This hospital was previously inspected in December 2012, February 2013, June 2013 and January 2016.

When CQC inspected the hospital in January 2016, we found that the provider had breached a regulation. We issued the provider with a requirement notice for psychiatric intensive care services on Nash ward as we found the ward was not clean and well maintained.

The requirement notice required the provider to take action to ensure that on Nash ward the cleanliness and damage to interior walls, fixtures and fittings were addressed immediately and adequately maintained from there onwards.

This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 15 Safety and suitability of premises.

Our inspection team

This inspection was led by CQC inspector Kate Regan.

The team that inspected the service comprised two further CQC inspectors and a consultant psychiatrist acting as a specialist advisor. The consultant psychiatrist had experience in delivering acute mental health and psychiatric intensive care services.

Summary of this inspection

Why we carried out this inspection

We undertook this inspection to find out whether the provider had made improvements to their psychiatric intensive care services since our last comprehensive inspection of the hospital in January 2016.

When we last inspected the hospital in January 2016, we rated acute wards for adults of working age and psychiatric intensive care units as good overall.

We rated the acute wards of adults of working age and psychiatric intensive care units as requires improvement for safe, and good for effective, caring, responsive and well-led.

Following the January 2016 inspection, we told the provider it must take the following action to improve psychiatric intensive care services:

- The provider must take action to ensure that on Nash ward the cleanliness and damage to interior walls, fixtures and fittings are addressed immediately and adequately maintained thereon.

This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 15: Safety and suitability of premises.

We had concerns subsequently raised with us regarding physical health care at the hospital. Therefore, during this inspection (January 2017) we also looked at how the provider delivered physical healthcare for the patients cared for at the hospital.

How we carried out this inspection

As this was an unannounced focused inspection to follow up on specific areas of concern, we did not consider all of the five key questions that we usually ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Instead, we concentrated on whether the action that we had told the provider it must carry out on Nash ward had been completed and on physical health care at the hospital.

During the inspection visit, the inspection team:

- visited Nash ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke informally with three patients on Nash ward
- interviewed the clinical manager, the general manager and the manager of Nash ward
- interviewed three other staff members; including a doctor and deputy ward manager on Nash ward and the ward manager of Knightstone ward
- looked at 11 care and treatment records, looking specifically at physical health care and monitoring
- looked at a range of policies, procedures and other documents relating to the improvement plan for Nash ward and physical healthcare at the service.

What people who use the service say

We spoke to three patients on Nash ward who said that they were comfortable, warm, that they felt happy on the ward and that staff were kind and caring.

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 provider produced an improvement plan which identified how it would address the environmental concerns that we raised previously about Nash Ward. There were improvements being made during our visit, including painting and decorating of all areas of the ward. However, when we returned in March 2017 there were still some outstanding issues.

Are services effective?

- The provider had a physical healthcare policy which set out the responsibilities of a patient's admitting doctor and nurse. This included which physical investigations should be completed in the first few days of admission.
- Staff attempted to carry out regular physical checks on patients and where patients refused this was documented.
- The hospital had had an increased focus on physical health following a complaint and had recently employed two ward doctors with a GP background to support and drive this.
- The hospital had developed a half day training programme to support adherence to the physical health policy. This training also covered when to call a doctor and taking physical observations of patients.
- There was a physical health steering group which addressed issues around compliance with the physical health policy.

However, we found the following areas that required improvement

- We found that it was not always easy to find information about physical healthcare in patient care records. Not every patient care record we saw was easy to follow or clear how physical health care was monitored.
- Some patients were not able to access gender specific health screening such as such as smear test screening for cervical cancer and breast screening for women.

Are services caring?

At the last inspection in February 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Summary of this inspection

Are services responsive?

At the last inspection in February 2016 we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

At the last inspection in February 2016 we rated well led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Safe and clean environment

- We visited Nash ward to review the regulation 15 requirement notice that was issued during our previous inspection in January 2016. The hospital had developed an improvement plan which aimed to address the issues raised around décor, cleanliness and damage to fixtures and fittings.
- There were a number of improvements being progressed during our visit, including painting and decorating of all areas of the ward. In addition, all ensuite bathrooms had been deep cleaned. There were slight odours in some bedrooms where carpets remained. Carpets in communal areas had been replaced by cushioned laminate flooring. We saw records to show that a cleaning and spot check schedule was in place. Where action was needed this was clearly documented and within appropriate timescales.
- We reviewed the maintenance records and found that the majority of requests were being addressed and completed within one to three days. Where requests were outstanding this was due to the hospital having to purchase replacement items, fixtures and fittings from outside contractors. Monthly audits were being completed to monitor estates and maintenance requests and where necessary action was taken to address outstanding requests. The hospital continued to progress the work following our visit on 24 January 2017 and we returned on 16 March 2017 to review this.
- When we returned in March 2017 there were still outstanding issues relating to a communal bathroom, cleanliness around bolted down tables in the dining room and slight odours in some bedrooms where carpet remained.

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

(for example, treatment is effective)

Assessment of needs and planning of care

- The provider had a physical healthcare policy which set out the responsibilities of a patient's admitting doctor and nurse. This included which physical investigations should be completed in the first few days of admission. Staff carried out these investigations where possible but some patients refused to participate.
- The hospital had a paper file for patient care records. We found that it was not always easy to find information about physical healthcare in these records. There was no clear system in place to remind staff or managers when observations or investigations were overdue.
- We looked at a sample of patient records on Nash ward. The admitting doctor carried out an examination of all patients on admission. However, some patients refused to be examined. This was documented clearly in the notes. Staff attempted to carry out regular physical checks on patients and where patients refused this was documented. The physical health steering group had identified when checks were not completed regularly and had raised this with relevant ward managers.

Best practice in treatment and care

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

- The primary nurse team audited physical health records taking a random sample of three service user records on each ward per month. We saw an example of this system in use on Nash ward.

Skilled staff to deliver care

- The clinical manager told us that following a complaint about the physical healthcare of a patient, physical healthcare had been a focus for the service. The provider had involved the hospital social worker to improve communication with and the involvement of families and carers.
- The clinical manager told us that in order to improve physical healthcare the provider had recently recruited two ward doctors with a GP background.
- There was mandatory training for nursing staff on basic life support and infection control. Nursing staff taught support workers how to take patients' physical observations. However there was no mandatory physical health training for any staff, which meant that nurses did not have the opportunity to refresh their own skills, prior to teaching others. The clinical manager told us that a programme of half day in-house training sessions was due to start in January 2017. This training was intended to cover taking patient observations, when to call a doctor and how to work within the physical health policy.
- The clinical manager told us that physical health was an existing area identified by the hospital for improvement on the Overarching Local Action Plan (OLAP). This was an action plan for the hospital and was being monitored via the provider's integrated governance group.

Multi-disciplinary and inter-agency team work

- The physical health steering group met monthly and was attended by doctors, nurses and other professionals in the hospital. The clinical manager said that the focus of the group was to help ensure policy was accepted into practice on the different wards, and to manage problems in implementing the policy. The group discussed compliance with the hospital's physical health policy, and any problems that had arisen about physical health care and monitoring. Actions were listed at the end of the minutes for these meetings.
- The hospital had two physical health champions on each ward. There were two 'active life' leads, these were two members of staff employed in this role and based within the occupational therapy department. Their role included promoting physical health and healthy living. We saw a folder that was to be given to patients with information on healthy living. One of the doctors was assigned as a medical lead for physical health in the hospital.
- There was a fortnightly medical peer group which doctors attended as part of their professional development. We were advised by one of the consultant psychiatrists that this group was an opportunity for detailed discussion of more complex patient care needs such as patients whose care was complicated by physical health problems. The consultant advised us that there were also academic discussions at the medical peer group about physical health issues in psychiatry, and that doctors' personal development plans also focussed on keeping up to date with skills in managing medical problems encountered in psychiatric practice.
- Patients at the hospital were often not able to access gender specific screening such as smear test screening for cervical cancer or breast screening for women. This was because patients were not able to register with GP services in the local community and a local clinic which had offered this service had closed. The provider did fund a GP to work at the hospital on one day a week. Some patients were still registered with a GP in their home area and the hospital had considered accessing screening for these patients by accompanying them to their home GP surgery, for many patients this was a considerable distance from the hospital. Patients who had extended hospital admissions were often no longer registered with any community GP. At the time of the inspection these patients were not able to access screening. This was recorded as an issue of concern by the hospital and one of the doctors was exploring options to address this. The clinical manager told us that this had also been raised at a national level within the organisation.

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

At the last inspection in January 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

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

At the last inspection in January 2016 we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

At the last inspection in January 2016 we rated well led as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must complete the outstanding actions relating to the ongoing requirement notice for regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - the safety and suitability of premises.

Action the provider SHOULD take to improve

- The provider should introduce a system to ensure that physical health checks are easy to follow and to monitor if they have been completed or are overdue.
- The provider should continue to further develop access to gender specific health screening such as such as smear test screening for cervical cancer and breast screening for women.
- The provider should develop physical health training for all staff and give specific consideration to those that are teaching others.

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
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15: Nash ward was unclean and there was evidence of damage to interior walls, fixtures and fittings throughout the ward. The provider did not ensure that the premises where care and areas where treatment were delivered were clean and well maintained. This is breach of Regulation 15 1 (a) (e) and 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014