

# Cygnnet Hospital Kewstoke

## 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

### Overall summary

This inspection was a focussed inspection so therefore did not provide a rating. The purpose of the inspection was to follow up on concerns that staff did not manage incidents safely and that there was a culture of abuse on Nash Ward. We found that:

- 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 and followed best practice in anticipating, de-escalating and managing challenging behaviour.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and managers fostered a culture amongst the team where staff felt able to challenge practice and raise concerns without fear of repercussions.

However;

- Patients fed back to us that the ward, particularly the windows, can be dirty on occasions.
- Patients told us they would like more emotional support following an incident, particularly when restraint had been used.

# Summary of findings

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# Summary of this inspection

## Background to Cygnet Hospital Kewstoke

Cygnet Hospital Kewstoke is a 72 bedded mental health 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 offers the following services:

Nash ward is a 12 bedded psychiatric intensive care unit (PICU) which deals with emergency and crisis admissions and is a part of Cygnet's national network of acute and PICU emergency admission services. 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 female 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 16 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 16 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 is a female locked rehabilitation unit offering a care pathway for 12 patients who have been in hospital and are preparing for community living before discharge. It offers 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 as a 'step-up' from community living to prevent long-term admissions to secure services.

Our last comprehensive inspection of Cygnet Hospital Kewstoke was on the 26 February 2019. At that inspection, we rated the service as good overall. All wards were inspected and rated as good in all areas. There were no actions following this inspection that Cygnet Hospital Kewstoke were required to take.

## Our inspection team

The team that inspected the service comprised a CQC inspection manager and two CQC inspectors.

## Why we carried out this inspection

We undertook this inspection following concerns that staff did not manage incidents safely and that there was a culture of abuse on Nash Ward.

# Summary of this inspection

## How we carried out this inspection

As this was an unannounced focused inspection of Nash Ward to follow up on specific areas of concern, we did not consider all of the five key questions that we usually ask. Instead, we focussed on the following three key questions to ascertain the culture and how staff managed incidents on Nash Ward:

- Is it safe?
- Is it caring?
- Is it well-led?

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment;
- spoke with the registered manager, the clinical services manager and acting manager for the ward;
- spoke with three members of staff;
- spoke with four patients on the ward;
- spent time observing interactions between staff and patients on the ward;
- looked at a range of policies, procedures and other documents relating to the running of the services.

## What people who use the service say

Patients were positive about the care they received from staff and told us they felt safe on the ward. Patients felt involved in their care and that staff took their views into account. However, patients fed back to us that the ward,

particularly the windows, can be dirty on occasions. Patients also told us they would like more emotional support following an incident, particularly when restraint had been used.

# 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?

This was a focused inspection, so we did not rate this domain. We found that:

- The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- 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 and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.
- The service managed patient 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.

### Are services caring?

This was a focused inspection, so we did not rate this domain. We found that:

- 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.

### Are services well-led?

This was a focused inspection, so we did not rate this domain. We found that:

- 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.

## Detailed findings from this inspection

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

Safe

Caring

Well-led

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

### Safe and clean environment

- All wards were safe, well equipped, well furnished, well maintained and fit for purpose. Each patient had their own bedroom with an en-suite bathroom. There were quiet areas for privacy. All ward areas were clean. However, patients told us that at times the windows could be quite dirty.
- Staff followed procedures to minimise risks where they could not easily observe patients. There was one blind spot in the corridor where it was not possible to hang a convex mirror. However, this was mitigated by a constant staff presence in the corridor.
- Staff had easy access to alarms and patients had easy access to nurse call systems. Staff carried personal alarms and there were call points in the walls. Patients told us they knew how to access the call alarms.

### Safe staffing

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm. We saw evidence that staffing levels on the ward were consistent across night and day shifts over the last two months. Although the ward relied on agency staff to fill current vacancies, they were employed on a locum basis to provide consistency to the ward. The consultant psychiatrist post was vacant and there were three vacancies amongst nine registered nurse positions.

### Assessing and managing risk to patients and staff

- Staff managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff knew about the

risks of each patient and acted to prevent or reduce risks. Staff demonstrated a good knowledge of the patients on the ward and spoke competently about their de-escalation and crisis plans.

- Staff identified and responded to any changes in risks to, or posed by, patients. Such as recognising the deteriorating patient or noticing dynamic changes on the ward between patients. We observed staff undertaking patient observations throughout the day. We observed staff proactively managing and verbally de-escalating patients who became agitated.
- Staff used restraint and seclusion only after attempts at de-escalation had failed. Levels of restrictive interventions were low. We saw records for the last six months which showed the level of seclusion on Nash ward was proportionate.

### Reporting incidents and learning from when things go wrong

- Managers investigated incidents and shared lessons learned with the whole team and the wider service. There was now a comprehensive clinical governance reporting system at ward level in place. This included data and supporting information on complaints, incidents, staff absence etc. This was reported on each month and discussed at the hospital governance meeting, where any trends and associated remedial action was actioned. When an incident required investigation, the provider now allowed local managers to review CCTV footage of the incident to help assess the situation. This was learning transferred from a serious incident at another hospital within the organisation.

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

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

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

- We observed staff treating 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. Patients said staff treated them well and behaved appropriately towards them. Patients who were able to give feedback spoke positively of the care they received.
- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. We observed staff supporting patients in a caring and kind manner.

## Involvement in care

- Staff used the admission process to inform and orient patients to the ward and to the service. We observed staff providing information and orientating a new patient to the ward. However, patients on the ward did not all feel that they had been properly orientated to the ward at time of admission.
- Staff ensured that patients could access advocacy. Patients told us they had been signposted advocacy and had the chance to meet with the advocate.

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

### Leadership

- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles. Staff told us that the managers were approachable and were easily accessible for support and advice.
- Managers supported staff to progress in their careers and had been given opportunities to do associate nurse and nurse training. Staff said that they were supported to develop their roles and further their careers.

### Culture

- Staff felt respected, supported and valued. Staff knew the whistle blowing procedure and told us they could raise concerns without fear of repercussions. Staff described a culture where they were able to freely challenge practice.
- Staff told us that the organisation was open to change, and staff had been encouraged to make developments within their roles and on the ward. Staff felt that ideas for changes to service delivery were taken seriously and felt encouraged to make suggestions.