

# Cygnnet Lodge Lewisham







## Quality Report

44 Lewisham Park  
London SE13 6QZ  
Tel: 020 8314 5123  
Website: [www.cygnethealth.co.uk](http://www.cygnethealth.co.uk)

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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		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

### 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

We rated this service as **Good** because:

- Patients said that staff treated them with respect and dignity and supported their needs. Staff were caring and supportive and they listened and responded to patients' wishes and concerns. Both patients and the independent advocate who worked at the service said that staff supported patients to be involved in their care and treatment, including during clinical meetings. As part of this involvement, staff met with patients to discuss their recovery goals and staff recorded these objectives in patients' care and recovery plans. This ensured that staff were working as far as possible according to patients' wishes.
- Staff maintained an environment that was safe for everyone at the service. Staff assessed the location for ligatures and took effective steps to reduce the risks from these ligatures. Staff also undertook detailed risk assessments of patients, updated these and transferred information relating to risks into patients' care plans. Staff responded promptly and effectively to incidents and to any safeguarding concerns. There were effective systems in place to ensure that staff investigated all incidents and identified any lessons from those incidents. Staff managed medicines in a safe and secure way.


- A range of therapeutic activities were available to support patients' rehabilitation and recovery. These included paid work at the service that staff supported patients to apply for, group activities, IT skills training and art and music therapy.
- The service provided a range of facilities to meet patients' needs, including a therapy room, recreational spaces, meeting rooms, and laundry and kitchen that staff encouraged patients to use.

However:

- Many patients and staff members said that there were too few staff to supervise the activities and as a result many were often cancelled. This undermined the principal purpose of the service which was to support patients' recovery and rehabilitation and to prepare them to return to life in the community. The provider had recruited additional staff to address this problem, although they had not yet started work at the time of inspection.
- An alarm system used to tell staff where potential emergencies were taking place was not working. This put people at risk of harm.
- Some areas were not always sufficiently clean and tidy, including the clinic room and some communal toilets and washing facilities.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	Start here...

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# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Cygnet Lodge Lewisham	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
Information about Cygnet Lodge Lewisham	7
What people who use the service say	7
The five questions we ask about services and what we found	8

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### Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	24
Areas for improvement	24
Action we have told the provider to take	25

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Good 

# Location name here

## Services we looked at

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

# Summary of this inspection

## Background to Cygnet Lodge Lewisham

Cygnet Lodge Lewisham provides a locked rehabilitation service for up to 17 men who have previously used an acute mental health ward or longer-stay hospital to support their recovery. The service prepares patients for returning to the community. At the time of our inspection there were 17 patients using the service.

We last inspected this service in December 2014. At the time of that inspection inspectors did not find any evidence of breaches of regulations.

## Our inspection team

The team comprised of: four inspectors, a psychiatrist, a pharmacist and an expert by experience.

## Why we carried out this inspection

We inspected this core service as part of our on going comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all parts of the service, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service

- spoke with the manager of the service and the clinical manager for the service
- spoke with eight other staff members; including doctors, nurses and health care assistants
- met with the independent advocate who visited the service to support patients
- spoke with two care coordinators responsible for supervising patients' care in the community
- attended and observed two meetings between staff and patients
- looked at eight patient records, including risk assessments, care and recovery plans and observation notes
- looked at 12 medicine records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of this inspection

## Information about Cygnet Lodge Lewisham

Cygnet Lodge Lewisham provides a locked rehabilitation service for up to 17 men who have previously used an acute mental health ward or longer-stay hospital to support their recovery. The service prepares patients for returning to the community. At the time of our inspection there were 17 patients using the service.

We last inspected this service in December 2014. At the time of that inspection inspectors did not find any evidence of breaches of regulations

## What people who use the service say

We spoke with 13 patients who used the service. Almost all spoke positively about the way staff supported them, saying that staff were kind, friendly and respectful. Patients said that staff listened to their wishes and preferences. Patients said that staff encouraged them to take part in their care and treatment and listened to their opinions in clinical and other meetings.

However, many patients said that there were frequently too few staff to supervise activities and these were often cancelled as a result. They said that this was frustrating as the activities were a valuable part of their recovery.

# 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?

We rated safe as **good** because:

- Staff regularly assessed all risks from ligatures and took appropriate steps to reduce the risks from them.
- There were sufficient numbers of staff at the service to maintain basic safety.
- Staff regularly assessed risks to patients and updated these assessments where necessary.
- Staff promptly reported and responded to all incidents that happened at the service. Effective systems were in place to ensure that staff investigated these incidents and learned any lessons from them.
- Staff managed medicines safely and effectively.
- Staff understood how to raise safeguarding concerns and the service had robust systems in place to ensure that staff promptly investigated all concerns and made appropriate safeguarding referrals to the local authority, where necessary.

However,

- An alarm system that told staff the location of a potential serious incident was not working. There was no date set for when this might be repaired. This created a risk of harm to people at the service.
- Staff did not always update patients' observation notes with data relating to their physical health. This meant that staff were not always aware of patients' physical health concerns when reading these notes.
- Some parts of the service were not always sufficiently clean and tidy, including the clinic room and some communal toilets and washing facilities.
- One hand sanitizer contained a hand washing product that was not appropriate for the service and another was empty. This was because it contained a form of pure alcohol and many patients had alcohol addiction problems.

Good



### Are services effective?

We rated effective as **requires improvement** because:

- Many patients and staff told us that there were frequently too few staff to supervise therapeutic activities for patients. This meant that those activities were cancelled. This undermined the whole purpose of the service, which was to enable patients to return to the community by providing rehabilitation.

Requires improvement





# Summary of this inspection

Although the provider had recruited a second activities coordinator and a full time occupational therapist to replace the locum working at the service they had not yet started work at the time of our inspection.

However,

- The service employed staff that were well trained, competent and experienced.
- Staff worked with patients to draw up detailed care and rehabilitation plans and updated these plans to reflect patients' changing circumstances.
- Staff effectively monitored and responded to patients' physical health needs.

## Are services caring?

We rated caring as **Good** because:

- Most patients we spoke to said that that staff were friendly, supportive and listened to their concerns and wishes.
- The interactions that we observed between patients and staff demonstrated that staff were caring and sensitive to patients' needs.
- Staff fully supported patients to be involved in their care and treatment, including working with patients on rehabilitation planning, supporting access to independent advocacy and encouraging patients to give their views at clinical meetings and via forums.

However,

- Where staff recorded the wishes of patients regarding their care and treatment these records sometimes included complex and technical statements that were meant to be exact quotes from the patients, but more reflected the plans and intentions of staff.

**Good**



## Are services responsive?

We rated responsive as **Good** because:

- There were therapeutic activities available to support patients' recovery, including paid employment at the service that staff supported patients to apply for, art and music therapy and IT skills training.
- The service had a range of facilities to meet patients' needs, including an activity room, a laundry, recreation areas and meeting rooms.

**Good**



# Summary of this inspection

- Patients said that the food they received was of good quality and catering staff provided a wide range of healthy eating options to meet the dietary needs of patients with physical health conditions and those who observed a particular faith or belief.
- The service had a robust system to respond to patients' complaints.

## Are services well-led?

We rated well-led as **Good** because:

- The senior management of the provider and the local managers at the service collaborated to deliver effective monitoring of the service and leadership for the staff teams.
- There were effective systems in place for staff members to raise issues and concerns with senior managers, including a weekly forum at the service for staff members to talk to the hospital and clinical managers. There was evidence that managers responded to staff concerns.
- Senior managers were taking steps to respond to previous low morale among staff members. These steps included making changes to staff pay and conditions and recruiting additional staff to provide more therapeutic activities.
- Robust systems were in place to allow senior managers to monitor the performance of the service so that they could take steps to deliver improvements.
- Sickness absence rates among the staff were low.
- There were opportunities for staff development, including the training of nurses to become supervisors and training for all staff to deliver blood tests.

However,

- Some staff members said morale among their colleagues was low. They said that the provider needed to do more to support both the needs of staff and to provide resources to support patients' recovery.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff received mandatory training in the Mental Health Act (MHA), including the updated codes of practice. All staff had completed it. Staff demonstrated a good understanding of their obligations under the Act, including updating patients' files with consent to treatment records. When asked, patients showed that they understood their legal rights under the Act and confirmed that staff regularly explained these rights to them. Staff also provided accurate information for any voluntary patients about their right to leave the service at any time.

All patients had access to an independent advocate, who visited the service every week to support patients to raise issues concerning their care and treatment. Staff provided a space for patients to meet the advocate and displayed information about patients' rights to access an advocate. We spoke to the advocate who confirmed that staff referred patients to the advocacy service whenever a patient made a request for advocacy support, as well as when staff believed that a patient would benefit from it.

Staff regularly audited their work under the Act to ensure that they were always compliant with their legal obligations. Audits showed that staff were meeting these obligations. Staff had access to support from a MHA administrator at the provider in case they needed any advice and guidance relating to legal matters.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received mandatory training in relation to the Mental Capacity Act (MCA).






Most staff demonstrated that they understood the main principles relating to the Act.

A MCA lead worked at the service to supervise all actions and decisions in relation to the Act.

In the previous six months staff had not made any applications for deprivation of liberty safeguards under the MCA.

# Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

### Safe and clean environment

- The layout of the unit did not permit staff to have direct lines of sight in all areas. To reduce the risk from this staff had installed CCTV and also ensured that staff members were in communal areas at all times.
- Staff took steps to reduce the risks from any potential ligature points located at the service. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. These steps included regular assessments of potential ligature points, photographing them and highlighting them on maps of the service and recording detail about the level of risk they posed. Staff did this because although the purpose of the service was to provide rehabilitation services rather than acute care, patients could sometimes become unwell.
- The service was male only and therefore compliant with guidance on same-sex accommodation.
- The service had a fully equipped clinic room that had accessible emergency equipment, including ligature cutters. All equipment was appropriately tested to ensure that it was working and emergency drugs were in date. Over the course of the inspection we visited the clinic three times. Although the clinic room was mostly clean and tidy, on one of the days we visited it appeared less so. On that day staff had left two cups by the sink,

which was also blocked and not in use. One of the cups was covered in dust and had utensils placed in it. The other contained the remains of a drink. Cutlery lay around on the surfaces, with a spoon left in a medicine pot. Equipment was left out and open boxes were left on the floor.

- The ward areas were generally clean and tidy and most furnishings were in a good condition. Cleaning records were up to date and showed that staff regularly cleaned all areas of the service. At the time of our inspection staff we also saw staff undertaking daily cleaning of the service. However, downstairs a communal shower and toilet were not clean and tidy. One communal toilet had dirty and chipped tiles, stains on the floor and no way for people to dry their hands. There was also a strong odour of urine. The shower room was visibly unclean in parts, with stains on the floors and the walls. There was evidence that staff and patients had discussed the fact that bathrooms were not always kept clean. Minutes of community meetings between staff and patients in April and May 2016 both recorded concerns that the bathrooms were not always clean and that staff issued reminders to patients to keep them clean after using them.
- Staff adhered to infection control principles. There were hand washing facilities throughout the service and signs displaying guidance about hand washing. However, one hand washing dispenser contained liquid alcohol, which was not an appropriate cleansing substance for a service where patients sometimes had a background of alcohol abuse. Another hand sanitizer dispenser in the hallway was empty.
- Cleaning records were up to date and showed that staff regularly cleaned all areas of the service.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff undertook regular environmental assessments to ensure that they took all appropriate steps to keep the environment safe.
- All members of staff carried a personal alarm at all times. However, an alarm system that informed staff of the particular location of an emergency was not working at the time of our visit. Staff said that they had previously reported this problem, but that the provider had not given them any information regarding when they planned to fix it. This created a risk to people at the service because it meant that staff did not always know the precise location where an alarm was activated, which slowed their ability to respond.
- The manager of the service was able to adjust staffing levels to meet the safety needs of patients.
- A registered nurse was present in the communal areas of the service at all times.
- There were enough staff present at the service to ensure that patients had sufficient one-to-one time with their primary nurse and to accompany patients on escorted leave. However, three members of staff said that sometimes there were not enough staff to ensure that patients were always able to participate in therapeutic activities.
- There were sufficient staff members to safely carry out any physical interventions.

## Safe staffing

- During the day the service was staffed by two registered nurses and three health care assistants (HCAs). The night shift consisted of two nurses and two HCAs. The provider had calculated the required staffing levels for the service based on an hours per patient per day model. Senior managers also reviewed staffing levels every three months with members of the board.
- The number of registered nurses on each shift matched the number that the provider calculated was necessary to provide safe staffing for the service. In a three month period between March and May 2016 there were no unfilled shifts.
- At the time of our visit there were two staff vacancies, one for a registered nurse and one for an HCA.
- The rate of staff sickness over a twelve month period from May 2015 to May 2016 was 1.9%.
- The staff turnover rate for the same period was 52%. In the month between May to June 2016 this figure was 28%.
- The use of bank staff was high. In a three month period before the inspection, between March and May 2016, bank and agency staff covered 216 shifts. Over a five month period between January and May 2016 32% of the shifts at the service were covered by bank staff to cover a period of recruitment. The service used regular bank staff in order to ensure that staff were familiar with the service and that the patients were familiar with the staff. The manager of the service booked bank staff up to eight weeks in advance to make sure that staff were available to cover all shifts.
- There were eight on call doctors available to provide medical cover at night on a rotational basis.
- Mandatory training levels for all staff were at an average of 92%. Mandatory training included courses in health and safety and safeguarding. In no course had this completion rate fallen below 75%.
- Staff files showed that the provider had completed background checks on staff as part of their recruitment process. These checks included obtaining the employment history of new staff and appropriate information about them from the Disclosure and Barring Service.

## Assessing and managing risk to patients and staff

- There were no seclusion facilities at the service. This was because its purpose was to provide rehabilitation to prepare patients for returning to the community and patients were therefore not unwell enough to require seclusion.
- Staff did not physically restrain any patients in the previous six months and there were no instances of staff using rapid tranquilization during the same period. Staff explained that they used verbal de-escalation techniques in order to calm them. This included asking a patient why they were unhappy or upset and talking through their problem in order to find a solution.
- Staff undertook a risk assessment of each new patient upon admission. Records showed that staff then updated these risk assessments every three months, or more frequently, if required.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff used a risk assessment tool to assess all the patients on the ward. This was called START, meaning the Short Term Assessment of Risk and Treatability. We looked at eight patient records. These showed that staff fully completed the risk assessments and ensured that they carried over relevant information into each patient's care plan. This was in order to plan how to manage and decrease the risk for each patient. Where patients disagreed with any assessment of risks, staff recorded their comments in the patients' notes.
- No blanket restrictions were placed on patients other than in respect of a list of items that were not allowed to be brought into the service. These included matches, sharp objects and illicit substances such as drugs and alcohol.
- Sometimes patients, who were not detained under the Mental Health Act, attended the service voluntarily, although all patients at the time of our visit were detained. An information leaflet was available for voluntary patients that explained their legal rights.
- The service had an observation policy regarding the use of close observation. Records showed that staff used close observations very infrequently.
- A policy was in place regarding searching patients and their rooms. The provider had done this to address the fact that patients sometimes brought illicit drugs into the service.
- Staff stored electronic and paper records in a safe and secure manner.
- Staff received mandatory safeguarding training and demonstrated that they understood how to raise a safeguarding alert. The service had a senior staff member to act as a safeguarding lead to process safeguarding matters. Other senior staff were in place to provide cover in the absence of the lead. Records showed that staff responded to safeguarding matters promptly and, where necessary, made referrals to the local authority safeguarding team to investigate the concerns.
- Staff stored medicines securely and appropriately. Records showed that they checked the fridge and room temperatures daily to ensure medicines were kept at the correct temperature. Where the fridge temperature had risen slightly on a few occasions, staff had taken

appropriate measures to remedy this. Regular checks of expiry dates of medicines were carried out and recorded. Nurses told us that they supported patients to become as independent as they could before discharge wherever possible. We saw that one patient currently managed their own medicines with a view to discharge. This was done following a robust risk assessment and was subject to constant review to make sure the person was safe. Staff issued medicines to patients on discharge and for leave in a safe way and maintained appropriate records. A pharmacist visited the service weekly and carried out medicines management and clinical checks. Reports and audits were presented in the weekly senior management meeting for discussion and action. Nurses described how they were informed about actions from these meetings. We saw that where a specific risk had been identified it had been mitigated with additional training and the recruitment of permanent nursing staff. We spoke with one patient who told us that they felt well supported with their medicines. They had been able to discuss their medicines with staff and, as they occasionally suffered from pain, they knew they could ask for pain relief and always got it promptly.

## Track record on safety

- Records showed that within the 12 months prior to inspection staff had recorded 20 serious incidents taking place at the service. The majority of these were related to patients bringing banned substances into the service, including recreational drugs. Some related to patients not returning from leave and one was in respect of a patient absconding from the service by climbing over a fence that surrounded the garden.
- Staff took steps to reduce the number of serious incidents. In respect of patients bringing drugs and other banned substances into the service staff searched all patients when they returned from leave. They also searched patients and their rooms where they reasonably suspected that the patient was in possession of any banned substance or item. Staff sometimes brought in a specially trained dog to assist with searches for drugs. As well as these steps a psychologist met with each patient who was found in possession of drugs to discuss the reasons for this and how a patient may be able to address their addiction. Patients' care records showed that staff created care

# Long stay/rehabilitation mental health wards for working age adults

Good 

plans to address patients' use of recreational drugs, involving support from psychologists. The provider was in the process of drafting a substance misuse strategy to devise additional steps to support patients with substance misuse problems. As part of this strategy the staff were to receive externally provided training from August 2016 in cognitive behavioural therapy with alcohol and substance misuse. The purpose of this training was to help staff have a better understanding of substance misuse issues and to teach them how to provide more effective therapeutic support to patients with substance misuse problems. However, two members of staff expressed concern that currently the provider was doing too little to address the fact that some patients were taking recreational drugs while on leave.

## Reporting incidents and learning from when things go wrong

- The records demonstrated that staff understood how to report incidents and that staff reported and responded to incidents in an appropriate way.
- Staff explained to patients what they were doing to address problems that occurred. A patient safety committee was responsible for ensuring that patients and their families were made aware of an incident and how they may be involved with each step of the investigation into the incident. For example, following a fight between two patients, staff met individually with patients who had witnessed the incident to explain the steps they were taking to prevent a repeat of such an incident.
- Senior managers met monthly to discuss incidents, what could be learnt from them and actions that should be taken. Managers then passed on outcomes of investigations, learning points and actions to be taken to staff at monthly meetings. Staff also met on a monthly basis with a psychologist for reflective practice to discuss learning from incidents and matters involving complex cases. However, one staff member said that these sessions were often poorly attended. There was no evidence to explain what the reason for this was.
- There was evidence that staff took steps to prevent a re-occurrence of incidents at the service. For example, after a patient climbed over a fence at the rear of the service, the provider made this fence higher. Since that

change there were no further instances of patients absconding in this way. In another incident an investigation identified that staff had failed to respond sufficiently quickly to two patients who were fighting. This included a failure by staff to properly monitor one of the patients, who was meant to be monitored every 15 minutes. As a result, managers directed that staff should constantly review CCTV whenever patients were under 15 minute observation. They also formally reminded staff at staff meetings and via emails of their responsibilities when conducting observations.

## Duty of Candour

- The provider had a legal duty to ensure that it was open and transparent with people who used the service. This duty included being open and honest when things go wrong, providing truthful information and making any apologies where appropriate. To ensure that it discharged this duty the provider had a policy to instruct staff about the different situations where they needed to be open with patients and how to support them, their families and carers. Staff demonstrated that they understood this duty and when it applied to their work.

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

(for example, treatment is effective)

Requires improvement 

## Assessment of needs and planning of care

- Staff undertook prompt assessments of the care needs of each patient upon admission.
- We looked at the records of eight patients. These showed that staff undertook regular physical health monitoring of patients, including immediately upon admission. Where patients had on going physical health conditions, such as diabetes, records showed that staff took appropriate steps to monitor this. Staff used a tool to monitor patients' physical health. This was the modified early warning scores (MEWS) tool. This worked by the staff examining patients' vital physical health signs, including blood pressure, and then converting the results of the examination into a score. The higher the



# Long stay/rehabilitation mental health wards for working age adults

Good 

score, the more abnormal the results. A score of two or above triggered an immediate examination of the patient by the service doctor to see if any action was required. However, although it was the policy for staff to record physical health monitoring in the patients' observation notes as well as on the MEWS charts, staff did not always do this. In the eight records we looked at staff had not transferred the MEWS information into the patient's daily observation notes. A senior member of staff agreed that this should be happening, but that staff were not always doing it. This created a risk to patients because it meant that staff would not always be aware of a patient's physical health needs from their notes. While staff did share important information about patients in other ways, such as at handovers, patients' notes form an important record of patient well being.

- The care records of patients were up to date and detailed. Staff developed a range of care plans for patients to meet their personal needs, for example to support better self-care and, communication skills. To help ensure that care plans were based on patients' wishes staff met with and recorded their views and preferences about care and treatment. This included what the patient understood about their health and circumstances. This record was called 'a shared understanding'. This was a detailed record, obtained through a series of interviews between staff and patients. Patients' care and recovery plans also recorded the views of their families and carers.

## Best practice in treatment and care

- We looked at 12 patient medicine records. Staff had written these with appropriate levels of detail, including recording where patients had allergies to medicines. Records showed that staff prescribed medicines in an appropriate way, according to the policies of the provider and best practice guidelines.
- The service provided a range of psychological therapies to patients, including supporting patients to understand what may trigger poor mental health and behaviour associated with it such as substance misuse. Psychologists worked with patients on setting treatment and rehabilitation goals as well as planning what patients wanted to do upon returning to the community.
- The service provided a range of therapeutic activities to support patients' recovery and to prepare them for returning to the community. These included art and music therapy, day trips, developing IT skills and paid employment at the service that staff supported patients to apply for. A locum occupational therapist (OT), an activities coordinator (AC) and a trainee psychotherapist worked at the service to deliver these activities. The AC worked five days per week, the OT three days per week and the TP worked part time during certain months of the year. At weekends the service allocated a support worker to support the delivery of activities. However, four members of staff said that this number of staff was insufficient to supervise all patients' therapeutic activities. All four gave the same reasons for this. Firstly, they said because the OT only worked three days a week, supervision of group activities was often the sole responsibility of the AC. But if the AC was absent, for example if on sick leave, this could mean that activities did not happen at all unless there were other staff to facilitate them. Staff said that this could still be difficult as remaining staff were frequently required to accompany patients on escorted leave. This could be multiple times per day for the same patient. Several patients also confirmed that there were too few staff members to always ensure that therapeutic activities took place. Because the principal purpose of the service was to provide effective rehabilitation to help patients return to the community, we asked senior management about these staff concerns. The managers acknowledged that the service needed to do more to deliver therapeutic activities for patients and explained they were taking steps to address this. The provider had recruited a new full time OT to replace the existing locum OT, who would work five days per week. The OT was due to start a week after the inspection. In addition, the provider had recruited for the vacant post of a second AC, who was due to start two weeks after the inspection. Both additional staff members would also be working on Saturdays to provide additional support to patients' activities at the weekends.
- A trainee psychotherapist worked at the service supervising therapeutic activities, such as art and music. The trainee was a student on a placement for nine months working one day a week. Staff and patients both said that this work was important in helping the patients' recovery. However, a senior member of staff



# Long stay/rehabilitation mental health wards for working age adults

Good 

commented that because the placement was limited to nine months this left a gap in the therapeutic support for patients. We asked senior managers about how they could support this important therapeutic work so that there were fewer gaps in delivering it. They replied that that the recruitment of a full time OT and additional AC should help ensure that art and music therapies were delivered more frequently.

- The service was intended to support male only patients. However, two staff members told us that there was a lack of male staff to deliver activities. This was an issue because patients sometimes preferred to discuss their personal issues with male staff. These staff members said that there were plans in place for a male team leader and support worker to run sessions addressing such issues as male personal hygiene and sexuality. However, there was no evidence to indicate when this might begin.
- In order to meet patients' physical health care needs the ward doctor referred patients to external specialist services and outpatients' clinics where necessary.
- Staff used a recognised tool to measure the progress of patients' recovery called the health of the nation outcome scales (HoNOS). The tool required staff to regularly rate patients' health in relation to 12 key indicators. Staff rated patients' health upon admission and then again when they left the service. Senior staff reviewed the information gathered as part of their monitoring of the performance of the service.
- Staff regularly undertook a range of audits to monitor the quality of the work done by staff at the service, covering areas such as health and safety, infection control and security. Clinical staff also undertook regular clinical audits of their work.

## Skilled staff to deliver care

- A range of professionals were available to support patients. This included nursing staff, an occupational therapist (OT), an activities coordinator a ward doctor, psychologists and psychiatrists. In addition a social worker and a pharmacist visited the service to provide additional support.
- Staff were experienced and qualified to undertake their duties.

- Staff received an appropriate induction covering various aspects of the work of the service. Staff mostly said that the induction was sufficient, although one member of staff commented that they thought it was too short.
- All staff received regular managerial supervision and appraisals to monitor and plan their professional development. In the 12 months prior to our visit all staff had received a yearly appraisal and 90% of staff had received managerial supervision every four to six weeks. A psychologist at the service provided monthly clinical supervision for staff in the form of reflective practice meetings. In this meeting staff discussed how to effectively meet the challenges of their work. However, this supervision was not mandatory and reflective practice meetings were often poorly attended.
- Staff received appropriate training for their work. The provider also demonstrated awareness of providing additional staff training to improve the effectiveness of the team to deliver patient care. For example, all nurses had undertaken phlebotomy training to learn how to perform patients' blood tests so that this could be done at the service rather than in other clinics. This training was done because staff had identified that patients often had anxieties about going to external clinics for blood tests and preferred the process to be carried out by staff who they knew.
- There was clear evidence that management staff addressed any poor staff performance in a prompt and appropriate way.

## Multi-disciplinary and inter-agency team work

- Regular multi disciplinary meetings took place between staff to discuss a variety of issues, including training and complex cases.
- Staff took part in daily handover meetings where staff from one shift briefed the new shift on patient health, safety on the ward, forthcoming patient activities and administrative matters. Staff reported any concerns raised at handovers in the patients' notes.
- Staff worked with external agencies to meet patients' needs including the local authority and the community mental health team. This included working with the care coordinators responsible for managing patients' care in the community. The coordinators attended meetings between the staff and patients to discuss patients' discharge plans. We spoke to two care coordinators who said that staff at the service liaised effectively with them,

# Long stay/rehabilitation mental health wards for working age adults

Good 

ensuring they were updated with information about the patients, including the timing of meetings they needed to attend. Patients were also registered with a local GP and had access to this service for any physical health or on going medical conditions. Staff developed specific care plans to support these conditions.

## Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- All staff were up to date with training in the Mental Health Act. This included training in the new MHA codes of practice. This training was mandatory.
- Staff demonstrated a good understanding of patients' rights and staff obligations under the MHA and the codes of practice. This included appropriate knowledge of the rights of voluntary patients, as well as the rules about the detention of patients whose liberty was restricted by the Ministry of Justice.
- Records showed that upon admission staff explained patients' rights under the MHA to them and repeated this where required. Staff also displayed information about patients' rights and patients we spoke with demonstrated that they understood their legal rights.
- Staff properly completed paperwork in relation to patients' detention and stored this information securely.
- Staff regularly audited their work regarding the MHA to ensure that all staff appropriately followed procedures and policies.
- An independent mental health advocate visited the service every week and provided support to patients to raise issues regarding their care and treatment. Staff displayed information about how patients could access advocacy support and referred patients to the advocate where they thought the patient would benefit from such support.
- The provider's centrally located legal team provided advice and guidance relating to the Act to staff.

## Good practice in applying the Mental Capacity Act (MCA)

- All staff received training relating to the MCA and were up to date with this.
- A senior staff member was responsible for supervising any actions and decisions that the service made in relation to the Act.

- In the previous six months staff had not made any applications for deprivation of liberty safeguards under the MCA.
- When asked, most staff demonstrated a good understanding of the main principles of the Act.
- Advice and guidance for staff was available from the provider regarding the operation of the Act.

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

Good 

### Kindness, dignity, respect and support

- We observed interactions between the staff and patients that were supportive and respectful. These interactions were usually long in duration and not just task-focussed. Staff were polite and took an interest in what patients wanted, demonstrating a keenness to meet patients' needs. For example we saw staff members discussing with patients where patients wanted to go on their escorted leave, which route they wished to take and what they would like to do when they arrived. We also saw the chef taking time to stop and discuss meal preferences with patients. Staff clearly listened to patients' questions and requests and demonstrated a willingness to be helpful.
- Most patients said that staff were helpful and supportive. Patients reported that staff took time to discuss their recovery plans with them and listened to what they wanted to say. Two patients said that they felt listened to by the team in clinical meetings and were able to freely talk about their hopes and concerns. Several patients said that staff were friendly and patient with them.
- Patients mostly said that the environment was safe and that staff looked after them well. Several said that they had no complaints about the service. Patients spoke positively about the value of many of the activities in helping their rehabilitation, although several commented that there were too few staff to facilitate them. Two patients wanted activities and leave that explored a greater variety of locations in London. Many

# Long stay/rehabilitation mental health wards for working age adults

Good 

patients also spoke positively about the food available. Most patients were unhappy about the fact that they were no longer permitted to smoke at the location, although some acknowledged that the staff were trying to support them with nicotine addiction through smoking cessation courses and providing patches.

## The involvement of people in the care they receive

- People who had been offered the opportunity to use the service were able to visit it to learn about the facilities and meet with staff. They were also able to stay overnight to help them decide whether they wished to transfer there. Upon admission staff then gave patients a detailed booklet describing the service, staff, available therapeutic activities and patients' rights.
- Patients' care and rehabilitation plans detailed patients' wishes and preferences, both in terms of their goals while in hospital and what they wished to do when in the community. Patients told us that they had copies of their care plans and had been involved in planning their recovery with staff.
- The views of patients' families and carers could be seen in the care and rehabilitation planning. However, although care plans contained the voice of the patient, many also contained statements in quotation marks, indicating that they were directly from the patients, but due to their length, formal nature and complexity it seemed unlikely this was the case.
- Patients had access to an independent advocate who visited the service every week. The advocate confirmed that staff supported patients to raise issues regarding their care and treatment in clinical meetings and responded to those concerns.
- A 'you said we did' board was displayed in a communal area detailing some of the wishes and requests raised by patients and how staff had responded to them. These included staff fixing hot water problems, recruiting a full time occupational therapist and laying new flooring.
- One of the patients undertook a paid job at the service as a paid representative. This patient attended a variety of staff meetings to ensure that senior staff were aware of patients' concerns. We spoke to the representative who said that this gave the patients confidence that staff took their opinions seriously.

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

Good 

## Access and discharge

- In the six months prior to inspection the average bed occupancy was 88%. At the time of our visit the service was full and had a waiting list of two people.
- Patients using the service came from a variety of mental health trusts across London as well other parts of the UK, including Kent, Devon and Wales. To help patients maintain links with their home areas staff contacted their families and carers to update them regarding their progress and to invite them to meetings to discuss their care, treatment and discharge plans.
- The service did not prioritise referrals for people who lived within the local area. Instead staff prioritised them based on their clinical need.
- To determine whether someone was appropriate to use the service staff first visited them at the hospital where they were receiving treatment in order to undertake an assessment. Once staff assessed an individual as suitable that person then had the option of visiting the service before any admission to decide whether they wished to transfer there. This could include the patient staying overnight, if they wished.
- The service aimed to support patients for up to 18 months before discharging them into the community, although there were instances of some patients staying for both shorter and longer periods. For example, a patient who had recently transferred from the service had been there for seven years. This was due to difficulty in finding an appropriate service for them to move to. The average length of stay for those patients discharged during a 12 month period prior to inspection was 78 days. The average length of stay for patients staying at the service at the time of the inspection was just under 13 months.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff planned patient discharges in advance and only discharged patients between 9am and 5pm. Patients' care coordinators were involved in the planning of discharges to ensure that patients' needs in the community were met, including housing and welfare.
- At the time of our visit one patient discharge was being delayed because staff were having difficulty in identifying an appropriate placement for the patient to move to. The patient's case was due to be considered by the local authority and the service in order to find a suitable service for them to move to. This was the only delayed discharge in six months.
- Systems were in place to provide appropriate care and support in the event that a patient became very unwell while at the service. Patients from South London and Maudsley NHS Foundation Trust were able to access a psychiatric intensive care unit (PICU) at another location run by the provider in south London. Where patients came from other areas the service looked to move the patient to a PICU bed in that area. If no such bed was available staff would consider admitting the patient to an acute ward, if they assessed that to be a safe option. Otherwise, staff had processes and systems in place to manage the needs of the patient within the service, including using close observations.
- Patients told us that the food at the service was of good quality. A variety of food was available, including fresh fruit and vegetables. Kitchen staff regularly discussed meal options with patients and we observed many friendly interactions between the chef and patients about meals. Healthy eating information was displayed for patients in the dining room and kitchen staff ensured that they met the specific eating requirements of patients with allergies and conditions such as diabetes. All meal options had an emphasis on balanced diets and healthy eating, including fresh produce, with no fried food.
- Patients had access to a communal kitchen and were able to make hot drinks and snacks throughout the day and night.
- Patients were able to personalise bedrooms and had safes in their rooms to store their valuable possessions.
- There were a variety of activities available for patients to support their recovery. Each patient's care plan included an activity plan that identified the most appropriate activities for them. Activities included swimming, cooking groups, art therapy and gardening groups. Patients also participated in group outings, such as picnics, trips to local markets and Thames' boat trips. Paid work was available for patients at the service, including daily cleaning the communal tea and coffee area. Patients received £5 per week for this work. Staff placed advertisements for ward jobs and supported patients to complete application forms. Computers were available for patients in the activities room, where staff supported patients to access the internet. Patients were not permitted to use this time to access social media. Instead staff supported them to write letters and to complete application forms for employment, housing and welfare. Activities took place both during the week and at weekends.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- The service had a range of rooms to support the treatment and care of patients, including an activities room, lounge, TV room, and dining room. There was also a patient kitchen that therapists could use to support patients with developing independent living skills such as meal preparation.
- There was a quiet area on the ward where patients could meet visitors. There was also another visiting room in the garden area.
- Patients could use their mobile phones to make personal calls. A telephone for patient use was in a communal corridor and provided limited privacy for phone calls. Patients could use the staff office phone to make confidential calls.
- Patients had access to a garden which they could access throughout the day.

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

- There were steps leading to the front of the building where the service was located. In the event that someone with restricted mobility needed to access the building, a ramp was available to facilitate access. At the rear of the building the activities room was located in

# Long stay/rehabilitation mental health wards for working age adults

Good 

the garden of the service. This was only accessible via a set of steps. If a patient had limited mobility and needed to use the room staff relocated any activities or resources in that room to inside the main building.

- Staff had access to information leaflets in different languages through the hospital's intranet. Staff could also book interpreters for patients who had difficulty with English.
- A wide variety of information leaflets were available for patients, including in relation to how to make a complaint, medication, advocacy services, legal rights, smoking cessation support and an easy read MHA code of practice. Staff also gave patients an information booklet about the service upon their admission.
- The service took appropriate steps to meet the dietary needs of patients of different faiths and beliefs. We saw menu plans that reflected the dietary needs of Nigerian, English, and Sikh and Muslim patients. We saw in staff meeting minutes that the chef asked about the dietary needs of a newly admitted patient.
- Staff supported patients with cultural and spiritual needs. The ward did not have a dedicated multi-faith room but they could use the interviewing room in the garden for spiritual practices.

## Listening to and learning from concerns and complaints

- In a 12 month period between May 2015 and May 2016 the service had received six complaints. Of these one was upheld and one was partly upheld. The complaints were both in relation to lost property. Two complaints were in relation to medical treatment, one concerned an allegation of stolen money and another was an on going complaint by a patient regarding staff and other patients. None were referred to the ombudsman.
- Information on how to complain was displayed in the service. It identified the complaints manager, the ward advocate and CQC information. Patients said that they knew how to raise a complaint. Several patients commented that they did not really have any complaints to make.
- The ward manager reviewed all complaints made by patients and then discussed them with the hospital manager, who led on complaints.

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

Good 

### Vision and values

- Staff we spoke with said that they knew who senior managers were and that they regularly visited the service. The chief operating officer at the provider had last visited the service in February 2016 and the hospital and clinical manager came to the service every week.
- Staff had an understanding of the vision and values of the provider and they reflected this understanding in their work.

### Good governance

- There were robust governance systems in place to ensure that the provider was able to monitor the quality of the service and make improvements where necessary. Managers on site met regularly with senior managers from the provider to review information about the service and to discuss how to address any challenges.
- Records indicated that staff received appropriate training, supervision and appraisals and that this was up to date.
- There were sufficient numbers of staff to keep people safe, although there was evidence that many activities for patients were not taking place because of the shortage of appropriate staff to support them. This was a concern because the purpose of the service was support the rehabilitation of patients and therapeutic and effective activities are a fundamental part of delivering rehabilitation. The provider had taken some steps to remedy this problem through hiring a full time occupational therapist and an additional activities coordinator, both of whom were to start working in their posts shortly after the inspection.
- There was clear evidence that staff had time to support patients rather than having to prioritise administrative tasks.



# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff participated in a range of clinical audits covering a diverse range of work, from the physical health monitoring of patients, care planning, risk assessments and pharmacy.
- There was clear evidence that staff reported incidents when they occurred, document those incidents in detail and then learnt the lessons from them.
- There were robust safeguarding procedures in place to ensure that staff responded promptly and appropriately to safeguarding concerns. There was clear responsibility for managing concerns at all times and staff demonstrated that they knew how to report safeguarding issues. Where necessary, staff also reported concerns to the local authority to allow for external investigations by social workers to take place. Records showed that staff discharged their legal obligations to patients under the Mental Health Act, including ensuring that patients understood their legal rights.
- The senior managers of the service used information about how it was performing to ensure that standards were maintained. This information was in the form of key performance indicators (KPIs) relating to all aspects of the service, from training, recruitment, complaints and accounting. A traffic light system was used where data indicated that the performance was satisfactory and in line with the provider's own targets (green) to where improvements were urgently required (red.) The manager of the hospital reviewed the KPIs on a monthly basis, before reporting them to the board of the provider. The board took action where necessary. For example, in the first part of 2016 the KPIs showed that the provider needed to recruit more permanent staff. In addition to discussing the KPIs with the board of directors every month the hospital manager met with other senior managers every two months to review the performance of a range of services delivered by the provider.
- The service held a number of meetings where senior staff discussed incidents and learning from them, safeguarding and patient safety, clinical practice, operations and medical issues.
- At the time of our inspection there were no cases of bullying, harassment or staff grievance under investigation.
- Several members staff said that they felt confident that they could issues and concerns with managers at any time and that they had no fear of doing so.
- To encourage staff members to discuss their work and raise issues with senior managers, the service had recently begun a weekly open forum for staff to meet with the hospital manager and clinical director. Managers spoke positively about the opportunities for staff that the forum provided, although there was no evidence at the time of inspection whether or not it had yet achieved specific benefits for staff. Two members of staff also commented that turnover at the service had been high in previous months because senior managers were not responsive to the needs of staff. The examples they gave were that managers were not always supportive of staff members' requests to work flexibly and that many staff, both leavers and those who stayed, were unhappy about low rates of pay. We raised these matters with senior management, who acknowledged that staff had expressed concerns about pay and conditions. A recent staff survey highlighted that many staff were not happy about their pay and benefits. Therefore, the provider was taking steps to address this. Senior managers also told us that they were planning to build a new staff area beside the garden at the service to help meet staff needs.
- Several members of staff told us that the morale of their colleagues had been low. Most of them said that a principle cause had been the presence of a very challenging patient at the service. All staff had come to realise after the patient's admission that the hospital was not appropriate to meet their needs. A placement had now been found and the patient was leaving shortly. Three members of staff also said that they felt frustrated that the service was not meeting its therapeutic purpose to rehabilitate patients. This was because they believed the service accepted patients that were too unwell to rehabilitate. They said this failure coupled with the challenging nature of many patients' behaviour had the effect of lowering staff morale. However, when asked, two other staff members rejected this suggestion, saying that the service did support patients to rehabilitate and that they were not

## Leadership, morale and staff engagement

- Sickness and absence rates were very low.

# Long stay/rehabilitation mental health wards for working age adults

Good 

too unwell for staff to achieve this. Several staff members expressed hope that greater levels of rehabilitation would be achieved with the recruitment of a new occupational therapist and activities coordinator.

- There was evidence that the provider was supporting staff development, including a programme to train nurses as supervisors and training for all staff to be able to administer patients' blood tests.
- Staff spoke positively about the support that they received from their colleagues in their daily work, saying that team work and mutual support at the service was strong.
- Staff were able to give feedback into the development of the service through monthly staff meetings, supervision,

and a weekly open forum. In addition a monthly staff representative forum took place where representatives from across the services run by the provider met to discuss their work and any concerns. These issues were then passed to a monthly operational management meeting, attended by senior staff, where decisions could be taken to address staff issues.

- We looked at three interviews given by staff to managers who had recently left the service. The purpose of these interviews was to give those leaving an opportunity to describe both the positive and negatives of their work at the service. Positive themes from these interviews were that team work was strong, colleagues were friendly and that there were sufficient resources. Negative themes were that pay was too low, workloads were heavy and prospects for staff development too few.

# Outstanding practice and areas for improvement

## Outstanding practice

All staff had received training in administering blood tests for patients in relation to their physical health care. This meant that patients did not have to attend external

medical services for this and instead could give blood at the service where the environment and staff were familiar. This helped reduce any patient anxieties about giving blood.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to support an effective programme of activities to meet patients' recovery needs.

### Action the provider **SHOULD** take to improve

- The provider should ensure that all alarm systems are properly working at all times.
- The provider should ensure that all areas of the service, including the clinic room, toilets and bathrooms are sufficiently clean and tidy at all times.

- The provider should ensure that all hand washing dispensers are re-stocked when empty and are supplied with an appropriate hand sanitising product.
- The provider should ensure that staff regularly update patients' notes with all relevant information relating to their physical health.
- The provider should ensure that where staff quote the exact words of patients in their records that these always are a true and accurate representation of patients' views and wishes.



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 18 HSCA (RA) Regulations 2014 Staffing <b>Regulation 18 HSCA (RA) Regulations 2014</b> Staffing  There were insufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure that an effective programme of activities supported patients' needs.  This was a breach of Regulation 18(1)

This section is primarily information for the provider

## Enforcement actions

### 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.