Cygnet Hospital Coventry

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
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 Cygnet Hospital Coventry as good because:

- Staff completed comprehensive risk assessments for patients and updated these regularly. Staff attended a daily risk meeting for updates and this was also discussed in the ward handovers so all staff knew if risk had changed for individual patients. Staff had received training in safeguarding and knew how to report this. The hospital had good medicines management and clinic rooms were well equipped and fit for purpose.
- The hospital provided patients with access to a wide range of healthcare professionals including doctors, nurses, healthcare assistants, psychologists, occupational therapists, and social workers. Patients were also supported to see a local GP and access the optician and dentist in the community and the hospital had a practice nurse who managed patients' physical healthcare. Patients had access to a range of therapies including dialectical behaviour therapy.
- Staff knew their patients well and engaged with them in a way which was caring, discreet and respectful. They put patient care first and listened to patients concerns. Patients had access to advocacy support on a weekly basis and could raise concerns in the ward community meetings or through the people's council.
- The hospital provided patients with an extensive activity programme which was continually being developed and improved. They had an excellent suite of activity rooms off the wards as well as areas such as kitchens for patients use on the wards. Patients baked cakes to be sold in the hospital shop which was run by patients.
- The governance of the hospital had improved significantly with managers putting in a range of support to improve staff morale and the retention of staff. This included a much-improved induction process and role related training. Staff received a range of supervision and an annual appraisal to support them in their roles and to identify career progression. The introduction of a practice development lead had further strengthened support for staff.

However:

- Managers did not always follow the organisation's policy for observations and in one case a member of staff had completed continuous observations for longer than the two-hour period specified in the policy.
- Families and carers felt the system for booking visits and the amount of space for visitors needed to be improved.
- The hospital had a high staff turnover and staff on Dunsmore PICU raised concerns about staffing levels and whether these were adequate to meet the needs of patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	see detailed findings

Summary of findings

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Summary of this inspection

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Good

Cygnet Hospital Coventry

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to Cygnet Hospital Coventry

Cygnet Hospital Coventry is part of the Cygnet Health Care group, which provides mental health care nationally.

The hospital in Coventry opened in April 2017. It has three wards and seven self-contained step-down flatlets called Ariel Court, which are not yet open. All wards are for women.

The wards are:

- Dunsmore psychiatric intensive care unit, which has 16 beds. Thirteen beds were in use at the time of the inspection
- Middlemarch Ward has 17 beds and is a locked rehabilitation ward. It had 13 beds occupied.
- Ariel Ward is a specialist personality disorder ward, which offers enhanced care for patients who have co-morbid disordered eating. The focus of this ward is to offer dialectical behavioural therapy as the main type of treatment. It is a 16-bedded ward and they had 12 patients at the time of the inspection.

The hospital has a registered manager.

Our inspection team

Team leader: Linda Clarke, CQC Inspector.

The team that inspected the service comprised three CQC inspectors, two specialist advisors and an expert by experience. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

Why we carried out this inspection

We inspected this service because when we last inspected the service on 30/31 October and 1 November 2017, we found two breaches of the Health and Social Care Act 2008 (regulated Activities) regulations 2014. These were:

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The hospital did not have robust governance structures in place to ensure all issues raised within the report were acted upon and improvements made. These included lack of clinical audits, not all staff having completed Mental Health Act training, clinical checks following the use of rapid tranquilisation on patients. storage of medication on Middlemarch ward, follow up by staff of audits by the external pharmacist, having the activities programme fully embedded and staffing understanding their role supporting patients to access this, recruitment and retention of staff including staff to provide dialectical behavioural therapy. The provider should ensure they have an equality and diversity lead to ensure patients cultural needs are being met, communication with families and carers should be improved in relation to complaints and staff should continue to reduce the number of restraints used on patients. The hospital should continue to review its fire evacuation plan.

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The visitors room on Dunsmore PICU did not have the necessary equipment for visitors to access help or exit the ward because of the airlocks on either side of the room when they needed to. They could not attract the attention of ward staff.

This was an unannounced inspection. During this inspection, we found that the hospital had put in place a robust action plan to address the breaches and significant improvement had been made in all areas.

Summary of this inspection

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 the location, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team:

- visited all three wards at the hospital, 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 and three carers;
- spoke with the registered manager and managers or acting managers for each of the wards;
- spoke with 28 other staff members; including doctors, nurses, occupational therapists, psychologists, social workers and administrative staff;
- spoke to the external dietician and pharmacist;
- attended and observed one hand-over meeting, one care programme approach meeting, two multi-disciplinary meetings and a patients' activity session;
- looked at 11 care and treatment records of patients:
- looked at eight sets of Mental Health Act paperwork
- carried out a specific check of the medication management on all three wards and reviewed 18 medication records; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to 13 patients and three carers. Patients were positive about the care they received and said staff were polite and respectful. Patients were complimentary about permanent staff but felt that agency staff did not always know them very well, especially at night. Five patients said that they would like more of a debrief following incidents. Carers highlighted that visiting could sometimes be difficult due to the lack of visiting space and the fact they had to book in advance. They also felt that the hospital did not always communicate well with them when they made contact.

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?

Good

We rated safe as good because:

- Staff ensured clinic rooms were clean tidy and fit for purpose. Equipment was checked regularly and staff had been trained to use this.
- Managers had improved the management of medication across the wards. Weekly visits and audits from an external pharmacist ensured staff delivered medication in a safe way to patients.
- Medical cover was easy to access. Doctors were available on the wards during the day and could be accessed by phone during the night if they needed to be consulted.
- Mandatory training levels were high and managers ensured staff had time for this even when the wards were busy. Staff said training was of good quality and this gave them confidence in the support and care they gave to patients.
- Managers and staff showed there was good learning from incidents. This was shared across the hospital to promote good practice.

However:

- Managers did not always follow the provider's observation policy relating to how long one person should undertake observations without a break.
- The hospital had a high turnover of staff. On Dunsmore PICU staff raised concerns about staffing levels and whether these were adequate to meet the needs of patients.

Are services effective?

Good

We rated effective as good because:

- Patients had a range of care plans according to their individual needs. Staff involved patients in the completion of these and they had been updated regularly. Each plan was holistic and recovery focussed.
- The hospital offered an extensive multi-disciplinary team approach with nurses, healthcare assistants, doctors, psychologists, occupational therapists and social workers. Patients had access to a local GP and a dietician visited weekly to support patients' nutrition and diet. The hospital had recently employed a practice nurse who had taken responsibility for physical health care across the wards ensuring this was delivered to a high standard.

Summary of this inspection

- Patients had good access to psychological therapies including dialectical behaviour therapy. Frontline staff had received training in this so they could further support patients to use the techniques they had been taught as part of their daily lives.
- Staff adhered to the Mental Health Act and the Mental Capacity Act. Paperwork was in good order and stored correctly. Staff understood the impact these acts would have on their patients and supported patients to understand this.

Are services caring?

Good

We rated caring as good because:

- Staff engaged with patients on the wards in a way that was discreet and respectful. They knew the needs of individual patients well and used this in the support they provided.
- Care records showed that patients had been involved in care planning and that they had been offered a copy of their care plan.
- Patients had good access to advocacy. The advocate visited the wards weekly and at the request of patients and staff. All patients we spoke to knew who the advocate was and how to contact them if they needed to.
- All wards held weekly community meetings chaired by patients who felt this and the people's council gave them the opportunity to ask questions and discuss issues about the ward environments.

Are services responsive?

Good

We rated responsive as good because:

- The hospital had an extensive activity programme which was delivered by the occupational therapists and supported by staff on the ward. Managers acknowledged that further development was needed to ensure activities suited the needs of individual patients.
- Staff and patients had been working on introducing a recovery college where patients could access accredited courses to help them develop skills for when they will be discharged.
- The hospital has a large activity suite which includes a library, hair salon, gym, sports hall and multi-faith room. Patients have access to outside space and quiet areas within the wards.
- The hospital had recently started to work with a local chaplain who comes to the hospital on a weekly basis to support patients with their spiritual needs.

However:

Summary of this inspection

- The hospital lacked space for visitors. Families felt that the booking system did not give them the time or flexibility for visiting when they often travelled significant distances.

Are services well-led?

Good

We rated well-led as good because:

- The service was well led at ward level and by the senior management team. Staff stated they felt well supported by their ward managers and found senior management approachable.
- The management team had shown a great commitment towards continual improvement and there had been a significant improvement since the inspection in October 2017 in the governance of the hospital. This included the appointment of key staff to improve the quality and safety to patients and support the development of staff. This included a practice development lead, and an equality and diversity lead.
- Managers had implemented a range of groups for both staff and patients so that they could support the ongoing development of the hospital. Managers ensured staff received regular supervision, appraisal and supported staff to focus on career development.

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 had received training in the Mental Health Act. Dunsmore PICU had the highest level with 100% and Ariel had 95% and Middlemarch 94%. Staff spoke with confidence about the Mental Health Act and how this applied to patients.

Mental Health Act paperwork was kept in good order and stored appropriately. This was audited regularly. All wards had a Mental Health Act administrator to support staff.

Staff talked to patients about their rights under the Mental Health Act on a regular basis and ensured informal patients knew what their rights were too.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff received training in the Mental Capacity Act. Dunsmore PICU had the highest level with 100% and Ariel had 95% and Middlemarch 94%. Staff spoke with confidence about the Mental Capacity Act and how this applied to patients. They understood the Mental Capacity Acts five guiding principles.

Staff ensured a patient's capacity was assessed on a decision specific basis and if someone lacked capacity that decisions were made in their best interests.

The hospital had not made any applications for Deprivation of Liberty Safeguards but staff understood this process and how to apply it to the patients in their care.

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

Good

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

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

Good

Safe and clean environment

- Staff could not observe all areas of the wards due to the layout of the building however all patients had been individually risk assessed and received one to one observations if required.
- The wards had ligature risk assessments and ensured staff could be available to observe patients in side rooms or the outside space to ensure patient safety.
- The hospital only provided beds for female patient so complied with guidance on same sex accommodation.
- Staff ensured clinic rooms on all three wards had been fully equipped which included equipment for resuscitation. Staff checked equipment regularly.
- All wards had a seclusion room that were purpose built and had suitable facilities in line with the Mental Health Act Code of Practice for this purpose including mood lighting and access to outside space.
- The wards were clean and comfortably furnished and everything had been well maintained. Equipment displayed stickers which were visible and in date.
- Staff adhered to infection control principles. Hand washing posters were clearly displayed in ward areas although we saw that this was not the case in staff only areas such as the administration block.
- The wards displayed cleaning records and posters which were up to date. Each area of the hospital had dedicated cleaning staff and those we spoke to took a real pride in their work.
- The hospital had environmental risk assessments for all areas. These showed the actions to be taken and dates for completion. They had been regularly updated.
- Staff and patients had access to appropriate alarm call systems in all areas of the wards.

Safe staffing

- The hospital used a matrix which was used across all Cygnet Health Care units for estimating the number of nurses and healthcare assistants needed for each ward. On Dunsmore PICU staff reported that they felt the matrix did not meet the needs of the patients due to the high levels of patients on one to one observations. The managers had decided that all staff needed for one to one observations would be supernumerary to the normal establishment figures. Some key members of staff had recently moved on from Dunsmore PICU and this had added to the concerns that staff had. These staff members had been replaced and new staff were undertaking induction training at the time of the inspection.
- The hospital had a total of eight vacancies for qualified staff and four for healthcare assistants. Middlemarch Ward had three vacancies for qualified staff and Ariel Ward had vacancies for two qualified nurses. Dunsmore PICU had three vacancies for qualified staff and four for healthcare assistants. Managers had agreed following a serious incident in February to over recruit to the PICU to support the high levels of specialised nursing needed to keep patients safe. In addition to this the hospital had developed a new role of senior support worker to strengthen support to healthcare assistants.

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

Good

- The hospital block booked agency staff where possible so that they had staff who knew the wards and patients. Agency staff received the same level of support as permanent staff, including supervision. Managers had built up a number of bank staff from within the hospital to help reduce the number of agency used. Agency staff had mainly been used to complete one to one observations at night. From 1 March 2018 to 31 May 2018 Middlemarch Ward had covered a total of 322 shifts with agency staff and 25 with bank staff out of a total number of 963 shifts. For the same time frame Ariel Ward had 168 shifts for agency and 108 for bank staff out of 1062 shifts. Dunsmore PICU had lower levels with 86 agency and 38 bank shifts covered out of a total of 928 shifts. The rest of the shifts had been covered by permanent staff. In the same period Middlemarch Ward had 15 unfilled shifts, Ariel Ward had 16 and Dunsmore PICU had 17.
- Middlemarch Ward had the highest levels of staff sickness from December 2017 to April 2018 with the highest levels being 14.70% in December and their lowest at 6% in January. Ariel Ward's highest level was 5% in January and their lowest levels were 1% in February. Dunsmore PICU had a significant increase in staff sickness at 11% in March following a serious incident on the ward which had a significant impact on staff. Their lowest staff sickness was 1% in December 2017.
- Staff turnover in the hospital had remained high with the highest figure between December 2017 and May 2018 being 66% in February and the lowest 53% in May 2018. The managers had a constant programme of recruitment and had significantly improved their induction package and support to staff to try and improve their staff retention figures.
- The ward managers stated they could adjust staffing levels within the matrix to meet the numbers of patients on each ward.
- A qualified nurse or experienced healthcare assistant were in the communal areas at all times to observe patients.
- Staff on Middlemarch and Ariel wards felt there was enough time to have regular one to ones with patients. Staff on Dunsmore PICU stated that sometimes they had limited availability for this due to the acuity of the patients.
- Staff reported that activities and escorted leave were rarely cancelled and would be rescheduled if that was the case. Patients confirmed that this was the case.
- The wards had enough staff according to the matrix used to carry out physical interventions. However, staff on Dunsmore PICU stated that this was difficult at times due to patient need and staffing levels. Staff received training in prevention management of violence and aggression. There had been delays of up to three months in new staff being able to access the training but this had been resolved at the time of the inspection. Staff had also completed reinforce appropriate, implode disruptive training which teaches a positive approach to working with patients with challenging behaviour. The hospital had also started to use Safewards which was a model used to reduce conflict on psychiatric inpatient wards. Dunsmore PICU had started to introduce this and had worked with patients on mutual expectations and a discharge message board. All staff showed a commitment to reducing physical escalations and talked about the positive benefits of de-escalation being used.
- Medical cover for the wards was good with staff reporting that they had easy access to a doctor at any time night or day and that medical staff responded quickly when needed. A local GP visited the hospital on a weekly basis. Staff would call the emergency services if they needed to and we saw evidence that they always did this promptly.
- The hospital provided mandatory training in key skills to all staff and made sure all staff completed it. The average training rate at the time of the inspection for Middlemarch Ward was 93%, Ariel Ward had 93% and Dunsmore PICU was 94%. Middlemarch Ward (65%) and Ariel Ward (68%) had training under 75% for control of substances hazardous to health. Ariel Ward had 71% for immediate life support training.

Assessing and managing risk to patients and staff

- The hospital reported 43 incidents of seclusion from December 2018 to May 2018. The highest amount was 32 for Dunsmore PICU. Ariel Ward had one incident of long-term segregation for a patient with complex needs who needed high levels of support.
- There were 456 episodes of restraint from December 2018 to May 2018. Of these, 35 were in the prone position. Rapid tranquilisation had been used 53 times on 25 patients with Dunsmore PICU having the highest

figures. Managers and staff had been working to reduce these figures through additional training and the implementation of Safewards a national model used to improve safety on wards.

- We examined 14 care records across the wards. All showed that staff had undertaken risk assessments on every patient. This started prior to admission for patients on Ariel Ward and Middlemarch Ward and at the point of admission for Dunsmore PICU where patients were admitted at short notice. The hospital had a daily risk update meeting where changes to patient's level of risk were discussed. The risk assessments were updated on a regular basis and when an incident occurred
- Staff used the short-term assessment of risk and treatability, which was a recognised risk assessment tool.
- Staff used restrictive practice such as searches and patients having access to their bedrooms on an individual basis depending on the risk assessments of each patient. This was done to reduce the risk of self-harm and to ensure patient safety.
- Both Ariel and Middlemarch wards had an informal patient admitted to their respective wards. Both patients could leave the ward when they wanted to and each ward displayed a notice explaining this to patients as the doors were locked to ensure the safety of other patients.
- The hospital had policies and procedures for the use of observations. During the day patients on observations stayed in the communal area of the wards so that they could be observed in the least restrictive way possible. Ariel Ward and Dunsmore PICU had high numbers of one to one observations at night when patients were in their bedrooms. We saw rotas on Dunsmore PICU which indicated one staff member at night completed continuous observations over a period of six hours. This was outside of the hospital policy which stated that staff should not undertake a continuous period of observation for longer than two hours.
- Staff administered rapid tranquilisation in line with National Institute for Health and Care Excellence quality statement QS14 Using control and restraint, and compulsory treatment.
- Seclusion was rarely used on Ariel and Middlemarch wards and managers reported the hospital was looking to decommission these rooms and use the space for activities, and quiet areas. Dunsmore PICU used seclusion more often and all records for seclusion had been completed appropriately. Staff supported patients to write advanced decisions so that the patients wishes around restraint and seclusion had been recorded.
- Staff had completed safeguarding training for adults and children and training on all wards was above 89%. Staff knew what to report and demonstrated they had the confidence to do this. The social work team provided support to the wards and took the lead on safeguarding.
- The wards prescribed, administered, recorded and stored medicines well. The issues from the last inspection of labelling medicines on Middlemarch Ward had been resolved. The wards engaged with the audits completed by the external pharmacy and the clinical manager took the lead in overseeing that this work had been actioned. The external pharmacist reported that they had seen a significant improvement in the management of medicines and in communication since the last inspection.
- The hospital employed a practice nurse who addressed all issues relating to physical health and led on infection control across all three wards. The nurse ensured all patients had regular access to physical healthcare and worked with ward staff to ensure they understood why this was needed.
- All wards had a visitor's room at the entrance to the wards for families to visit. These visits had to be booked and staff risk assessed patients with children visiting on an individual basis.

Track record on safety

- The hospital reported that they had four serious incidents from December 2017 to May 2018. They had two for Dunsmore PICU and two for Middlemarch Ward. Analysis of these incidents took place and the team discussed them in the integrated governance meetings. We saw evidence that learning had taken place across the hospital from these incidents. This included ensuring that care records were updated promptly after multi-disciplinary team meetings and improved communication through a bulletin for staff.
- The hospital had worked with an outside provider to strengthen their fire evacuation policy following an incident highlighted in the last report. Changes had been made to the way fire doors operated and a new process for evacuating the wards had been put in place.

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

Good

Staff received updates about this and discussed the process in supervision and team meetings to ensure they understood their roles in keeping patients safe should a fire occur.

Reporting incidents and learning from when things go wrong

- The hospital managed patient safety incidents well. Staff recognised incidents and reported them appropriately on the electronic system.
- Staff apologised when things went wrong and gave patients honest information and suitable support. We saw evidence of this happening in the patient records.
- Managers investigated incidents and shared lessons learnt with the whole team and the wider service. Staff received feedback through team meetings, handovers and supervision. The hospital had also introduced regular lessons learnt bulletins which all staff received. Staff discussed incidents and the changes made following these.
- Following a serious incident on Dunsmore PICU staff had been offered an immediate debrief straight after the incident and again the following day. Staff involved in the incident were offered support though an external agency provided by Cygnet Healthcare. The psychologist, doctors and managers had all provided support to staff. Staff reported that they had received enough support while three staff who knew the patient well felt this could have been better.
- Patients received debriefs fo0llowing incidents from the psychologist and staff.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed 14 sets of care records across the three wards. All were personalised, holistic and recovery focussed.
- Staff undertook comprehensive and timely assessments after admission. They completed a range of care plans which included understanding my mental health, my safety plan, moving on, staying healthy, life skills and my relationships.
- Care records showed that staff completed physical healthcare examinations and monitored physical health care problems on a regular basis.
- Staff updated care plans regularly including after multidisciplinary meetings and care programme approach meetings.
- Staff had access to up to date, accurate and comprehensive information on patients' treatment and care. The hospital was in the process of moving to an electronic recording system so used a combination of this and paper records. Staff had adapted well to the new system and had no difficulties in finding the information they needed.

Best practice in treatment and care

- The hospital provided care and treatment based on national guidance including that provided by the National Institute for Health and Care Excellence. Managers checked to ensure staff followed the guidance provided.
- The psychologists offered a full range of therapies for patients including dialectical behaviour therapy. Ariel Ward provided specific support to patients with a personality disorder and the treatment programme focussed on dialectical behaviour therapy. Patients had to agree to engage with the treatment prior to admission. The psychologist had developed a 16-session substance misuse programme as the hospital recognised that some patients had additional needs which hadn't previously been addressed and which at times delayed a patient's recovery.
- The hospital employed a practice nurse who monitored and managed physical healthcare across all wards. Patients had access to external providers for appointments such as the dentist, optician and for screening of women's related healthcare such as smear tests. Staff used tools such as the national early warning system to monitor areas such as respiration rate, oxygen saturation, blood pressure and pulse rate.
- Staff monitored patient's nutrition and hydration particularly on Ariel ward where some patients had

co-morbid disordered eating and needed to be fed through a nasogastric tube. A dietician visited the hospital on a weekly basis to give patients advice on their dietary requirements..

- Staff used the health of the nation outcome scales which measures the health and social functioning of people with severe mental illness to assess and record severity and outcomes for patients. Occupational therapists used the Domestic Activities of Daily Living and the Model of Human Occupation Screening Tools when working with patients.
- Staff participated in clinical audits. This had been embedded in to the culture of the hospital and information used from the audits was formed into action plans for staff to use. This included audits of observations using closed circuit television recordings, inspection control, physical healthcare and clinical records.

Skilled staff to deliver care

- Staff worked together as a team to benefit patients. Doctors, nurses, healthcare assistants, psychologists, occupational therapists and social workers worked together and supported each other to provide good care for patients.
- Staff demonstrated they had the skills and experience to support patients and were qualified to do their role.
- Staff received an appropriate induction. This took place over five days and contained a good mix of e learning and face to face learning delivered by senior managers, ward managers and members of the multidisciplinary team and patients. Following induction, they also received three days working on the ward where they were supernumery to the staffing numbers so that they could shadow experienced staff. We spoke to staff who had completed their induction and two new staff members attending the programme at the time of the inspection. They stated that it covered a wide range of topics and had helped them to understand the hospital and prepared them for working with patients.
- Staff were supervised, appraised and attended regular team meetings. All wards had 100% compliance for supervision at the time of the inspection. They received management and clinical supervision and could also attend group reflective practice sessions. This was available to all staff with specific sessions also being available for qualified staff. The hospital had recently employed a practice development lead to specifically support qualified nurses and those who were newly qualified and under preceptorship. Most staff had received an annual appraisal with Ariel at 100%, Middlemarch at 92% and Dunsmore PICU at 94%.
- Staff received the necessary training for their role. Staff we spoke to stated that Cygnet Health Care provided lots of good training opportunities. Frontline staff had received training in dialectical behaviour therapy so that they could support patients who were engaged in this on the wards. This supported the work of the psychologists.
- Managers gave examples of when they had managed poor staff performance. This included informally through supervision and if this was unsuccessful, through the formal processes that involved the human resources team at Cygnet Healthcare.

Multidisciplinary and inter-agency team work

- Staff held regular multidisciplinary meetings which included all staff working with patients. All patients were invited but if they decided not to attend staff ensured they received feedback following the meeting.
- Handovers took place twice a day on each ward. We observed the handover on Dunsmore PICU. Staff discussed issues such as patient risk and how this would be managed.
- Managers across the wards liaised with each other to ensure good practice was shared. Some staff had worked on more than one ward so could move to another ward if required.
- Staff worked well with commissioners and care coordinators to ensure they had up to date information about patients. Dunsmore PICU gave examples of the improved relationships they have built with external organisations through regular meetings and we saw feedback from commissioners on how valuable they found this.
- **Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

- Mental Health Act paperwork was examined by a skilled and competent staff member when a patient was admitted to a ward.
- Each ward had a Mental Health Act administrator who supported the ward with the paperwork and ensured all paperwork was up to date and tribunals and managers hearings were booked in for patients.

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

Good

- The hospital had records of leave granted to patients and this detailed the potential risks, number of staff required to escort and the limitations of the leave granted.
- Staff had received training in the Mental Health Act. Dunsmore PICU had the highest level with 100%, Ariel had 95% and Middlemarch 94%. Staff spoke with confidence about the Mental Health Act and how this applied to their patients.
- Staff ensured consent to treatment and capacity requirements had been followed. All relevant Mental Health Act paperwork had been attached to patient records and medication charts.
- Patients had their rights under the Mental Health Act explained to them on admission and regularly after that. This was recorded in the patient records.
- Wards received administrative support and could obtain further advice from the wider Cygnet Health Care team.
- We found that detention paperwork had been completed correctly and in a timely manner. It was stored appropriately so staff knew where to find it if required.
- Mental Health Act paperwork was regularly audited and action plans shared with staff so that they could learn from this.
- Information about the Independent Mental Health Act advocacy service was displayed on the wards. The advocate visited wards weekly and engaged with all patients who required support.

Good practice in applying the Mental Capacity Act

- All staff received training in the Mental Capacity Act. Dunsmore PICU had the highest level with 100%, Ariel had 95% and Middlemarch 94%. Staff spoke with confidence about the Mental Capacity Act and how this applied to their patients. They understood the Mental Capacity Acts five guiding principles.
- The hospital had not made any Deprivation of Liberty Safeguards referrals in the six months prior to the inspection.
- Cygnet Health Care had a policy for Mental Capacity Act and Deprivation of Liberty Safeguards and staff could access this online.
- Staff completed capacity assessments on a decision specific basis and patients were given every opportunity to makes decisions for themselves. Where a patient lacked capacity, a best interest meeting was arranged made by the multidisciplinary team and included relatives where appropriate.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.
- Staff knew where to get advice regarding the Mental Capacity Act and Deprivation of Liberty Safeguards within their service. Deprivation of Liberty Safeguards applications would be made if required. Managers monitored the hospitals adherence to the Mental Capacity Act.

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

Good

Kindness, dignity, respect and support

- We observed staff engaging with patients on all wards. Staff did this in a way that was responsive, discreet and respectful. Staff encouraged patients to engage in activities by offering practical and emotional support.
- Of the 13 patients we spoke to, 11 stated that staff were caring, respectful and polite. Nine patients had been offered copies of their care plans, one said they hadn't and the others did not answer this question.
- Staff spoke with confidence about the individual needs of patients. It was clear they knew patients well and understood their needs as individuals.

The involvement of people in the care they receive

- All wards orientated patients to the ward on admission. Patients had been working with staff through the people's council to introduce a new welcome pack for patients being admitted to the wards.
- Patients had been actively involved in care planning and risk assessment, and had been offered copies of their care plans. Patients could choose to participate in multidisciplinary team meetings and they were supported by staff to do this.

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

Good

- On Middlemarch Ward, patients had been encouraged to access the community as part of their recovery. One patient volunteered locally and all patients had been given the option to sign up to attend local events in Coventry such as the local pride event.
- Patients had access to advocacy and the advocate visited the hospital weekly and at the request of the patients.
- Staff involved family and carers at the request of the patients and recognised that they needed to be mindful of each patient's confidentiality. Staff had started an initiative for patients with children where they could record a bedtime story so that they could feel actively involved in their child's life while in hospital. Ariel held a lunch for patients, families and carers which was also attended by patients from Middlemarch. Patients and staff used the sports hall to create a 'pop up' café with 45 people attending. Managers said they planned to continue to provide this type of event to encourage engagement with families and carers. One family member fed back that it would be useful to have access to the sports hall for visiting to help resolve the issue of lack of visitor's space and Ariel Ward had implemented this.
- Patients gave feedback on the service through community meetings, completing feedback forms and by having representatives on the peoples' council. This was led by patients with the support of staff. Senior managers attended by invitation only but responded to the items raised by the council. Patients said they felt both the community meetings and people's council were helpful and gave them the opportunity to raise issues.
- Patients were involved in decisions about the service and had been involved in a presentation for new staff starting their induction. They had also participated in a video talking about their experiences of restrictive practice.
- Patients had been given the option of completing advanced decisions and where completed, these were detailed and recorded in the patient's records. Staff reported that these helped to support patients and reduce the number of incidents.

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

Good

Access and discharge

- The hospital took referrals from across the country. Dunsmore PICU's referral line was monitored regularly and they provided a response to the referrer within one hour of the referral being made. Ariel and Middlemarch wards only took planned admissions and patients were assessed prior to admission by staff from the wards. Dunsmore PICU had an expected length of stay of between four to six weeks. The average length of stay from December 2017 to May 2018 was 37 days. On Ariel and Middlemarch wards, patients could stay for 12 to 18 months if they were engaging in the recovery programmes provided. They did not have an average length of stay because the hospital had not been open long enough to have this data. They had two patients, one on each ward, who were coming to the end of their treatment and were ready for discharge back to the community.
- Patients always had a bed to come back to following a period of leave.
- Staff only moved patients between wards if there was a clinical need. This was decided following discussions by the multidisciplinary team and was only done if it was in the best interests of the patient or to keep them safe.
- Staff planned each patient's discharge on an individual basis and in discussion with the patient and the local clinical commissioning group for each patient. Discharges took place at an appropriate time and usually during the day. The hospital had no delayed discharges between December 2017 to May 2018.
- Patients from Ariel and Middlemarch wards could be moved to Dunsmore PICU if there was an identified clinical need for this to happen.
- Care plans referred to section 117 aftercare where this was appropriate.

The facilities promote recovery, comfort, dignity and confidentiality

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

Good

- The hospital was purpose built and had a full range of rooms and equipment to fully support patients to access treatment, therapy and activities. This included a gym, sports hall, hair salon and library. Patients needed to be supervised in the activities suite because it was away from the wards and patients told us they would have liked more access to this.
- The wards all had quiet areas where patients could meet visitors. The hospital used a booking system for visiting because visitor space off the wards was limited to one room per ward. They had flexible visiting arrangements but these had to be by appointment only to ensure visiting didn't happen during therapy time. Ariel Ward had started to utilise the sports hall for visitors so that more patients could receive visitors at the same time. The carers we spoke to said they found the lack of space for visiting difficult, especially as they had to book in advance and couldn't always be sure they would be there in time due to travelling long distances.
- The visitors' rooms at the end of each ward were between two locked doors. The hospital had installed phones in each room and gave all visitors a personal alarm. For patients who had been risk assessed as not requiring supervised visits a staff member stayed in the corridor so that visitors could leave the ward without delay.
- Patients had access to their own phones although this was individually risk assessed or they could use the ward phones to make calls in private.
- The wards had access to outside space which patients could access as they needed to.
- Patients said that the food was good but that they would like to have more choice. The hospital had introduced a food forum which took place quarterly. Patients could try new items for the menus which were seasonal to help decide what would be added to the menu.
- Patients had access to hot drinks on the wards. On Dunsmore PICU staff made the drinks on request due to the increased risk for some patients. Patients reported that although snacks including biscuits and fruit were available there was often not enough for everyone. They also stated that items such as milk and bread sometimes ran out. This was raised with the hospital managers who agreed that this would be discussed with the chef to ensure snacks and basic supplies were readily available.
- Staff encouraged patients to personalise their rooms where appropriate and we could see that they had done this. On Ariel and Middlemarch wards where patients stayed for some time this was the case. All patients had access to a lockable cupboard and additional safe storage for larger items was available on the ward. Some patients had keys to their rooms but this was risk assessed on an individual basis and dependant on the level of observations the patient was on.
- The hospital had spent time designing an extensive activity programme for each ward. We observed activities taking place which were engaging and fun for patients which ran alongside the therapy programmes. A healthcare assistant on Ariel Ward spent time putting together activities with patients so that they felt fully involved. This included an activity based on a current television programme which the patients were excited to be involved in. On Dunsmore PICU it had been noted by staff that the activity programmes only took place during the day so managers had changed the hours for occupational therapy assistants. This meant activities could take place in the evening to help support times when patients displayed more challenging behaviour. They also had additional funding for five hours of activity coordinator time on Saturdays and Sundays so the activity programme could be extended.
- The hospital had started to set up a recovery college. This was being done in conjunction with patients who attended the meeting we observed. This would support patients to gain qualifications through accredited courses such as beauty therapy.
- The hospital had a small shop open in the reception area which was being run by patients. They also made cakes that could be sold in the shop during sessions on the wards.

Meeting the needs of all people who use the service

- The hospital was fully equipped to support people with disabilities. Two wards were located on the ground floor and there was lift access to the ward on the first floor.
- Information leaflets including those for advocacy and how to complain were available throughout the hospital and could be printed in other languages if required.
- The hospital had access to interpreters and signers for people who were deaf and staff stated this was easy to do.

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

Good

- Patients had a choice of food to meet their dietary requirements including those relating to religion and culture. We saw lists in the kitchen that related to dietary requirements such as halal, gluten free and information about patients' allergies.
- The hospital had a multi-faith room which had been previously unused. Since the last inspection they had introduced a service level agreement with the chaplaincy office at the local acute hospital and had weekly visits from the chaplain. The multi-faith room had literature and items used by different faiths and the chaplain supported patients from other religious backgrounds to access support locally.

Listening to and learning from concerns and complaints

- The hospital received 19 complaints from December 2017 to May 2018. Ten of these were for Dunsmore PICU, three for Ariel Ward and six for Middlemarch Ward. Of these, two were upheld, three were partially upheld, nine were not upheld and five were withdrawn by the complainant. These were investigated in line with the hospitals policy. Each ward had received two compliments in this time frame. These were from families, carers and clinical commissioning groups. We saw messages of thanks to staff from patients on the message discharge board on Dunsmore PICU.
- Patients knew how to complain and staff understood their role in supporting patients to do this. People who complained received a full written response and were given information on the next stage if they were unhappy with the response received.
- Staff received feedback on complaints and common themes were shared across all wards so that improvements could be made.

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

Good

Vision and values

- Staff knew the visions and values of the organisation and felt these fitted with their own personal values.
- Managers ensured team objectives reflected those of the organisation through team meetings and supervision.
- Staff knew who senior managers were at the hospital and felt they were approachable and supportive.

Good governance

- Overall, we saw evidence that significant progress had been made in all areas of good governance since the last inspection. Mandatory training was at good levels and staff reported that training was of a high standard. Staff received a range of supervisions regularly and the introduction of a practice development lead had further enhanced this. Managers had implemented a buddy system for new staff to support them in the becoming integrated into the hospital.
- Use of bank and agency staff was still quite high as was staff turnover but managers had implemented a new induction programme for new staff and a virtual staff social club which was a forum for staff to identify social activities that the hospital subsidised as a reward. They had also introduced the staff relations group so that staff felt better represented within the hospital and had a more direct route for feeding back to the senior management team.
- Staff demonstrated that they spent as much of their time as possible with patients while keeping the patients records in good order. Clinical audits had been embedded within the hospital and reviewed regularly at the integrated governance meeting. The introduction of the lessons learnt bulletin meant staff across the hospital could learn from incidents and complaints. Staff followed safeguarding procedures and processes for the Mental Health Act and the Mental Capacity Act.
- We identified at the last inspection that the hospital needed an equality and diversity lead. The hospital manager had taken on this role and the hospital had made significant improvement in this area. They had implemented Cygnet Health Care's workforce race equality policy across the hospital. Managers used the information they had to ensure staff were treated fairly and that there was a good mix of staff from ethnic minorities to meet the needs of patients. When looking at performance management, managers ensured they worked within the Equality Act (2000) that reflected the nine protected characteristics, that included; race, religion or belief, sex, disability and age.

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

Good

- Managers used key performance indicators such as supervision, appraisal and training to monitor the performance of the team. Managers had a dashboard that used a red, amber, green system for monitoring.
- Ward managers stated they had sufficient authority and administration support to do their roles.
- Staff could submit issues such as staffing to the hospital risk register and this was reviewed regularly to ensure actions had been taken.

Leadership, morale and staff engagement

- Seventy-four staff contributed to a recent staff survey. Of these 87% stated they enjoyed working for Cygnet, 89% said they could contribute ideas, 88% said their manager supported and motivated them, 95% said they were treated with respect, 61% did not feel comfortable with their daily work load and only 49% felt there were enough staff on the unit to allow them to do their job properly. Managers had developed an action plan newsletter from this which had been circulated to all staff. It detailed the actions to be taken, the timeframe and who would complete each action. The actions included introducing mindfulness sessions for staff, the use of staff wellbeing action plans designed by a national charity, where appropriate, in supervision and drop in clinics, where the hospital managers spent time on each ward and were available for staff to meet with them.
- Staff sickness and absence rates remained high but managers worked with staff to identify reasons for this. These included the high levels of need for some patients and lack of permanent staff which managers had started to resolve through the recruitment programme. It was reviewed regularly in supervision to see if adjustments could be made, for example some staff moved to work on another ward where they felt the work would be better suited to their skills and experience. Staff who had not received the new style comprehensive induction had been encouraged to attend sessions on this to support their understanding of how the hospital was run.
- There were no reported cases of bullying and harassment at the time of the inspection.
- Staff stated they knew how to speak out but felt they would raise concerns with the senior management team first. Staff stated that senior managers had been responsive to issues raised and had ensured that action had been taken.
- Of the 28 staff we interviewed, only two stated they were not happy in their roles. The appointment of new ward managers who had been employed just before the inspection in October 2017 had brought stability to the wards through their leadership and support of staff. Morale was good on Ariel and Middlemarch wards although staff on Dunsmore PICU stated they felt the ward was understaffed and this added to the pressure they felt in undertaking their roles with patients. Senior managers held regular meetings with the ward manager and agreed an action plan to support staff as they felt the impact of a recent incident and staff leaving had affected morale. Actions included the funding for a ward staff away day.
- Staff stated there were opportunities for leadership development and managers were supportive of staff progression.
- Staff teams on each ward worked well together and provided mutual support to each other so that they could fully support patients.
- Staff demonstrated that they were open and transparent with patients when incidents happened. This was reflected in the progress notes in patients' records.
- Staff stated they could give feedback on services and how they were developed.

Commitment to quality improvement and innovation

The hospital managers with staff involvement had shown a commitment to improving the quality of care provided and this was reflected in the improvements seen throughout the inspection including the use of clinical audits, the introduction of a substance misuse programme and additional staff through forums.

Outstanding practice and areas for improvement

Outstanding practice

- Staff had started an initiative for patients with children where they could record a bedtime story so that they could feel actively involved in their child's life while in hospital.
- The introduction of the 16-session substance misuse programme led by psychology gave patients the opportunity to address a range of issues and improved their understanding of some lifestyle choices which might have affected their recovery.
- The hospital employed a practice nurse who had responsibility for monitoring patients' physical healthcare needs.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure they have adequate staffing levels and that staff on Dunsmore PICU feel they are supported within their roles.
- The provider should ensure there is the space available for visitors and that booking a visit can be made easily.
- The provider should ensure that managers follow the observation policy regarding the length of time spent observing patients.