

Cygnets Fountains

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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 Fountains as Outstanding because;

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a longer-term high dependency mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- There was an effective and creative approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promoted equality. This included patients with complex needs.
- There was a mix of highly skilled staff who used a wide variety of recognised tools and rating scales to support patients in their recovery. Staff were involved in clinical audits and in quality improvement initiatives to improve their practice and outcomes for patients.
- Managers ensured that staff received training, supervision and appraisal. The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice.
- Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined up care. Staff worked well with external agencies and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Patients who used the service were active partners in their own care and the staff team were fully committed to working in partnership with patients. Staff empowered patients to have a voice and to realise their potential in their rehabilitation and recovery pathway.

- The Fountains had employed a peer support worker to work alongside patients to enable patients to share and discuss their issues with someone who has had lived experience. They had developed a people's council where patients were encouraged and supported by advocates to make decisions about the service and where patients could give feedback about the Fountains. This was then developed into an action plan to make improvements for the patients.
- Patients emotional and social needs were highly valued by the staff team and imbedded in their care and treatment.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of services.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

However;

- There were limited rooms available for patients to access that were quiet and provided a therapeutic space. This also included the lack of suitable space to see visitors in.

Summary of findings

- Patients we spoke with told us they would prefer more male staff.

Summary of findings

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Outstanding



Cygnets Fountains

Services we looked at

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

Summary of this inspection

Background to Cygnet Fountains

Cygnet Fountains hospital is a 32-bed longer term high dependency rehabilitation unit. It provides care and treatment to males aged 18 and over with a primary diagnosis of mental illness. This includes patients with challenging behaviour, forensic histories and substance misuse issues. The service accepts informal patients and those detained under the Mental Health Act. At the time of this inspection, there were 24 patients. All 24 patients were detained under the Mental Health Act.

The unit includes five self-contained flats used to help prepare patients to return to the community.

There is a registered manager and a controlled drugs accountable officer in place.

Cygnet Behavioural Health Limited are currently the registered provider of Cygnet Fountains.

Cygnet Fountains is registered with The Care Quality Commission (CQC) to provide the following regulated activities: Assessment or medical treatment for persons detained under the Mental Health Act 1983, treatment of disease, disorder or injury.

The most recent CQC inspection was in September 2017 when a comprehensive announced inspection was carried out. The service was found to be good overall. However, there were two requirement notices associated with this service. Patients were not protected against the risks associated with unsafe or unsuitable premises because of inadequate cleaning of their bedrooms including linen, pillows and mattresses. There was a blanket restriction in place, this had not been individually assessed. These have now been met and the breaches no longer exist.

The Mental Health Act reviewer from the Care Quality Commission last visited in July 2018. All actions except one had been actioned and this was to support patients and develop opportunities to make an advance statement of their wishes and feelings, which could be used when they were unable or unwilling to express their views or participate as fully in decisions about their care and treatment under the Mental Health Act.

Our inspection team

The team that inspected the service comprised of one CQC inspector, one inspection manager, two assistant inspectors, a specialist nurse and a specialist advisor pharmacist.

Why we carried out this inspection

We inspected this service as part of our ongoing 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?

Summary of this inspection

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:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- received feedback from two carers
- spoke with the registered manager and head of care
- spoke with ten other staff members; including a psychologist a nurse, occupational therapist, health care assistant and a domestic
- received feedback about the service from one commissioner
- attended and observed one staff handover meeting, one morning meeting and attended a ward round multidisciplinary meeting for one patient
- collected feedback from six patients using comment cards
- looked at seven care and treatment records of patients
- carried out a specific check of the medication management on the unit
- 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 with four patients. Patients told us they felt listened to and the they had a voice. They told us they could express their opinions at the weekly patient's meetings. Patients said they were involved in their care plan and that they had received a copy. They also told us they were able to engage with activities occurring in the community.

Several patients told us they would prefer more male staff.

We received six comment cards five of these were positive about the staff and how patients were looked after well. They also commented that staff treated them well with dignity and respect and some commented they had learnt a lot of new skills. One comment card reported the opposite of the above comments.

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?

- There were enough staff with the right skills to meet the needs of the patients.
- The unit was safe, clean, well equipped, well furnished, well maintained.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Risk assessments and management plans were thorough, easy to understand and individual to the patient.
- Staff managed medicines safely and effectively. Medication was monitored effectively through regular internal and external audits. Medicines were stored safely, and fridge and room temperatures were monitored. Medication errors were reviewed and managed effectively.
- Staff had received training in safeguarding and reported concerns appropriately.
- Incidents were investigated thoroughly. Staff and patients received debriefs and incidents were used as a learning opportunity. Changes were made as a result of incidents.

Good



Are services effective?

We rated effective as outstanding because:

- There was a truly holistic approach to assessing planning and delivering care and treatment to all people who used services. Staff comprehensively assessed the physical and mental health needs of patients on admission to the service and throughout their stay. Care plans were person-centred, recovery focused and truly holistic. They were also goal orientated and had clear and measurable goals which were reviewed and adapted regularly. Records contained self-assessments in which patients reviewed their own concerns, strengths and feelings.

Outstanding



Summary of this inspection

- There was a mix of highly skilled staff who used a wide variety of recognised tools and rating scales to support patients in their recovery. Staff were involved in clinical audits and in quality improvement initiatives to improve their practice and outcomes for patients.
- The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice.
- Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined up care. Staff worked well with external agencies to provide increased support for patients.
- There were a variety of meetings to enable staff to review patients progress and concerns. Meetings were goal orientated, effective and provided the opportunity for staff to share their expertise for the benefit of the patients.
- Staff engaged in reflective practice and formulation meetings which provided an opportunity to reflect on their practice and improve how they worked with patients.
- Staff were consistent in supporting patients to live healthier lives including identifying those who needed extra support through a targeted and proactive approach to health promotion and prevention of ill health. All patients had a separate physical health file where their health was monitored and there was a full range of opportunities for improving physical health.

Are services caring?

We rated caring as outstanding because:

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Outstanding



Summary of this inspection

- Staff always empowered patients to have a voice and to realise their potential in their rehabilitation and recovery pathway. Patients who used the service were active partners in their own care and the staff team were fully committed to working in partnership with them. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.
- Patients emotional and social needs were highly valued by the staff team and were imbedded in their care and treatment. Patients felt really cared for and that they mattered.

Are services responsive?

We rated responsive as good because:

- Staff planned and managed admission and discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support and responded to the needs of patients within the LGBT plus community.
- There was a proactive approach to understand the needs of different groups of patients and to deliver care in a way that meets their needs and promotes equality This includes people who are in vulnerable circumstances or who have complex needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.
- The fountains had employed a peer support worker to work alongside patients to enable patients to share and discuss their issues with someone who has had lived experience.
- The fountains had developed a people's council where patients are encouraged and supported by advocates to make decisions about the service and where patients could give feedback about the fountains. This was then developed into an action plan to make improvements for the patients.

However:

Good



Summary of this inspection

- There were limited quiet and therapeutic areas available.
- The visitor's room was not fit for purpose because the server to the building was kept there making it noisy and distracting for patients and their families.

Are services well-led?

We rated well-led as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of services.
- There were innovative approaches to providing integrated person-centred care.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- The team had access to the information they needed to provide safe and effective care and used that information to good effect.
- There was a great commitment toward continual improvement and innovation and the service was very responsive to feedback from patients, staff and external agencies.
- There was clear learning from incidents.

Outstanding



Summary of this inspection

- The service had been proactive in capturing and responding to patients concerns and complaints. There were creative attempts to involve patients in all aspects of the service.

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 and staff showed a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The service employed a Mental Health Act administrator.

Patients had easy access to information about independent mental health advocacy.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted.

Although patients knew how to complain, and this information was contained in the patient handbook, information on how to complain was not specifically detailed in the Cygnet, Mental Health Act documentation.

Staff requested an opinion from a second opinion appointed doctor when necessary.

Staff had supported three patients to make an advance statement to refuse treatment.

The service displayed a notice to tell informal patients that they could leave the ward freely.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had had training in the Mental Capacity Act and had a good understanding of the Mental Capacity Act. The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards.






Staff took all practical steps to enable patients to make their own decisions.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent

appropriately. They did this on a decision-specific basis with regard to significant decisions. Capacity was monitored by staff daily and concerns around any areas of capacity were brought to the morning meetings. When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Long stay or rehabilitation mental health wards for working age adults

Outstanding 

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

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

Good 

Safe and clean environment

The ward areas were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Cleaning records were mainly up to date and demonstrated that the ward areas were cleaned regularly. Cleaners were employed Monday to Friday and these cleaning records were up to date. Nursing and healthcare staff cleaned at the weekends and did not record what they had cleaned in the cleaning records. The ward had access to cleaners five days a week.

Patients had access to two lounges, a dining room and a space that contained gym equipment in one half and music equipment including decks and a drum kit in the other. Patients also had access to a kitchen where they could make themselves food and drinks. This was open all the time. However, there was little therapeutic space. The one to one room was small and airless and therapy staff used their offices to see patients.

Staff adhered to infection control principles, including hand washing. Hygienic hand gels were available throughout the unit.

Staff carried out regular risk assessments of the care environment and patients were assessed in the environment with individual care plans in place where needed.

Staff knew about any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves. A ligature point is anything which could be used to attach a cord, rope or material for the purpose of hanging or strangulation. There was an up to date ligature risk assessment of the premises and measures were put in place to reduce any risks that were identified.

The ward layout did not fully allow staff to observe all parts of ward and staff mitigated these risks by increasing the levels of observations throughout the day when required and removing the risks where possible. Mirrors were fitted that covered some of the blind spots. Staff had access to CCTV in the corridor areas and there were signs up informing people that CCTV was in operation.

Staff and patients had easy access to a nurse call system throughout the unit and all staff carried personal alarms.

There was a resuscitation bag in the administration office which was fully equipped with accessible resuscitation equipment and emergency drugs. Staff checked the bag weekly and there was a full record of these checks. The bag was security tagged during checks. All items were present and in date. The resuscitation bag also contained ligature cutters. Staff maintained equipment well and kept it clean.

The clinic room was clean and tidy. All medication was separated into individual patient baskets and kept in clearly labelled in colour coded cupboards. All drawers and cabinets had their own key which was kept by the nurse in charge and all cabinets including the fridge were locked. The room was temperature controlled. Fridge monitoring was completed twice daily. The clinic room, nurse's office and general nurse's room had the most current British National Formulary (BNF) available for use which is a book containing information about medicines.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



Safe staffing

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

The service had seventy staff in total. This included eight whole time equivalent nurses and 24 healthcare assistants. There were no nurse vacancies and five health care assistant vacancies which were covered by bank and agency staff.

Managers had calculated the number and grade of nurses and healthcare assistants required and the ward manager could adjust staffing levels daily to take account of the acuity of the ward and extra needs of patients. The number of nurses and healthcare assistants matched or exceeded this number on all shifts.

Managers had taken on agency staff to cover staff returning to work after a period of sickness following an incident. Staff told us they felt supported as they returned to work and that having extra staff meant they weren't under as much pressure.

The staff sickness rate was low at 3% over the last 12 months. When necessary, managers used agency and bank nursing staff to maintain safe staffing levels. 52 shifts had been covered by bank or agency staff in the last 12 months. When agency and bank nursing staff were used, they received a full induction to ensure they were familiar with the ward. Agency staff were carefully monitored and only used on day shifts.

At the time of the inspection there were more female staff than male staff. Staff and patients raised this as an issue. Patients told us that they would have preferred more male staff on shifts. Managers had taken patients views on board and were considering what they could do to ensure patients had support from male staff where this was requested.

Staffing levels allowed patients to have regular one-to-one time.

Assessing and managing risk to patients and staff

Staff shortages rarely resulted in staff cancelling escorted leave or ward activities.

There were enough staff to carry out physical interventions including observations and restraint safely and staff had been trained to do so.

There was adequate medical cover day and night and a doctor could attend the ward quickly within 30 minutes of a mental health emergency.

Mandatory training

Staff had received and were up to date with most of the appropriate mandatory training.

Overall, staff in this service had undertaken 94% of the various elements of training that the organisation had set as mandatory.

Ninety eight per cent of staff had completed safeguarding level 2. However, safeguarding level 3 was at 67%. Not all staff were eligible for this training and the three staff who had not completed it were booked on the next training session.

Training was a key performance indicator and was reported on weekly to the senior management team. The manager was required to put an action plan in place if training levels fell below 85%.

Assessment of patient risk

We looked at seven care records.

Staff carried out a risk assessment of every patient on admission and updated it regularly, including after any incident. Risk assessments were detailed and easy to read. Staff used a colour coded red, amber, green system to highlight risks. This enabled staff to identify serious risks easily and quickly. Plans were in place for managing risks. Risk assessments were signed by the patient and by a team of staff involved in various aspects of their care.

Management of patient risk

Staff were aware of and dealt with any specific risk issues. Staff attended a morning meeting where risk issues were discussed including any patients whose risks had increased. Plans were made to mitigate any increased risks. Any staff member was able to take concerns to the morning meeting.

Staff were encouraged to fill in a start form regarding any concerns they had about patients. These were discussed in the morning meeting and used as a monitoring tool to identify changing risks to, or posed by, patients.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff followed good policies and procedures for use of observation including to minimise risk from potential ligature points and for searching patients or their bedrooms.

Staff generally only applied blanket restrictions on patients' freedom only when justified. However, we found that the laundry room was locked. Patients were only allowed into the laundry room under supervision. We were told that this was because patients stole each other's clothes when they had unsupervised access which caused some patient a lot of distress. Any blanket restrictions were reviewed with patients and the reasons were discussed at patient meetings. Restrictive interventions and any blanket restrictions were recorded on the restrictive interventions log that was regularly reviewed.

There were individual lockers containing items that had been removed from patients. All items that were removed were individually risk assessed and the reason for removing an item was recorded in clients' files.

Staff adhered to best practice in implementing a smoke-free policy. Patients were allowed to smoke in the courtyard. The physical health nurse supported clients who wished to give up smoking.

Use of restrictive interventions

There had been no episodes of seclusion or long-term segregation over the last six months.

There were eleven episodes of restraint. These episodes of restraint were on five patients. There were no patients that were prone restrained.

The hospital participated in the provider's restrictive interventions reduction programme. Restrictive practices were reviewed regularly and any restrictions in place were discussed with patients. The unit manager had completed a reducing restrictive practices checklist to identify any practices that could improve practice at the Fountains in this area. We reviewed this whilst on site during the inspection.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint. Staff used restraint only after de-escalation had failed. Staff had received the management of actual and potential aggression training.

Some patients had positive behavioural support plans which provided guidance to staff around triggers to anxiety and aggression and techniques for supporting patients with these.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. Service users were monitored appropriately following rapid tranquilisation and all records were complete and up to date.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. All staff were trained to level two safeguarding and safeguarding leads were trained to level three and above. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Managers worked with the local authority regarding any safeguarding concerns.

Managers attended a quarterly safeguarding forum to discuss any safeguarding concerns they had. The managers received data about all the safeguarding referral data within the organisation to help address any issues and to update managers with the progress of The Care Act 2014 section 42 enquiries. (where local authorities make enquiries into a case where they believe an adult is at risk of experiencing neglect or abuse to establish if any action needs to be taken) and any serious case reviews.

Staff followed safe procedures for children visiting the ward. Visits were individually assessed based on individual circumstances and any risks on the ward on that day. If there were concerns children would not be allowed on the ward. Where possible alternative arrangements were made, and patients would be supported to have their visits off the ward.

Staff access to essential information

Staff used both paper and electronic records.

All information needed to deliver patient care was available to all relevant staff including agency staff, when they needed it and was in an accessible form.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff were able to access the information they needed when they needed it.

Medicines management

Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, and did it in line with national guidance.

We reviewed 17 medication administration records. All medication files contained the appropriate and relevant completed paperwork. All 17 medication administration record charts were complete with reasons for missed doses specified. There was evidence that missed doses had been reviewed and actions had been taken to reduce the likelihood of this reoccurring. For example, one patient had had his medication administration time reviewed to accommodate his sleeping pattern,

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance, especially when the patient was prescribed a high dose of antipsychotic medication.

We saw that controlled drug stock checks were completed twice a day. Nursing staff conducted a weekly medication audit. Any discrepancies were investigated and rectified as a matter of priority. The nurse in charge also conducted a daily medication audit.

Track record on safety

There was one serious incident in the last 12 months. This incident related to an assault by a patient on staff and a service user. This incident is still under investigation and is being independently reviewed. Most incidents reported were due to verbal and physical aggression, between peers or to staff and damage to property. These were managed effectively by staff.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them and all staff were encouraged to report incidents and concerns. Staff reported all incidents that they should report.

Staff understood the duty of candour. We saw examples where staff were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service and there was evidence that changes had been made as a result of feedback. We saw that improvements were made to the building after an incident where a patient had been able to break a door. All doors were reinforced to maintain and improve the security of the building.

Staff were debriefed and received support after a serious incident.

Managers held hot and cold debrief sessions after incidents to review the incident and provide support for staff. Hot debrief sessions were held immediately after the event and cold debrief sessions were held at a point after the event when staff had had a chance to process information and could look at events more objectively. Patients were also provided with debriefs after incidents had taken place.

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

(for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

We looked at seven care records.

Staff completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission. An admission assessment was completed by both the doctor and the nurse. The admission assessment was comprehensive and included a full history and mental state examination. Staff assessed patients' physical health needs in a timely manner after admission. Patients received a full health check where possible. Some patients refused a physical examination, and this was documented in their records and reoffered to ensure physical examinations were completed.

Staff developed care plans that met the needs identified during assessment. Care plans were personalised, holistic and recovery oriented. Care plans included client's strengths and set out clear goals for the patient's recovery. These included global assessment of progress scores, goals around patients using leave and completion of wellness and recovery plans. This provided a way of measuring

Long stay or rehabilitation mental health wards for working age adults

Outstanding



patients progress. Care plans were comprehensive and included restrictions on freedom, leave under the Mental Health Act and restricted items. Care plans also contained crisis and contingency plans.

Patients were supported to fill out a self-assessment form where they reviewed their own strengths, concerns and feelings. Patients had a safety and support plan which looked at what kind of things increased a patient's anxiety and escalated challenging behaviour and what helped them to manage this. Some patients had a more comprehensive positive behavioural support plan to help staff understand and manage challenging behaviour.

Staff updated care plans at least every three months and more frequently if there had been changes to the patients risks and needs.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These included medication and psychological therapies, activities, training and work opportunities intended to help patients acquire living skills. Patients were encouraged to carry out jobs within the unit and were paid for doing so.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Managers had employed a general nurse to support clients with their physical health needs. The nurse carried out physical health checks on patients and supported them to lead healthier lives. Each patient had a physical health file.

Staff supported patients to live healthier lives through participation in smoking cessation schemes, healthy eating advice, support with diabetes and dealing with issues relating to substance misuse. There was a gym on the premises and one of the staff was a qualified personal trainer. Groups included cooking skills and healthy smoothie group, sleep hygiene, a promote breakfast group and a boxing group.

Staff used recognised rating scales to assess and record severity and outcomes. Occupational therapists used various tools which included the model of human occupational screening tool which was used to assess daily

living skills and a global assessment tool used to assess patients progress. Psychologists also used a variety of scales including the Warwick and Edinburgh mental wellbeing scale and the psychotic symptoms rating scales.

Staff participated in clinical audit and quality improvement initiatives. Staff carried out regular audits on medicines management, client files and health and safety. Quality improvement initiatives included reducing restrictive practice delivery board and involvement in the Kate Mercer project which aims to provide patients with information about their rights under the Mental Health Act.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients on the ward. These included a dedicated occupational therapy team and psychology team on site. The service had access to a physical health care nurse alongside mental health nurses and could access other professionals where the need arose. Managers also employed a peer supporter to support patients and ensure they had a voice.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. Managers supported staff to increase their skills including supporting some staff to access leadership training as a contingency plan in the event of one of the managers leaving.

Managers provided new staff with appropriate induction using the care certificate standards as the benchmark for healthcare assistants. Staff were allocated a buddy to support them during their probation period.

Managers provided staff with managerial and clinical supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. There was a clear supervision matrix in place so that staff were clear who was their responsible supervisor. Managers ensured that staff had access to regular team meetings.

Psychology provided input to staff around clinical risk training, risk assessment and debriefs. Research proposals were being developed to look at staff and service user views on the use of restrictive practice in managing violence risk and the impact of social climate on risk and rehabilitative engagement.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



The percentage of staff that had had an appraisal in the last 12 months was 81%. The percentage of staff that received regular supervision was 85%. All staff we spoke to felt supported and said they received support, through one to one sessions, reflective practice and regular team meetings. Psychology held weekly team formulation sessions which involved staff working together to gain a better shared understanding of service users and support each other to find new ways of working.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. In addition to mandatory training managers identified individual training needs with staff and could source additional training if this was relevant to the needs of the service. Managers ensured that staff received the necessary specialist training for their roles.

Managers dealt with poor staff performance promptly and effectively. Staff were closely assessed during their induction period and would not be kept on if they did not meet the required standard.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. Managers held a multidisciplinary team meeting (MDT) every morning. Staff attending included domestics, nurses, doctors, occupational therapists, psychologists, maintenance and kitchen staff as well as support staff and Mental Health Act administrators. All staff were encouraged to contribute to this meeting.

Staff shared information about patients within the team at effective handover meetings. Information was also shared effectively between meetings, for example handover information was reviewed more thoroughly at the morning MDT meeting.

Staff had effective working relationships with teams outside the organisation including, local authority, social services, GPs, commissioners, safeguarding, police and primary healthcare providers.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice (E1.4)

All patients were detained under the Mental Health Act. Ninety four per cent of staff had had training in the Mental Health Act and staff showed a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The service employed a Mental Health Act administrator and patients' rights were discussed in the morning meeting.

The provider had relevant policies and procedures that reflected the most recent guidance.

Patients had easy access to information about independent mental health advocacy. Advocates came into service once a week.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted.

Staff requested an opinion from a second opinion appointed doctor when necessary.

Staff had supported three patients to make an advance statement to refuse treatment. Plans were in place to complete these with all the patients when appropriate.

Staff stored copies of patients' detention papers and associated records correctly so that they were available to all staff that needed access to them.

The service displayed a notice to tell informal patients that they could leave the ward freely. There were no informal patients during our visit, however managers told us that informal patients were given a fob for the doors.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits.

Good practice in applying the MCA

Ninety two per cent of staff had had training in the Mental Capacity Act. Staff had a good understanding of the Mental Capacity Act.

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty safeguards. Staff were aware of the policy and had access to it.

Staff took all practical steps to enable patients to make their own decisions.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis regarding significant decisions. Capacity was monitored and discussed by staff daily if needed and concerns around any areas of capacity were brought to the morning meeting.

When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

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

Outstanding



Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.

There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive.

Staff supported patients to understand and manage their care, treatment and condition. Patients were invited to their ward rounds and they were listened to and asked about their care, treatment and what they wanted to achieve. Patient's emotional and social needs are seen as being as important as their physical needs.

Patients are always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity is consistently embedded in everything that staff do, including awareness of any specific needs.

Staff directed patients to other services when appropriate and, if required, supported them to access those services.

Patients said staff treated them well and behaved appropriately towards them. Five of the six comment cards

we received were positive about the staff and the care and treatment they received. They included everyone treats me with dignity and respect and staff look after us well, lots of skills have been learnt and supported through ups and downs.

Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. These areas were assessed before and after admissions. They had access to a prayer room and staff facilitated and guided patients to access different faith communities where needed.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Staff maintained the confidentiality of information about patients.

The fountains had received positive feedback from some of the commissioners about the care and treatment provided to their patients.

Involvement in care

Staff always empower patients who use the service to have a voice and to realise their potential. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.

Staff used the admission process to inform and orient patients to the ward and to the service. They provided a patient guide information booklet to patients. This included information about their stay on admission and planned for patients to visit before their admission where possible.

Staff involved patients in care planning and risk assessment, and this was shown by evidence in care plans and patient participation in multidisciplinary ward reviews.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties. They produced easy read and pictorial documentation.

Staff involved patients when appropriate in decisions about the service and patients could give feedback about the service at the people's council meetings held every six weeks. We saw examples of these in the people's council

Long stay or rehabilitation mental health wards for working age adults

Outstanding



action plan and on the local overarching action plan for the Fountains. Staff enabled patients to give feedback on the service they received, and an annual patient satisfaction survey had been completed by the advocacy service with actions from the survey added to the local overarching action plan. Clinical governance feeds into these meeting and a patient representative is encouraged to feed into and attend clinical governance meetings.

Patient planning meetings were held daily, and a patient community meeting is held each week. During these meetings patients were encouraged to put forward agenda items; raise issues and to own their meetings. A patient contribution box was in the reception area for new ideas to improve the unit and these were discussed at the people's council.

Staff enabled some patients to make advance statement and plans were in place to complete these with all the patients when appropriate.

Staff ensured that patients could access advocacy and information was displayed on the unit. Advocacy were invited to attend the patients ward rounds if the patient wanted them there. The advocates supported patients at ward rounds, Care Programme Approach meetings, managers hearings and tribunals to address any issues as directed by the patient. A toolkit has also been developed for patients to promote self-advocacy in the absence of their identified advocate. A patient has also fulfilled a role of an advocacy ambassador nominated by their peers, to encourage patients to speak to the ambassador in between the advocates visits and to signpost to advocacy services.

Patients were encouraged and supported to attend their individual reviews. Care Programme Approach meetings and care and treatment reviews. Family and carer representatives were invited to ward rounds if the patient wanted them there. Patients could also feedback in nurse and key support worker weekly meetings.

An independent service user representative attended the Fountains every six weeks to meet with service users and to assist individual patients to express their views if they felt unable to attend any of the patient meetings.

Involvement of families and carers

Staff recognise that patients need to have access to, and links with, their advocacy and support networks in the community and they support people to do this.

Staff informed and involved families and carers appropriately and provided them with support when needed. Staff provided carers with information about how to access appropriate services and access a carers assessment.

Staff enabled families and carers to give feedback on the service they received via a carers survey completed yearly. They also provided a drop-in session for both carers and patients to meet with the responsible clinician and the hospital manager every six weeks to ask any questions in relations to their care at the hospital.

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

Good



Access and discharge

Patients were referred from local NHS trusts and clinical commissioning groups from other areas. Patients were reviewed by a team at the fountains and discussions took place regarding access into the service. If patients were not accepted into the Fountains the reasons were documented and reasons were given to the referring body or team. There was a proactive approach to understand the needs of different groups of patients and to deliver care in a way that meets their needs and promotes equality This includes people who were in vulnerable circumstances or who have complex needs.

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

There was always a bed available when patients returned from leave. When patients were moved or discharged, this happened at an appropriate time of day.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



Referrals were made to access a bed in a psychiatric intensive care unit (PICU) or to an acute ward if a patient required more intensive care through their local NHS mental health trust or through the individual's local commissioners.

The average length of stay for patients discharged in the last 12 months was 431 days. This was in keeping with the expected length of stay for longer term, high dependency units nationally.

The bed occupancy over the last six months was 84%.

In the last 12 months, there was one delayed discharge/transfer of a patient and this was actioned by the fountains. They met with the clinical commissioning group, involved care coordinators and held regular Care Programme Approach meetings (a package of care used to plan individual patient's mental health care) to discuss and raise concerns to ensure a placement was found to meet the individual's complex needs. They had to serve notice to the individual due to the delays and lack of input from the care coordinator.

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. The service reported some challenges in accessing appropriate community facilities and worked alongside patients care coordinators to facilitate this.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms that were ensuite and patients had access to their bedrooms throughout the day. Patients could personalise their own bedrooms and they had somewhere secure to store their possessions.

There were five rehabilitation flats that patients could access throughout their rehabilitation pathway to enable them to move onto a more independent pathway. When clinically appropriate staff supported patients to self-cater and patients had access to an assistive daily living kitchen area.

Staff and patients had access to a clinic room to examine patients in privacy if needed. There was an activity/occupational therapy room with gym equipment, music equipment and a recording deck. There was an information technology room, but this was being used by the doctors due to limited allocated space. The computers were to be moved into one of the lounges with allocated desk space.

There was limited therapy and quiet rooms. Funding had been agreed to create a chill out room. One room that had been set aside for visitors contained an information technology server that was large and intrusive as well as noisy.

Patients could make a phone call in private and patients also had access to their own mobile phones.

Patients had access to outside space, but one garden area had been isolated due to the risks of drugs in the area being brought into the hospital. This was identified on their risk register and was reviewed at clinical governance meetings monthly.

The hospital provided psychological therapies and had a psychology service pathway that provided many psychological approaches and therapies. Patients were assessed on admission and baseline assessments were completed to produce an intervention plan within the first eight weeks. All patients had a wellness recovery action plan.

The food was of a good quality. The food was home made by the catering team that provided a range of healthy options as well as catering for any dietary or religious needs. The hospital had received a food hygiene rating of five in 2019.

Patients could make hot drinks and snacks 24/7.

Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. The hospital had developed links with the local college and had supported patients to access community facilities. The hospital had created therapeutic earnings roles providing job opportunities for example watering plans, recycling, and cleaning the patient kitchen areas.

Staff supported patients to maintain contact with their families and carers and assisted patients in planning and arranging transport. Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. Patients had developed an urban music project with the aim of raising money for local homeless charities.

All patients are supported with their right to vote and the electoral register are updated with patients who are eligible to vote.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



Meeting the needs of all people who use the service

The service made adjustments for disabled patients. There were disabled access toilets and bedrooms where adjustments had been made to make them accessible. There was a lift available and ramps to facilitate easier access into the hospital.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and so on.

The information provided was in a form accessible to the particular patient group for example there was access to easy read material. Staff made information leaflets available in languages spoken by patients where this was needed, and managers ensured that staff and patients had easy access to interpreters and/or signers. Patients had a choice of food to meet the dietary requirements of religious and ethnic groups. Staff ensured that patients had access to appropriate spiritual support.

Listening to and learning from concerns and complaints

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

Total number of complaints in last 12 months – Seven.

Total number complaints partially upheld - Three

Total number complaints referred to Ombudsman in last 12 months – 0

Patients knew how to complain or raise concerns. When patients complained or raised concerns, they received feedback. Outcomes of complaints were discussed with the complainant and their satisfaction was indicated on the complaints register. In cases where the complainant is not satisfied, they were given the opportunity to appeal against the decision.

Staff knew how to handle complaints appropriately and complaints was a standing agenda item at the staff morning meetings. Staff received feedback on the outcome of investigation of complaints and acted on the findings.

The total number of compliments in the last twelve months was 53.

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

Outstanding



Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. They thoroughly understood the service they managed, and it followed a recognised model for rehabilitation care. Patients and staff knew who they were and could approach them with any concerns. Managers provided regular opportunities for staff, patients and family to discuss issues with them. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.

Managers could explain clearly how the team worked together to provide high quality care.

Leaders were visible in the service and approachable for patients and staff. Staff reported good relationships with the managers and within the wider multidisciplinary team. Leaders worked alongside staff on some of the shifts to provide guidance and to ensure they had a more complete overview of the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team. Cygnet Fountains have five values - helpful, responsible, respectful, honest and empathy. Their values have been developed the staff through involvement in workshops and staff surveys. The values were implemented and discussed throughout supervision, staff meetings, debriefs. All new staff were subject to a robust induction and online training that addresses the values and vision in place at the Fountains. Cygnet has a MyCygnet staff portal to share news and updates regarding the organisation.

There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against their visions and values.

Staff could explain how they were working to deliver high quality care within the budgets available.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



Culture

Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. Staff felt respected, supported and valued. They said the organisation provided opportunities for development and career progression. They also said they could raise any concerns without fear. Staff were proud of the organisation as a place to work at the Fountains and spoke highly of the culture and support they received. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

Staff said they felt supported by the registered manager and felt respected and valued by the whole team.

Staff knew how to use the whistle-blowing process and were aware of this within their organisation. The service regularly consulted with staff and asked them about the service via a staff survey. The actions were responded to by the managers and were added to the site action plan to address where necessary.

Managers dealt with poor staff performance when needed and the team worked well together and where there were difficulties the manager dealt with them appropriately.

The service's staff sickness and absence were monitored by the management and the organisation. We saw that staff had been supported whilst off sick following a serious incident.

Staff had access to support for their own physical and emotional health needs through an occupational health service and internally through access to psychology and debriefs.

The Fountains recognised staff success within the service – for example they have an employee of the month nominated by staff and service users.

Governance

Governance arrangements are proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Medication management and drug errors was included in the clinical governance framework and is an agenda item at the drugs and therapeutic committee meetings.

There were systems and procedures to ensure that wards were safe and clean, that there were enough staff, that staff were trained and supervised, that patients were assessed and treated well. The unit adhered to the MHA and MCA and had good systems in place to have oversight of maintaining patients' rights. Discharges were planned and managed well, and incidents were reported, investigated and learnt from.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff undertook and participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed to make improvements to the service.

Staff understood the arrangements for working with other staff and professionals, both within the Fountains and external, to meet the needs of the patients.

Managers attended a quarterly safeguarding forum to discuss any safeguarding concerns they had. The managers received data about all the safeguarding referral data within the organisation to help address any issues and to update managers with the progress of The Care Act 2014 section 42 enquiries. (local authorities make enquiries into a case where they believe an adult is at risk of experiencing neglect or abuse to establish if any action needs to be taken) and update managers on any serious case reviews.

The external advocacy team provided quarterly monitoring data to the Fountains about the uptake of Independent Mental Health Advocacy. This report also provided anonymised case studies about the benefit of patients accessing advocacy support. The Advocates attend and chair the people's council meetings every six weeks to explore with the patients, avenues for patients giving feedback about the Fountains.

Long stay or rehabilitation mental health wards for working age adults

Outstanding



The provider used key performance indicators and other indicators to gauge the performance of the team and to monitor performance.

Management of risk, issues and performance

There is a demonstrated commitment to best practice performance and risk management systems and processes. The managers review how they function, and this ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems are identified and addressed quickly and openly.

The team had access to the information they needed to provide safe and effective care and used that information to good effect.

The manager maintained and had access to the risk register at unit level which then fed into the corporate risk register and through their operational governance meetings. Staff could escalate concerns when required.

There was a restrictive practice group in place and the safe care board reviewed and had oversight of all activity where restraint was used. The registered manager was a member and attended the regional reducing restrictive practice delivery group quarterly.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. All information needed to deliver patient care was available to all relevant staff including agency staff, when they needed it and was in an accessible form.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Staff made notifications to external bodies as needed.

Engagement

There were consistently high levels of constructive engagement with staff and patients who used the service. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding their service to account.

Staff, patients and carers had access to up-to-date information about the unit.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Carers could access a meeting every six weeks with the manager and the consultant psychiatrist. The manager and staff liaised and engaged with carers as necessary where the patient had consented to this.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Feedback from patients and carers was placed onto the local risk register with actions to complete and review if necessary.

Patients and staff could meet with members of the senior leadership team to give feedback if needed. The manager and leaders engaged with external stakeholders – such as commissioners, safeguarding, police and primary healthcare providers.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes.

Innovations were taking place in the service and the occupational therapy team and the psychologists used extensive tools to monitor patient outcomes within a rehabilitation framework.

Staff used quality improvement methods and knew how to apply them.

Staff participated in local audits relevant to the service and learned from them.

Outstanding practice and areas for improvement

Outstanding practice

Cygnets Fountains had employed a paid peer support worker to work alongside patients to enable patients to share and discuss their issues with someone who has had lived experience.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure there is a suitable visitor's room available.
- The provider should ensure patients have access to suitable quiet and therapeutic spaces.