

Cygnnet Grange






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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated Cygnet Grange as Good because:

- The service provided safe care. The hospital environment was safe and clean. The hospital had enough nurses, doctors and senior multidisciplinary staff. Staff assessed 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 mental health rehabilitation hospital and in line with national guidance about best practice.
- The hospital team included or had access to the full range of specialists required to meet the needs of patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with those outside the hospital 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 involved patients and families and carers in care decisions.
- 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 hospital used a person-centred model of mental health rehabilitation that met the individual needs of patients.

However;

- Staff practice to monitor and record patients' physical health was not always good. This included not always effectively monitoring patients' physical health with the use of tools to assess and respond to clinical changes in patients. We also saw examples of staff omissions in recording the outcomes of routine physical health observations. For example; staff failing to record dates, times and signatures, records written unclearly or without necessary corrections.
- The provider's physical health audit had not identified shortfalls in the completeness and quality of recording by staff when completing the ongoing monitoring of patients' physical health.

Summary of findings

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Good 

Cygnet Grange

Services we looked at Long stay or rehabilitation mental health wards for working age adults wards

Summary of this inspection

Background to Cygnet Grange

Cygnet Grange is part of Cygnet Learning Disabilities Midlands Limited. Cygnet Learning Disabilities Midlands Limited is the registered provider. Cygnet Grange, located in Sutton in Ashfield, Nottinghamshire, provides eight rehabilitation beds for adult males with an acquired brain injury. At the time of inspection, there were eight patients, six detained under the Mental Health Act 1983 and authorisations for two patients to be subject to Deprivation of Liberty Safeguards had been made.

The hospital has two floors, communal areas and offices on the ground floor and patient bedrooms and a nursing station on the first floor. A registered manager and nominated individual were in post during this inspection.

Cygnet Grange is registered with the Care Quality Commission to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act
- treatment of disease, disorder or injury.

Patients admitted to this hospital have a diagnosis of established or suspected acquired brain injury, alcohol-related brain injury, Korsakoff's Syndrome,

Huntington's disease or early onset dementia with rehabilitation potential. Patients might be detained under the Mental Health Act, the Mental Capacity Act Deprivation of Liberty Safeguards, or admitted on an informal basis.

Patients might also present with mental health disorders, cognitive impairment, organic psychiatric disorder or organic personality change, dysphagia or other communication problems and abnormal movements or restricted mobility.

Cygnet Grange was last inspected on 21 August 2017. The service was rated GOOD overall and there were no identified Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 breaches. This inspection was part of the CQC's ongoing comprehensive mental health inspection programme.

A Mental Health Act monitoring visit occurred on 19 March 2019. When we inspected the hospital manager had not yet received written feedback from this monitoring visit.

Our inspection team

The team that inspected the service comprised three CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. The inspection was unannounced. This meant that staff did not know we were coming, to enable us to observe routine activity.

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?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited Cygnet Grange, looked at the quality of the environment and observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with two family members or carers
- spoke with the hospital manager
- spoke with six other staff members; including a doctor, nurse, occupational therapist, speech and language therapist and health care support workers
- attended and observed one multi-disciplinary hand-over meeting
- looked at four care and treatment records of patients
- carried out a specific check of the medicines management and reviewed the medicines charts of five patients
- obtained feedback from one clinical quality manager at a local clinical commissioning group and one out of area treatment manager
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us they felt safe at Cygnet Grange. They reported staff helped them to feel safe, provided them with practical help when they needed it, looked after their physical health and helped them to stay in contact with family and friends. Patients had information about the medicines they took and knew about their care plans. Patients knew how to give feedback on the service they received or raise a concern. However, one patient told us they often felt bored and activities offered by the service were of little interest to them.

Carers told us they were happy with the care and treatment provided at Cygnet Grange. They told us staff knew their relative well and met their individual needs. They found staff to be caring, responsive and polite. Carers believed staff delivered good care and, as a result,

their relatives presentation was improving. However, some carers reported that although staff involved them in planning care or discharge, there were times when they would liked to have felt more involved.

We obtained feedback from two stakeholders. One described Cygnet Grange as a professional and responsive service. They were happy with the type and quality of rehabilitation therapies provided and the way staff planned for patient discharge. They told us staff communicated well, and safeguarding practices and patient involvement was good. The other commented they had experienced communication difficulties from Cygnet Grange and from the provider. However, this was now improved under the leadership of the current hospital manager.

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?

Our rating of this service stayed the same. We rated it as good because

- The hospital environment was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible 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. Staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The hospital had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The hospital manager investigated incidents and shared lessons learned with the whole team and the wider organisation. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- Records we reviewed showed omissions in staff's recording of the results from routine physical health observations. We saw examples of staff failing to record dates, times and signatures of completion, records written unclearly or without necessary corrections.

Good



Are services effective?

Our rating of this service went down. We rated it as requires improvement because:

- Staff did not always effectively monitor patients' physical health with the use of tools to assess and respond to clinical changes in patients. This included incorrectly using the National Early Warning Score and omissions in fluid intake monitoring.

Requires improvement



Summary of this inspection

However;

- Staff assessed the mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills, and to meaningful occupation. Staff supported patients to live healthier lives.
- The hospital team included or had access to the full range of specialists required to meet the needs of patients. The hospital manager made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions about their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are services caring?

Our rating of this service stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- 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.

Good



Are services responsive?

Our rating of this service stayed the same. We rated it as good because:

Good



Summary of this inspection

- 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.
- The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The hospital met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- 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.

Are services well-led?

Our rating of this service stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- 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. They felt able to raise concerns without fear of retribution.

However;

- The provider's physical health audit had not identified shortfalls in the completeness and quality of recording by staff when completing the ongoing monitoring of patients' physical health. For example; the audit had not identified that staff did not always use the National Early Warning Sign correctly.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

The provider made Mental Health Act and Code of Practice training available to staff as part of mandatory training requirements. At the time of our inspection, 96% of eligible staff had completed the training. Staff had a good understanding of the Mental Health Act, Code of Practice and the guiding principles.

Consent to treatment and capacity requirements were adhered to. Staff attached copies of consent to treatment forms to medication charts. This ensured staff administered patients' medication under the correct legal authority. Staff requested an opinion from a second opinion appointed doctor when necessary.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The Mental Health Act administrator had a range of duties that included scrutinising detention paperwork, contacting second opinion appointed doctors and organising Section 117 aftercare meetings. Staff knew who their local Mental Health Act administrator was.

Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice. Policies and procedures reflected the most recent guidance available. Staff accessed policies online and a copy of the Code of Practice was at the hospital.

Patients had access to information about Independent Mental Health Act advocacy services. We saw posters displayed throughout the hospital. A local independent advocacy service visited the hospital weekly. Patients could self-refer or staff could make referrals on their behalf.

Staff provided information to patients in line with Section 132 of the Mental Health Act. Staff explained to patients their rights under the Mental Health Act and made this information available in accessible formats. Staff recorded in care records when this had been completed.

Staff had produced a display board to provide patients with information on the Mental Health Act in an accessible format. The display included a 'talking tile' with recorded audio information.

Staff ensured patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. Records showed that all patients had escorted or unescorted community leave. The hospital psychiatrist used a standardised system to record Section 17 leave that included clear terms and conditions to support the patient's leave. For example; the number of escorting staff.

Staff stored copies of patients' detention papers and associated records correctly and so that they were available to all staff that needed access to them. Records demonstrated medical and Mental Health Act administrator scrutiny of detention papers. This had improved since the previous CQC inspection in August 2017.

Staff developed care plans that identified Section 117 aftercare services to be provided for patients who had been subject to Section 3 or equivalent Part 3 powers authorising admission to hospital for treatment. Section 117 of the Mental Health Act states that patients detained under the Mental Health Act are entitled to funding for aftercare services to meet the needs that arise from having a mental health problem or to help prevent readmission to hospital.

The Mental Health Act administrator monitored adherence to the Mental Health Act. This included regular audits. There was evidence of learning from these audits.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider made Mental Capacity Act training available to staff as part of mandatory training requirements. At the

time of our inspection, 88% of eligible staff had completed the training. Staff had a good understanding

Detailed findings from this inspection

of the Mental Capacity Act and the five statutory principles. Staff had developed and displayed posters around the hospital to prompt them in the application of the statutory principles.

Between June and November 2018, staff made two Deprivation of Liberty Safeguards applications to protect people without capacity to make decisions about their own care. Staff monitored the progress of applications to supervisory bodies. At the time of the inspection, the local authority had assessed and authorised one of the applications.

The provider had a policy on the Mental Capacity Act that included Deprivation of Liberty Safeguards. Staff were aware of the policy and knew how to access it.

Staff knew where to get advice regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. This included accessing policy guidance, and speaking to Mental Health Act administrators, senior clinical staff in the hospital and the provider's lead professional.

Staff gave patients every possible assistance to make a specific decision for themselves before they assumed the patient lacked the mental capacity to make it. Staff ensured patients had access to information in accessible formats and communication aids to support them to make a decision for themselves.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. Staff did this on a decision-specific basis with regard to significant decisions. For example, consent to treatment or management of finances. Staff recorded mental capacity assessments on two forms; one form recorded mental capacity assessments and one recorded significant best interest decisions. The provider had changed the mental capacity assessment form to include the diagnostic test of mental capacity. This had improved since our last inspection in August 2017. Overall, mental capacity assessments were detailed, decision specific and included the patient's point of view.

When patients lacked capacity, records showed how staff made decisions in a patient's best interests, recognising the importance of the person's wishes, feelings, culture and history. Staff organised case conferences involving all professionals, advocates, families and carers to inform decisions about patient care.

The provider had arrangements in place to monitor adherence to the Mental Capacity Act. This included regular audits.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

Safety of the hospital layout

- Staff did regular risk assessments of the hospital environment. This included building and fire risk assessments, and legionella water checks.
- The layout of the hospital allowed staff to safely observe most parts of it. Communal areas were on the ground floor and staff maintained a presence here. Patient bedrooms were on the first floor with a nurse's station positioned centrally. The communal staircase had blind spots. The provider had installed convex mirrors to assist staff to manage these. Convex mirrors allow people to see what is around a corner.
- The hospital had potential ligature anchor points. Ligature points are fixtures to which people intent on self-harm might tie something to strangle them self. In September 2018 the provider completed an annual ligature risk assessment. Where ligature risks were identified, staff developed actions to manage the risk. This included staff observations and individual risk assessments. Staff kept areas of greater ligature risk locked and supervised patients when they accessed these areas. Staff had access to ligature cutters.

- The hospital accommodated only male patients. This complied with national guidance about, and expectations governing the provision of single sex accommodation.
- Staff had access to personal alarms, and a fixed-point call system was present throughout the hospital and in patients' bedrooms. During the inspection, we saw staff carrying personal alarms and responding promptly to alarm calls from around the hospital. The provider had arrangements in place to check both alarm systems.

Maintenance, cleanliness and infection control

- All areas of the hospital were clean, well-maintained and had good furnishings. The provider employed housekeeping and maintenance staff. Staff kept cleaning records for the hospital that demonstrated regular cleaning. This included clinical areas of the hospital.
- In October 2018, the local authority awarded the hospital a Food Hygiene Rating of five. A rating of five meant the service was very good.
- Staff adhered to infection control principles including handwashing. We saw posters demonstrating correct handwashing techniques located at sinks around the hospital. Hand gel dispensers were located throughout the hospital.

Seclusion room

- Cygnet Grange did not have a seclusion room. Between June and November 2018, the provider reported no incidents of seclusion. Staff reported they did not use seclusion to manage patient risks.

Clinic room and equipment

Long stay or rehabilitation mental health wards for working age adults

Good 

- Cygnet Grange had a clean and well-ordered clinic room. Staff completed clinic room checklists that demonstrated regular cleaning.
- Staff completed daily checks of clinic room and medicine fridge temperatures. The quality and effectiveness of medicines can be affected by changes in storage temperatures.
- The doctor's office provided staff with access to equipment necessary for carrying out physical health checks. Staff recorded when equipment, including weighing scales, had last been checked for accuracy.
- All staff had access to an emergency grab bag, including oxygen and an automated external defibrillator. This was located in a non-patient area on the ground floor and was accessible to all staff. Staff checked emergency equipment regularly and in accordance with local policy guidance.
- Between June and November 2018, bank staff filled 84 shifts to cover staff sickness, absence or vacancies. During the same period, agency staff filled eight shifts to cover staff sickness, absence or vacancies.
- Between June and November 2018, 21 shifts had not been filled by bank or agency staff where there was sickness, absence or vacancies. Staff did not report any negative impact of this. If required, staff could request assistance from the provider's other local sites to cover shifts not filled by bank or agency staff.
- Between December 2017 and December 2018, the provider reported an overall sickness rate of 0.5% at Cygnet Grange. This was below the provider's average of 3.5%.
- In the same period, the provider reported seven staff leavers from Cygnet Grange, giving a staff turnover rate of 26%. The provider held exit interviews with staff prior to them leaving employment. The hospital manager gave positive examples of staff leaving, including to pursue opportunities to further education.

Safe staffing

- Cygnet Grange had an established staffing analysis and minimum staffing level document in place. The provider had last updated this in February 2019.
- Staff worked two shifts to cover the 24-hour period. Staffing numbers during the day and night were the same, one qualified nurse and four health care support workers. However, an additional 'team leader' worked during the day but was supernumerary to overall staffing numbers.
- The hospital manager and members of the multidisciplinary team worked during the day Monday to Friday and were supernumerary to overall staffing numbers. The multidisciplinary team was shared between Cygnet Grange and another hospital within the same provider located within walking distance of Cygnet Grange.
- The total number of substantive whole time equivalent qualified nurses was four. The service had one whole time equivalent qualified nurse vacancies.
- The total number of substantive whole time equivalent health care support workers was 20. The hospital had one whole time equivalent health care support worker vacancy.
- The hospital held a daily morning meeting where senior and multidisciplinary staff met to discuss staffing levels. This included ensuring actual staffing levels met planned levels, and case mix to meet the needs and activity levels of patients. The hospital manager reported that, when necessary, they could call for staffing assistance from the provider's other local sites.
- When necessary, the provider deployed bank and agency nursing staff to maintain safe staffing levels. The hospital manager had access to its own, and regional bank of nursing staff. Staff attempted to fill shifts with bank staff before contacting a nurse agency. This promoted consistency of staff for patients. All agency staff received an induction prior to working on wards. Bank and agency staff were required to attend handovers at the start of a shift to familiarise themselves with the needs of individual patients.
- The provider ensured a registered nurse was always present at the hospital.
- Staff reported the hospital was rarely short staffed. Staffing levels allowed patients to have regular one-to-one time with their identified nurse, and to access escorted leave or recovery orientated activities in the community.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The provider ensured there was always enough staff to safely carry out physical interventions. This included restraints and observations.

Medical staff

- There was adequate medical cover day and night, and a doctor could attend the hospital quickly in an emergency. Cygnet Grange shared a psychiatrist and a speciality doctor with another local Cygnet location. The provider used a regional on-call system to ensure medical cover out of hours and at weekends. Staff reported doctors were very accessible in person, by email or by telephone.

Mandatory training

- The provider made mandatory training available to all staff. Mandatory training covered nine areas including infection control, safeguarding, and equality and diversity. The provider monitored completion rates and reported on them as part of key performance indicators. When we inspected, only oxygen training fell below the local target completion rate of 85%. The provider had booked untrained staff to complete oxygen training as part of intermediate life support training.

Assessing and managing risk to patients and staff

- We reviewed four care and treatment records. All demonstrated that staff completed a risk assessment of every patient on admission. Records also showed staff updated risk assessments regularly. For example; following incidents, and prior to and following periods of leave.
- Staff used recognised risk assessment tools, including the Short-Term Risk Assessment and Treatability tool. This assessment considered several risk categories, including violence, self-harm, substance misuse, self-neglect and vulnerability. Staff also completed a daily risk assessment of each patient, which included the patient's observation level.

Management of patient risk

- Staff were aware of and dealt with any specific risk issues, such as falls or choking risks. Staff assessed patients' mobility and risk of choking as part of a

physical health assessment on admission. Where risks were identified, staff developed and shared management plans to reduce the risk of incidents occurring.

- Staff identified and responded to changing risks to, or posed by, patients. Staff did this through observations and their knowledge of patients. Staff escalated concerns to senior staff. Senior and multidisciplinary staff discussed and reviewed patients' risk at the daily meeting and during multidisciplinary team meetings.
- The provider had an engagement and observation policy and procedure to guide staff practice. The provider included observation and engagement training as part of local induction practices.
- Staff followed the provider's policy and procedure guidance when completing observations. Records always identified a member of staff responsible for completing patient observations. Staff could increase an observation level in response to changing risks to, or posed by, a patient. An observation level could only be reduced following discussion and the agreement of senior and multidisciplinary staff.
- The provider had a policy to guide staff practice when searching patients or a patient's property. Staff individually assessed the need to search patients and recorded this in care plans.
- Staff applied blanket restrictions on patients' freedom only when justified. Blanket restrictions are the restriction on the freedoms of patients receiving mental healthcare that apply to everyone rather than being based on individual risk assessments. The hospital had a reducing restrictive practice plan in place. The plan described the restriction, detailed why the restriction was required, and identified actions being taken to reduce the restriction. When we inspected, the hospital had four blanket restrictions in place. We saw these restrictions were justified to protect the health and safety of patients. The provider had a reducing restrictive practice policy in place and staff regularly reviewed the reducing restrictive practice plan.
- The hospital allowed patients to smoke in an allocated area of the garden. Staff encouraged patients to access community smoking cessation support.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The hospital was a locked door service and the provider detailed this in its reducing restrictive practice plan. The provider had information available to inform any informal patients of their rights to leave the ward. When we inspected, all patients at Cygnet Grange were detained under the Mental Health Act or authorisations to be subject to Deprivation of Liberty Safeguards had been made.

Use of restrictive interventions

- Between June and November 2018, the provider reported no incidents of seclusion or long-term segregation at Cygnet Grange. This was the same as the previous CQC inspection in August 2017.
- Between June and November 2018, the provider reported 47 incidents of restraint at Cygnet Grange. These incidents related to the care and treatment of five patients. No incidents of restraint were in the prone (facedown) position. Compared with the previous CQC inspection in August 2017, overall incidents of restraint were greater at this inspection and the incidents of restraint in a prone position were the same.
- Between June and November 2018, the provider reported no incidents of rapid tranquilisation at Cygnet Grange. This was the same as the previous CQC inspection in August 2017. The provider had a rapid tranquilisation policy and procedure available to guide staff practice.
- The provider included training in de-escalation and restraint techniques as part of prevention and management of violence and aggression training for staff. Staff reported that restraint was rarely used, and only as a last resort after de-escalation techniques had failed. The provider had a prevention and management of violence and aggression policy in place to guide staff practice. This included guidance on de-escalation techniques. We saw that patients had positive behavioural support and as required medicine plans in place. These directed staff in the use of least restrictive interventions before escalating to the use of restraint or as required medicine.
- Staff we spoke with demonstrated an awareness of the definition of restraint, as outlined in the Mental Capacity Act.

Safeguarding

- The provider made safeguarding training available to staff and reported a completion rate of 91%. Staff completed training to levels two or three in the safeguarding of children and adults. Safeguarding was included as an agenda item in staff supervision sessions.
- Between March 2018 and March 2019, staff had raised no safeguarding information with CQC. However, staff had raised three concerns locally. These concerns had been investigated by the hospital manager and discussed with multidisciplinary staff. The concerns had not met the threshold for referral to the local multi-agency safeguarding hub. This action was in accordance with the provider's local safeguarding procedure and guidance from the local safeguarding board. These concerns did not require staff to notify CQC.
- During the inspection, staff raised a concern about the neglect of a patient as a result of medicines mismanagement. The hospital raised the concern to the local safeguarding board. The safeguarding board did not escalate the concern, reporting they were satisfied with actions of Cygnet Grange staff to manage the concern and safeguard the patient.
- Staff described how they protected patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. This included providing accessible information about people with protected characteristics. For example; sexual orientation, ethnicity and religion. Staff received training in equality and diversity, and there was policy to guide staff practice.
- Staff knew how to identify adults and children at risk of or suffering significant harm. Staff accessed the safeguarding lead and policy for guidance. Commissioners of the service reported that hospital staff contacted them and had open discussions about patient safeguarding concerns.
- The provider had safe procedures for children that visited the hospital. Staff risk assessed, and whenever possible, assisted patients to access visits with their own children in the community or at their own family home.
- The registered manager acted as the designated safeguarding lead for Cygnet Grange. This was in line with the provider's safeguarding policy. The role

Long stay or rehabilitation mental health wards for working age adults

Good 

included the management of safeguarding concerns, identifying safeguarding training needs and organising training, and referring cases of suspected abuse to the local safeguarding board.

Staff access to essential information

- Staff used a combination of electronic and paper records that acted as the patient's care and treatment record. Staff accessed patient care plans, daily risk assessments and continuing care records electronically. Risk assessments, incident reports and additional assessments were included as part of the paper record. Staff kept a record of safeguarding concerns in individual patient safeguarding files.
- Staff kept physical health folders for each patient. This included monthly physical health monitoring and a record of appointments with other physical health professionals. Three of the four records we reviewed showed omissions in staff's recording of the results from routine physical health observations. We saw examples of staff failing to record dates, times and signatures of completion, records written unclearly or without necessary corrections. However, not all the provider's physical health forms and the provider's physical healthcare policy required staff to record completion signatures as part of routine physical observation records. In addition to this, the registered manager reported that staff repeated physical observations during a monthly Well-Man's clinic and recorded these in the clinic's dedicated file. The provider assured us that staff omissions in recording physical observations had resulted in no harm to patients at the hospital.
- Staff stored paper records securely in locked offices and accessed electronic notes with individual passwords.

Medicines management

- The provider had established medicines management practices in relation to medicines reconciliation, ordering, delivery and checking medicines. The provider made medicines management policies available to staff, these included guidance from the National Institute of Health and Care Excellence. Staff had access to a current

British National Formulary when prescribing medicines. The provider had a contract in place for the collection of clinical waste.

- During the inspection, we reviewed five medicine charts. We found all medicine charts were in good order, contained a complete record of medicine administration, and recorded patient allergies or administration risks, for example; choking.
- The provider required staff who administered medicines to complete an annual competency assessment and a medicines management training module. The provider had systems in place to manage medicine administration errors. When an error was identified, it was reported as an incident and the qualified nurse responsible was required to complete a reflective account, an additional competency assessment and supervision support.
- The provider had a four-stage programme of medicine self-administration available to patients. The multidisciplinary team assessed a patient's suitability and safety to self-administer medicines prior to commencing the programme. Where required, medicine charts were accompanied by medicine self-administration paperwork that stated the patient's stage of in the programme and the necessary staff checks to ensure the patient remained safe to self-administer medicine. At the time of the inspection, two patients were participating in the medicines self-administration programme.
- All pharmacy requirements, including medicine supplies, were provided by an external pharmacy company. An identified pharmacist visited Cygnet Grange weekly to audit medicine administration charts and medicines management practices. Reviews included administration omissions, medicine self-administration practices, and storage of drugs liable for misuse. Following a visit, the pharmacist submitted a report of outstanding actions to the hospital manager, who then circulated it to staff. Staff recorded when they had completed actions identified from the pharmacist's audit.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance. This included blood tests, electrocardiograms and multidisciplinary team reviews. At the time of our inspection, no patients required high-dose antipsychotic monitoring.

Long stay or rehabilitation mental health wards for working age adults

Good 

Track record on safety

- Between June and November 2018, the provider reported no serious incidents had occurred at Cygnet Grange.

Reporting incidents and learning from when things go wrong

- Staff knew what events to report as an incident. Staff used an incident reporting form to report incidents, recorded details of the incident in patients' care records and, where necessary, updated risk assessments. Staff had access to policy guidance in the reporting and management of incidents.
- Staff reported all incidents that they should report. Staff maintained a record of all incidents at the hospital, including actions taken as a result of the incident.
- Between October 2018 and March 2019, staff reported 136 incidents. Categories of incidents reported included accidental injuries, medication errors, risks to security, abuse and violence.
- Staff were open and transparent and explained to patients when something went wrong. The provider had a Duty of Candour policy to guide staff practice. Staff gave examples of speaking to patients and carers when things went wrong. This included an explanation of the incident and a written apology.
- Staff received feedback from investigation of incidents, both internal and external to the service. Staff reported this occurred at handovers and staff meetings. Minutes from two recent staff meetings demonstrated staff met to discuss feedback and learning from the investigation of incidents.
- Senior and multidisciplinary staff met to discuss all newly reported incidents at the daily morning meeting. Senior staff discussed incidents and reported on all serious untoward incident investigations at monthly governance meetings.
- We saw evidence of changes at Cygnet Grange that had occurred as a result of feedback and learning from incidents. For example, changes to prevent the reoccurrence of absences without authorised leave. Between January and March 2019, there had been one incident of an absence without authorised leave from the hospital.

- Staff reported they participated in debrief and received support following a serious incident. Staff experience of debriefs included reflection of what went well, what could have gone better, and what had been learnt. Senior staff often led staff debriefs. The provider offered confidential counselling to staff as part of its employee assistance programme. This was free to access and operated every day of the year.
- Staff met with patients to offer debrief and support following incidents. For example, when a patient failed to return to the hospital after a period of authorised leave. Staff used community meetings to share lessons learned with patients.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- We reviewed four care and treatment records. All demonstrated that staff completed a comprehensive assessment of each patient during an initial assessment period. Areas of assessment included mental health history, medical history (including brain injury), social needs and substance misuse.
- Records demonstrated staff completed a full physical health examination of the patient on admission. Staff also provided ongoing monitoring of physical health needs, including monthly weight, blood pressure and pulse observations. However, we saw that sometimes there were gaps in staff's recording of physical observations.
- Staff also used the National Early Warning Score with patients. The National Early Warning Score is a tool to improve the detection and response to clinical deterioration in adults. The provider's physical healthcare policy stated that the National Early Warning Score should only be used with patients that presented as physically unwell. However, during the inspection we found that in addition to physically unwell patients, staff also used the National Early Warning Score to record routine physical observations. As a result, when making

Long stay or rehabilitation mental health wards for working age adults

Good 

routine physical observations, staff had not always completed all the necessary checks prompted by the National Early Warning Score and did not always make total a score from the checks they did make. This meant staff did not always use the National Early Warning Score effectively or in accordance with the providers policy guidance.

- On receipt of verbal feedback from this inspection the hospital manager developed an action plan to address identified concerns about physical health monitoring. The provider went on to inform CQC that they had audited all physical healthcare files at the hospital and resolved concerns raised from initial inspection feedback.
- Care plans were present in all the care and treatment records we reviewed. Care plans addressed the individual needs of patients, covered a full range of needs and were formulated using assessments and outcomes measures. For example; we saw one care plan with individualised actions to help a patient manage a low mood presentation. Additional care plans provided staff with guidance on the use of as required medicines and de-escalation techniques to manage aggression or agitation. We saw evidence of patient involvement, carer involvement, and a focus on recovery.
- Staff updated care plans when necessary. This included at multidisciplinary team meetings and during one to one meetings with patients.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group, which included psychological therapies. Patients had access to therapies that included psychological approaches to cognitive impairment. The provider was increasing psychology provision at Cygnet Grange and, at stakeholder's request, this was to include provision specific to patients with neuropsychiatric presentations. The hospital's multidisciplinary team of staff provided patients with suitable interventions for rehabilitation needs. The provider used National Institute for Health and Care Excellence recommendations in its policy and procedure guidance for staff.
- The hospital manager described the model of rehabilitative care provided by staff at Cygnet Grange as person-centred and flexible. Staff assessed a patient's

needs and implemented the best model of care to meet those needs. For example; new patients to the hospital often required high dependency interventions to include basic memory and recognition rehabilitation. One clinical quality manager at a local clinical commissioning group told us they believed Cygnet Grange offered good quality therapies that met the rehabilitation needs of patients.

- Staff ensured patients had access to activities seven days a week. Staff assessed patients' ability and risk to undertake an activity using recognised tools. Activities included daily living skills, cognitive skills, road safety and community engagement. Staff developed an individualised programme of activities with patients. However, one patient told us they often felt bored and activities offered by the service were of little interest to them.
- Staff ensured that patients had access to physical healthcare, including access to specialists when needed. Records showed staff made a physical examination of patients on admission and provided ongoing physical health care, including an annual health improvement plan. Patients told us they were happy with the physical healthcare they received. During the inspection we saw staff working effectively with specialists from other services to manage a patient's physical health and prevent harm occurring to patients.
- All patients were registered with a local general practitioner surgery and dentist. Staff maintained a record of appointments for patients' physical health, this included a record of when patients declined appointments or check-ups.
- Staff assessed and met patients' needs for food and drink, including meeting needs for specialist nutrition and hydration. We saw that one patient was subject to fluid intake monitoring from staff. However, records showed that staff sometimes failed to maintain a running total of fluid intake to indicate when a daily total was near or exceeded. We saw staff had mitigated this risk with regular monitoring of blood test results and communication with an identified specialist.
- Staff supported patients to live healthier lives. This included accessing community smoking cessation support, substance misuse services, a gym and

Long stay or rehabilitation mental health wards for working age adults

Good 

community activities. We saw posters displayed around the hospital promoting the Well-Man's clinic and examples of accessible information leaflets specific to men's health issues. Staff had developed an engaging and accessible healthy eating information board and displayed it in the dining room. A carer told us that staff supported their relative to live healthily.

- Staff used recognised rating scales to assess and record severity and outcomes for patients with an acquired brain injury. Staff used Health of the Nation Outcome Scales for Acquired Brain Injury to record and review a patient's progress. Other rating scales seen included the Functional Independence Measure and Functional Assessment Measure, Mayo-Portland Adaptability, and the Rehabilitation Complexity Scale.
- Staff had access to information technology that assisted them to support patients effectively. For example, the provider's intranet gave staff access to policies and procedures to guide their practice.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives. The provider had a structured programme of clinical audit and Cygnet Grange was required to participate in this. Audits included infection control, health and safety, safeguarding, and information governance. When audits identified shortfalls in practice, staff developed action plans and monitored these to ensure practice improved. Cygnet Grange benchmarked its performance against the provider's other services locally. Staff met to discuss the outcome of audits at clinical governance meetings.

Skilled staff to deliver care

- In addition to qualified nurses and health care support workers, the hospital had a multidisciplinary staff team to meet the needs of patients. This included a consultant psychiatrist, a speciality doctor, an occupational therapist, a psychologist, a speech and language therapist and therapy coordinators. The provider supported multidisciplinary staff to meet continuing professional development and professional registration requirements.
- Additional community or visiting professionals contributed to the multidisciplinary team. This included a general practitioner, pharmacist, dentist, optician, chiropodist, physiotherapist and dietician.

- Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. The provider had a recruitment, selection, and appointment policy and procedure to support managers in recruitment processes. The hospital stored staff records securely and only authorised staff had access to them. Records showed the provider regularly checked staff's professional registration and Disclosure and Barring status.
- Managers provided new staff with an appropriate induction. Induction used the Care Certificate standards as a benchmark for healthcare support workers. All new staff were subject to a six-month probationary period. Supervising staff reviewed progress monthly and, after six months, formally assessed the staff member's conduct against agreed performance criteria.
- Managers ensured staff had access to regular staff meetings. Records showed that meetings followed an agenda, were recorded and copies were available for staff to view. The hospital manager circulated a record of staff meetings to all staff by email. We saw that meetings included discussions about supervision, training, staff morale and lessons learnt.
- The service provided staff with supervision. Supervision is a meeting between staff to discuss, reflect on and learn from practice, personal support and professional development. At November 2018, the provider reported a clinical supervision rate of 100% for non-medical staff. Staff recorded, signed and shared copies of supervision discussions with each individual staff member.
- The hospital manager provided staff with annual appraisals of their work performance. Appraisals included discussion about continued professional and career development. At the time of our inspection, the hospital manager reported that 92% of non-medical staff had received an appraisal.
- Managers discussed learning needs with staff during supervision and appraisals. The hospital manager was working with the provider's learning and development lead to identify a comprehensive programme of training specific to the needs of staff working with patients with an acquired brain injury.
- The hospital manager assisted staff to identify their learning needs and provided them with opportunities to develop their skills and knowledge. This included the

Long stay or rehabilitation mental health wards for working age adults

Good 

necessary specialist training for their roles. Staff provided examples of access to dysphagia (swallowing problems) and courses specific to their professional background. Senior staff at Cygnet Grange delivered a package of workshops designed to support staff working with patients with an acquired brain injury.

- Managers initially addressed poor staff performance during probation reviews or supervision. Policy guidance and the provider's human resources department supported managers to escalate and manage concerns. Between December 2017 and December 2018, the provider reported no staff suspensions at Cygnet Grange.
- At the time of the inspection, the hospital had one volunteer in the position of an honorary assistant psychologist. They contributed one day a week. The hospital manager explained that volunteers were subject to the same recruitment, induction and training requirements as substantive staff.

Multi-disciplinary and inter-agency team work

- The provider had systems in place to ensure effective working relationships between all multidisciplinary staff employed at the hospital.
- Hospital staff held handover meetings at changes of shift throughout the day. Staff used a handover book to ensure essential information about patients' care and treatment was always shared. This included details of current risk, observation levels, and incidents. We saw that the handover book contained a complete record of all the information shared between staff at these meetings.
- Senior and multidisciplinary team staff attended daily morning meetings at 10.00am. Staff discussed staffing levels, incidents, patient risk levels, patient observation levels, and patient community leave. We observed one morning meeting, during which staff also discussed a safeguarding incident from the previous day.
- In addition to daily morning meetings, staff held a fortnightly multidisciplinary team meeting. During the meeting, staff discussed and reviewed the care and treatment of four patients. This meant that patients had a formal review of their care and treatment once every

four weeks. Patients could also meet with members of their multidisciplinary team outside of the fortnightly meeting. We did not observe a multidisciplinary team meeting during our inspection.

- Staff described good working relationships with teams outside of the organisation. This included the general practitioner service, commissioners, and local voluntary services. One stakeholder told us they had experienced communication difficulties from Cygnet Grange and from the provider. However, this was now improved under the leadership of the hospital manager.

Adherence to the Mental Health Act and the Mental Health Code of Practice

- The provider made Mental Health Act and Code of Practice training available to staff as part of mandatory training requirements. At the time of our inspection, 96% of eligible staff had completed the training. Staff had a good understanding of the Mental Health Act, Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements were adhered to. Staff attached copies of consent to treatment forms to medication charts. This ensured staff administered patients' medication under the correct legal authority. Staff requested an opinion from a second opinion appointed doctor when necessary.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The Mental Health Act administrator had a range of duties that included scrutinising detention paperwork, contacting second opinion appointed doctors and organising Section 117 aftercare meetings. Staff knew who their local Mental Health Act administrator was
- Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice. Policies and procedures reflected the most recent guidance available. Staff accessed policies online and a copy of the Code of Practice was at the hospital.
- Patients had access to information about Independent Mental Health Act advocacy services, we saw posters displayed throughout the hospital. A local independent advocacy service visited the hospital weekly. Patients could self-refer or staff could make referrals on their behalf.

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Good 

- Staff provided information to patients in line with Section 132 of the Mental Health Act. Staff explained to patients' their rights under the Mental Health Act and made information in accessible formats available. Staff recorded in care records when this had been completed.
- Staff had produced a display board to provide patients with information on the Mental Health Act in an accessible format. The display included a talking tile with recorded audio information. Talking tiles are an alternative to written communication, they allow speech to be recorded and played back on the press of the tile.
- Staff ensured patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. Records showed that all patients had escorted or unescorted community leave. The hospital psychiatrist used a standardised system to record Section 17 leave that included clear terms and conditions to support the patient's leave. For example; the number of escorting staff.
- Staff stored copies of patients' detention papers and associated records correctly and so that they were available to all staff that needed access to them. Records demonstrated medical and Mental Health Act administrator scrutiny of detention papers. This had improved since the previous CQC inspection in August 2017.
- Staff developed care plans that identified Section 117 aftercare services to be provided for patients who had been subject to Section 3 or equivalent Part 3 powers authorising admission to hospital for treatment. Section 117 of the Mental Health Act states that patients detained under the Mental Health Act are entitled to funding for aftercare services to meet the needs that arise from having a mental health problem or to help prevent readmission to hospital.
- The Mental Health Act administrator monitored adherence to the Mental Health Act. This included regular audits. There was evidence of learning from these audits.
- The provider made Mental Capacity Act training available to staff as part of mandatory training requirements. At the time of our inspection, 88% of eligible staff had completed the training.
- Staff had a good understanding of the Mental Capacity Act and the five statutory principles. Staff had developed and displayed posters around the hospital to prompt them in the application of the statutory principles.
- Between June and November 2018, staff made two Deprivation of Liberty Safeguards applications to protect people without capacity to make decisions about their own care. Staff monitored the progress of applications to supervisory bodies. At the time of the inspection, the local authority had assessed and authorised one of the applications.
- The provider had a policy on the Mental Capacity Act that included Deprivation of Liberty Safeguards. Staff were aware of the policy and knew how to access it.
- Staff knew where to get advice regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. This included accessing policy guidance, and speaking to Mental Health Act administrators, senior clinical staff in the hospital and the provider's lead professional.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed the patient lacked the mental capacity to make it. Staff ensured patients had access to information in accessible formats and communication aids to support them to make a decision for themselves.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. Staff did this on a decision-specific basis with regard to significant decisions. For example, consent to treatment or management of finances.

- Staff recorded mental capacity assessments on two forms; one form recorded mental capacity assessments and one recorded significant best interest decisions. The provider had changed the mental capacity assessment form to include the diagnostic test of mental capacity. This had improved since our last inspection in August 2017. Overall, mental capacity assessments were detailed, decision specific and included the patient's point of view.

Good practice in applying the Mental Capacity Act

Long stay or rehabilitation mental health wards for working age adults

Good 

- When patients lacked capacity, records showed how staff made decisions in a patient's best interests, recognising the importance of the person's wishes, feelings, culture and history. Staff organised case conferences involving all professionals, advocates, families and carers to inform decisions about patient care.
- The provider had arrangements in place to monitor adherence to the Mental Capacity Act. This included regular audits.

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

Good 

Kindness, privacy, dignity, respect, compassion and support

- During the inspection, we observed a range of interactions between staff and patients. All interactions showed staff were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. Interactions were warm and showed that staff knew patients well. We saw staff offering patients choice, promoting independence and working with patients as partners. Patients and carers told us that staff were caring, respectful and polite. Carers believed staff took the time to get to know patients.
- Staff directed patients to other services when appropriate and, if required, supported them to access those services. Staff promoted access to community and mainstream services to promote patient independence and recovery. Staff supported patients to access community services with travel training or with the hospital's minibus.
- Patients said staff treated them well and behaved appropriately towards them. This included assisting patients to do their own laundry and clean their bedrooms. Patients said staff respected their privacy and always knocked before entering their bedrooms.
- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. The speech and language therapist assessed patients and advised staff on the best communication methods to meet that patient's needs. Information from carers confirmed to us that staff understood and supported patients with their personal needs.
- The provider had processes in place to allow staff to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes from staff towards patients without fear of the consequences. This included supervision arrangements, staff meetings, and an established whistleblowing process.
- Staff maintained the confidentiality of information about patients. This included maintaining care and treatment records securely. Staff told us they spoke with patients to know how and with whom patients would like their information shared.

Involvement in care

- Staff used the admission process to inform and orient patients to the hospital and the service. This included inviting patients and their carers to visit the hospital before a planned admission, and providing an information booklet with details about the hospital, produced in an accessible format. Staff involved existing patients at the hospital by inviting them to buddy and show new patients around the hospital.
- Records demonstrated how staff involved patients in care planning and risk assessment. This included sharing care plans and assisting patients to participate in their multidisciplinary reviews. To promote participation in care, staff communicated with patients in accessible formats and asked about individual hobbies and interests. Patients we spoke with knew about their medicines and told us that staff involved them in the development of care plans.
- Staff found effective ways to communicate with patients who experienced communication difficulties. The speech and language therapist developed communication plans with patients, these guided staff on effective ways to communicate. This included the use of picture exchange communication systems, such as 'symbol keyrings' and we saw staff used the Abbey Pain Scale, a tool to assess pain experienced by patients who are unable to clearly communicate their needs.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The hospital manager was, when appropriate, acting to involve patients in decisions about the service. This included appointing a patient representative to staff recruitment panels. The hospital manager had also arranged for the provider's expert by experience to visit the hospital to assist in establishing a People's Council. The provider had established People's Councils at many of its locations. The People's Council's aims included providing feedback from 'ward to board', coming up with innovative projects and ideas, and shaping the vision, values and direction of the organisation.
- Staff enabled patients to give feedback on the service they received. This included through weekly community meetings, an annual patient survey, and an accessible suggestion box. Staff gave patients feedback on issues raised at community meetings and displayed accessible minutes from the meeting.
- Staff had recently started to assist patients to make advance statements. Advance statements set out a patient's preferences, wishes, beliefs and values regarding their future care. Staff could describe how they worked with patients to make advance statement and we saw evidence of them in care and treatment records.
- Staff ensured patients could access advocacy. An advocacy service visited the hospital once a week to work with patients. Staff displayed information about the advocacy service in accessible formats around the hospital. The hospital manager reported they were working with the advocacy service to change the day the service visited. This would allow an advocate to be present for the hospital's weekly community meeting and to assist patients to prepare for their multidisciplinary team reviews.

Involvement of families and carers

- Staff informed and involved families and carers appropriately. Staff told us that, with the permission of patients, they shared information with families and carers, and invited them to care and treatment planning meetings. The carers we spoke with were overwhelmingly positive about staff at the hospital and the care they provided. They reported staff were

available to them on the telephone or when they visited. However, in some areas, carers felt they would like greater involvement. For example, greater involvement in planning care or discharge.

- Staff enabled families and carers to give feedback on the service they received. The provider asked carers for their feedback through an annual survey. The hospital manager reported poor carer engagement with the last annual survey and was actively working to improve this. For example; by organising carer events.
- The hospital manager had recently established links with a charitable organisation for patients with a brain injury. They hoped to access the organisation's carers events as an additional support mechanism for the family and carers of patients at Cygnet Grange.
- Staff provided carers with information about how to access a carer's assessment.

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

Bed management

- The provider's website had clear information on bed availability and how to make a referral. Clinical Commissioning Groups from England and Wales fund patient placements at Cygnet Grange. The provider had a central online referral team who processed referrals.
- The provider had a clear referral process. Staff from the provider's assessment team aimed to complete an assessment of the referred patient within five working days. If assessed as suitable for admission to Cygnet Grange, staff from the hospital worked with the patient prior to being admitted. For example; pre-admission orientation visits to the hospital. Prior to the admission of a new patient, staff deep cleaned and redecorated bedrooms and provided a new mattress for each bedroom.

Long stay or rehabilitation mental health wards for working age adults

Good 

- At the time of inspection, the hospital had no bed vacancies and no patients waiting to be admitted to the hospital. The average bed occupancy in the six months prior to inspection was 94%. When patients went on leave, they always returned to their own bed.
- The average length of stay of patients discharged in the 12 months prior to inspection was 582 days. Multidisciplinary staff and commissioners discussed an estimated length of stay as part of the referral and admission process.
- Staff planned admissions and discharges at an appropriate time of day and this was never at night.
- The provider had processes in place to ensure that, if needed, patients had access to a bed in a psychiatric intensive care hospital. In the event of a patient needing more intensive care, staff contacted the commissioner responsible for that patient to arrange transfer to a psychiatric intensive care hospital.
- Patients' bedrooms supported their comfort, privacy and dignity. Patients had their own bedrooms and did not have to sleep in bed bays or dormitories. Bedrooms had an ensuite shower and toilet. Patients could personalise their bedrooms with belongings and bedrooms were large enough for additional items of furniture.
- Patients had access to their bedrooms during the day. Following a risk assessment from staff, some patients had their own bedroom keys.
- Patients had somewhere secure to store their possessions. Bedrooms included lockable drawers and pin-code safes. Patients told us their possessions were safe and nothing went missing.
- Staff and patients had access to a range of rooms and equipment to support treatment and care. This included a doctor's room with an examination couch, lounge, dining room, therapy kitchen, laundry and therapy room. The lounge had a pool table that patients could use with staff supervision. Patients accessed their bedrooms when they wanted quiet time away from communal areas. Staff made the hospital's meeting room available to patients for visits from family members or carers.
- Following a risk assessment from staff, some patients had their own mobile phone. Patients without their own phone could make calls in private using the hospital's mobile phone. Carers confirmed patients had their own mobile phones and were able to speak in private.
- Patients had access to outside space. The hospital garden was well maintained and secured by fencing. The provider had installed bonded rubber safety surfaces to reduce the impact of patient falls. Staff had created three separate areas to promote relaxation, gardening activity and physical activity.
- The occupational therapist made twice yearly audits of the hospital environment to ensure the premises met the recovery needs of patients. The audit included colour contract, flooring, lighting, and the presence to sensory stimuli to distract patients and reduce the need for restrictive practices.
- Patients told us they were happy with the quality of food provided by the hospital. Staff displayed menus in easy read formats. One patient found food choices limited,

Discharge and transfers of care

- Discharge was never delayed for other than clinical reasons. Between January 2016 and November 2018, the provider reported one delayed discharge from Cygnet Grange. This attributed to difficulty identifying and allocating a patient to an NHS responsible clinician in the community.
- Staff planned for patients' discharge. This commenced at admission and included regular Care Programme Approach meetings. The Care Programme Approach is a way of planning mental health care to identify what support a patient will get and who will provide it. Staff developed visual discharge plans with patients. Visual discharge plans helped patients track their progress during admission. Multidisciplinary staff worked with patients to develop strategies to help the patient manage their behaviours during the discharge process.
- Staff supported patients during referrals and transfers between services. Staff developed hospital passports with patients at Cygnet Grange. Hospital passports provide staff in other services with helpful information about a patient. For example; health needs, personal likes and dislikes, and preferred methods of communication.

The facilities promote recovery, comfort, dignity and confidentiality

Long stay or rehabilitation mental health wards for working age adults

Good 

but did participate in a shop and cook activity. Shop and cook allowed patients to purchase and prepare food of their own choice. Staff joined patients at mealtimes. During a lunchtime we saw staff of all disciplines supporting patients with food choices and ensuring patients consumed food safely.

- Patients could access hot drinks and access snacks 24 hours a day. Following a risk assessment, some patients had independent access to the therapy kitchen for drinks and snacks. Patients at greater risk asked staff to access this for them.

Patients' engagement with the wider community

- The provider ensured patients had access to education and work opportunities. A tutor visited the hospital to provide maths, English and drama courses to patients. There was a programme of therapeutic earnings as part of the rehabilitation programme at the hospital. This allowed patients to develop skills and earn a small amount of money for the tasks they participated in. For example; cleaning the therapy kitchen. Staff also provided us with examples of patients accessing voluntary and employment opportunities in the community.
- Staff monitored and recorded patients' engagement with meaningful activities. The minimum requirement was 25 hours each week. Records from the previous week showed that 88% of patients had achieved this minimum.
- The hospital had a programme of travel training available to patients. The hospital's occupational therapist risk assessed patients' road safety prior to accessing travel training. Staff had accessed bus passes for all patients to promote access to public transport and independence. The hospital had a minibus and staff registered as drivers to take patients out on leave or to community based activities.
- Staff supported patients to maintain contact with their families and carers. Staff encouraged and supported patients to visit family and carers in the community. Staff invited family members and carers to participate in reviews of patients' care and treatment. Carers told us that staff assisted patients, who were parents, to buy gifts for their children at special occasions including Christmas.

- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. Staff provided us with examples of patients organising community trips together, visiting their own friends in the community, and being involved in community groups. Staff identified local community events for patients to participate in.

Meeting the needs of all people who use the service

- The hospital was accessible to all patients who needed it and took account of individual needs. Adjustments for disabled patients included a lift and an accessible bathroom. Staff worked with patients to meet specific communication needs.
- Staff ensured patients had access to a range of information, including information on treatments, local services, patients' rights, and how to complain. Staff made this information available in accessible formats for patients with communication needs. For example; symbols, easy read and talking tiles. The hospital's speech and language therapist promoted a total communication approach to care and treatment at Cygnet Grange. This approach makes use of the skills the patient still has, for example; non-verbal communication. Staff regularly audited this approach with consistently positive outcomes. We saw staff carried 'symbol keyrings' with them to promote communication and understanding with patients at all times.
- All information on display at the hospital was in English, but staff told us how they could get information translated into other languages when needed. At the time of our inspection, there were no patients without English as their first language.
- The provider had arrangements in place to ensure staff and patients had easy access to interpreters and/or signers.
- Staff could provide patients with a choice of food to meet the dietary needs of individual religious or cultural requirements.
- Staff ensured patients had access to appropriate spiritual support. This included assisting patients to

Long stay or rehabilitation mental health wards for working age adults

Good 

access services in the community. The hospital also had resources to support multi-faith worship. The provider had an account with an online shop that could provide and deliver additional resources at short notice.

- Staff worked with patients to understand and promote the needs of people from different communities, including those with protected characteristics under the Equality Act 2010. For example, we saw a notice board in a communal area with information for patients about lesbian, gay, bisexual and transgender organisations and support.

Listening to and learning from concerns and complaints

- Between December 2017 and November 2018, the hospital received one complaint. The provider did not uphold this complaint and it was not referred to the Ombudsman.
- The patients we spoke with knew how to complain or raise a concern. Patients felt able to raise concerns directly to the hospital manager. Staff displayed information in accessible formats explaining to patients how to complain or raise a concern. The hospital manager had recently introduced monthly drop-in sessions that allowed patients to raise concerns directly with senior staff at the hospital. The hospital manager hoped this would simplify the process and increase accessibility for patients with communication barriers to complain or raise a concern.
- Staff knew how to handle complaints appropriately. The provider had a complaints policy to guide staff practice.
- Staff protected patients who raised concerns or complaints from discrimination and harassment. The hospital manager maintained the confidentiality of the complainant when undertaking complaints investigations.
- The hospital manager fed back outcomes from the investigation of complaints to staff as part of staff meetings. Records from recent complaints demonstrated that staff acted on these findings. For example, organising training where short falls in communication had been identified. Senior staff discussed complaints and the outcome of investigations at monthly governance meetings.

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

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. The hospital manager had been in post since September 2018. The hospital manager was an experienced registered learning disability nurse with extensive managerial experience. Staff spoke positively about the hospital manager, describing them as approachable, supportive and a good listener.
- The hospital manager had a good understanding of the service they managed. They explained how a culture of learning and feedback contributed to delivering and improving the quality of care and treatment at Cygnet Grange. We saw the hospital manager had acted on feedback from a recent CQC Mental Health Act monitoring visit to improve patient care.
- We saw the hospital manager and senior multidisciplinary staff were visible in the service and approachable for patients and other staff. The provider's regional operations manager visited the hospital regularly and was also available to patients and staff.
- The provider made leadership development opportunities available to staff. This included visionary leaders training for hospital managers and leadership apprenticeships for senior clinical staff.

Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. All staff had access to an intranet that included videos of staff speaking about the organisation's core values and what this meant to them.
- The provider's senior leadership team had successfully communicated the provider's vision and values to frontline staff in this service. The provider's values were displayed to staff when they accessed the intranet. Similar information was available to patients, family

Long stay or rehabilitation mental health wards for working age adults

Good 

members, carers and other professionals on the provider's main website. The provider also used structures for staff recruitment, supervision and appraisal to communicate its vision and values.

- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- The hospital manager could explain how they were working to deliver high quality care within the budgets available. The hospital manager regularly met with the provider's accountants to monitor hospital budgets.

Culture

- All staff we spoke with felt respected, supported and valued. Staff told us they enjoyed working at Cygnet Grange.
- Staff felt positive and proud about working for the provider and their team. This was demonstrated in the providers most recent survey of staff at Cygnet Grange. Respondents provided positive feedback, particularly with regards to job satisfaction and identifying Cygnet Grange as a good place to work.
- The provider had a whistleblowing process in place. Staff knew how to use the process and felt able to do so without fear of retribution.
- Managers dealt with poor staff performance when needed. The provider supported this with policy guidance and the involvement of human resources staff.
- Staff believed the hospital team worked well together. The hospital manager described effective working relationships between senior and multidisciplinary team staff. The provider encouraged staff teams from different hospital locations to work together and support each other to provide good patient care.
- Staff appraisals included conversations about career development and how it could be supported.
- Staff completed equality, diversity and disability training as part of mandatory training requirements. When we inspected, 94% of staff had completed this training. Staff made an equality and diversity impact assessment on all policies and procedures introduced at the hospital. Equality and diversity impact assessments help organisations to make sure they do not discriminate or disadvantage people.

- At the time of our inspection the service's sickness level was 0.5% which was below the provider's average of 3.5%.
- The provider had a health management programme that provided staff with support for their own physical and emotional health needs. This included a counselling helpline and vaccinations.
- The provider had an awards programme that recognised the success of teams and individual staff members.

Governance

- The provider had established clinical governance processes in place. This included a clear framework of what staff at all levels of the organisation must discuss to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. We saw this demonstrated in hospital-based staff meetings minutes, and the agendas of local and regional governance meetings.
- Staff undertook and participated in local clinical audits. The provider had a structured programme of clinical audit. When audits identified shortfalls in practice, staff developed action plans and monitored these to ensure practice improved. In most cases, audits were sufficient to provide assurance. However, the physical health audit had not identified shortfalls in the completeness and quality of recording by staff when completing routine monitoring of patients' physical health. For example; the audit did not review records of routine physical health observations held outside of the hospital's Well-Man clinic file and had not identified that staff did not always use the National Early Warning Sign correctly.
- Staff implemented recommendations from quality reviews, internally and externally, and from the results of incident investigations. The provider had developed an overarching action plan to address concerns identified from internal quality reviews and clinical commissioning groups. We saw that the hospital manager had acted promptly and implemented recommendations following verbal feedback from recent quality visits. In addition, on receipt of verbal feedback from this inspection, the hospital manager had developed an action plan to address concerns around staff monitoring of physical health.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. We saw this demonstrated in effective multidisciplinary working at Cygnet Grange, and in staff's liaison and communication with external bodies.

Management of risk, issues and performance

- The hospital had a local risk register in place. The hospital manager regularly updated this. When required, frontline staff could escalate concerns to the local risk register. We saw the risk register included risks specific to patients using the hospital.
- The hospital had a business continuity plan to prepare for, and manage emergencies. For example; adverse weather or infection outbreaks.
- The hospital manager reported there were no cost improvements taking place at the hospital.

Information management

- The provider used systems to collect data that were not over-burdensome for frontline staff. The hospital administrator contributed to the collection of data at Cygnet Grange. The hospital manager reported plans to introduce additional electronic data collection methods. For example, incident reporting data.
- Staff had access to the equipment and information technology needed to do their work. The provider had established information technology and telephone infrastructures. Staff reported these worked well and helped to provide quality care.
- Information governance systems included confidentiality of patient records. Staff completed information governance training as part of mandatory training requirements. Staff stored paper care and treatment records securely, and accessed electronic records privately and with the use of passwords.
- The hospital manager had access to information to support them with their management role. The hospital used key performance indicators to gauge the performance. These included incidents, safeguarding, staffing, complaints, training and meaningful activity hours for patients. The hospital manager developed action plans to address concerns when they were identified. The provider presented key performance

indicators in an accessible report that was timely, accurate and identified areas for improvement. Senior staff met to discuss key performance indicators at local governance meetings.

- Staff made notifications to external bodies as needed. For example, to the CQC.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the service. This included intranet access for staff and the provider's website.
- The provider had processes in place to enable patients and carers had to give feedback on the service they received. These processes reflected and were appropriate to the needs of patients and carers using the service.
- The hospital manager and staff had access to the feedback from patients, carers and staff. Staff used this feedback to make improvements at the hospital. For example; staff had introduced the healthy eating board as a result of feedback from the patient survey.
- The hospital manager was developing patient and carer involvement at Cygnet Grange. This would create greater patient and carer involvement in decision making about the service.
- The provider had systems in place to allow patients and staff to meet with members of its senior leadership team to give feedback. This included senior management drop-in sessions and visits to hospital locations.
- Senior staff reported they engaged with external stakeholders, including commissioners of the service. Commissioners reported staff at Cygnet Grange communicated with them regularly and involved them in meetings about patient care and treatment.

Learning, continuous improvement and innovation

- The hospital manager used staff meetings to give staff time and support to consider opportunities and innovations at Cygnet Grange. For example; staff were developing a way to meet a request from patients to have their evening meal later.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The provider created opportunities for staff to participate in research and had a research policy in place to guide staff practice. Multidisciplinary staff provided an example of research they had been involved in and presented at national conferences.
- Cygnet Grange had an action plan in place that detailed quality improvement methods and innovations taking place at the hospital and within the provider's neuropsychiatric services. For example; aligning existing practices with developments in national best practices, and developing and implementing a social media campaign to raise awareness of acquired brain injury.
- Staff reported they were not involved in any national audits. However, staff had been involved in developing a steering group for the provider's neuropsychiatry services. Aims of the group included promoting collaborative working across teams and developing care pathways to benefit internal and external stakeholders. Records from the last meeting in February 2019 showed discussions between staff included quality and safety improvements.
- In December 2018, Cygnet Grange met the criteria to become members of the Independent Neurorehabilitation Providers Alliance (INPA). All members of INPA share the common goal of providing and ensuring excellence in neurorehabilitation. The hospital manager had ambitions for the hospital to join other accreditation schemes, including Headway, and was already in communication with these schemes.

Outstanding practice and areas for improvement

Outstanding practice

Staff developed visual discharge plans with patients. Visual discharge plans helped patients track their progress during admission.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff use recognised tools correctly to monitor, assess and respond to changes in patients' physical health presentations.

Action the provider **SHOULD** take to improve

- The provider should ensure staff record physical healthcare observations clearly and identify the date and time of completion, and the staff member who completed them.
- The provider should ensure the physical health audit considers the completeness and quality of recording by staff. For example; when recording routine physical health observations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- **Staff did not always effectively monitor patients' physical health with the use of tools to assess and respond to clinical changes in patients.**

This was a breach of Regulation 12 (2) (a)