Cygnet Hospital Bury

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Cygnet Hospital Bury as good because:

- The hospital had met the requirement notices issued at the inspection in February 2017, staff received training relevant to their role and staff who could sign were available to support deaf patients.
- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. They minimised the use of restrictive practices 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 and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

However:

- Oversight of physical health and risk and the communication of this to staff at handover and within ward records was not fully in place.
- Provision of environments, information and care to meet the needs of patients with additional needs was not always in place.
- Agency staff did not always have access to necessary information regarding patients and did not always follow their care plans.

Summary of findings

Contents

Good

Cygnet Hospital Bury

Services we looked at

Forensic inpatient or secure wards; Long stay or rehabilitation mental health wards for working-age adults; Child and adolescent mental health wards

Summary of this inspection

Background to Cygnet Hospital Bury

Cygnet Hospital Bury is an independent mental health hospital with 167 beds. Funding is primarily from NHS England specialist commissioners. There was a hospital director in post who had applied to CQC to be the registered manager. There was a controlled drugs accountable officer in post.

The hospital is registered to provide the following regulated activities:

- treatment of disease, disorder or injury;
- diagnostic and screening procedures;
- assessment or medical treatment for persons detained under the Mental Health Act 1983.

The hospital specialises in forensic inpatient and secure services for people with mental health needs including those who are deaf. In addition, the hospital provides child and adolescent services, including forensic inpatient secure services and psychiatric intensive care services, for patients aged 11 to 18. The hospital has one locked rehabilitation ward for 12 women; the evidence from this ward will be included in the forensic inpatient secure services report.

The hospital has 14 wards, nine forensic inpatient secure wards, four child and adolescent mental health wards and one locked rehabilitation ward. We inspected all 14 wards:

• Buttercup ward, eight beds for females, low secure for children and adolescents

• Mulberry ward, 12 beds for females, low secure for children and adolescents

• Primrose ward, 12 beds mixed sex, psychiatric intensive care unit for children and adolescents

• Wizard House, 10 beds mixed sex, general child and adolescent ward

• South Hampton ward, 12 beds for women, low secure rehabilitation unit

• Lower West Side, 13 beds for deaf and hearing women, low secure

• Bridge Hampton ward, 12 beds for deaf men who have a learning disability, low secure

• West Hampton ward, 10 beds for deaf men, low secure

• East Hampton ward, 13 beds for men, low secure

• Upper East ward, 13 beds for men, low secure

• Lower East ward, 13 beds for men, medium secure

• Upper West side, 13 beds for women, medium secure

• Madison ward, 13 beds for men with personality disorders, medium secure

• Columbus ward, 13 beds for men with personality disorders, medium secure.

The hospital has had four previous inspections. Two were focused unannounced inspections; one in February 2015 and one in January 2016 due to concerns raised regarding the hospital. We issued requirement notices.

The hospital had an announced comprehensive inspection in May 2016. We visited all the wards. Overall, we rated the hospital as requires improvement. Within the forensic wards and rehabilitation ward we rated the safe, responsive and well led domains as requires improvement, effective domain as inadequate and caring domain as good. Within the child and adolescent mental health wards we rated safe, effective and well led domains as requires improvement and caring and responsive domains as good. We issued four requirement notices and found that at the last inspection, in February 2017 the hospital had met the requirement notices. We also issued three warning notices to both the provider and the registered manager.

- Regulation 9 HSCA (Regulated Activity) Regulations 2014 Person-centred care. At the inspection in February 2017 there were still concerns in relation to the availability of staff that could effectively communicate with deaf patients on Upper West ward. We issued a requirement notice for Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.
- Regulation 12 HSCA (Regulated Activity) Regulations 2014 Safe care and treatment. We served a warning notice to be met by 10 October 2016. We were satisfied that the hospital had met this warning notice at the last inspection in February 2017.

Summary of this inspection

- Regulation 17 HSCA (Regulated Activity) Regulations 2014 Good governance. We served a warning notice to be met by 10 October 2016. We were satisfied that the hospital had met this warning notice at the last inspection in February 2017.

At the inspection in February 2017, we rated the hospital as good overall, with child and adolescent services rated as good in all domains and the forensic and rehabilitation services as good for safe, caring, responsive and well led and requires improvement for effective. We issued two requirement notices. One in relation to Regulation 9 HSCA (Regulated Activity) Regulations 2014 Person-centred care. As there were still concerns in relation to the availability of staff that could effectively communicate with deaf patients on Upper West ward.

Regulation 18 HSCA (Regulated Activity) Regulations 2014 Staffing, in relation to training. Staff working on Bridge Hampton ward, a ward caring for patients, most of whom had a learning disability, had not received training in learning disability. Staff working on Columbus and Madison wards, specialist wards for patients with a personality disorder, had low levels of attendance at personality disorder training. British Sign language training levels for staff working on the four wards caring for deaf patients was low and meant there would be times where staff could not effectively communicate with patients. At this inspection we found that the hospital was now compliant with these regulations.

Our inspection team

The team that inspected the service comprised a head of mental health hospital inspection, three CQC inspectors, an assistant inspector and a variety of specialists: an expert by experience with lived experience of services, a governance lead, three nurses, a clinical psychologist, two occupational therapists and a social worker. We were also supported by a British Sign Language interpreter to assist with the communication of deaf patients and staff.

Due to the size of the hospital the team split into four teams, each with a sub team leader, one team focused on child and adolescent services, one on low secure and rehabilitation, one on medium secure and one on governance.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information including commissioners and advocates.

During the inspection visit, the inspection team:

- visited all 14 wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;

Summary of this inspection

- visited the recovery college within the hospital and central park, a recreation facility and observed a cookery group;
- spoke with 56 patients who were using the service;
- spoke with 17 family members;
- spoke with the managers or acting managers for each of the wards and 15 senior managers including the hospital director, clinical managers, medical director, practice development nurses and heads of professions;
- spoke with 49 other staff members; including an occupational therapy assistant, support workers, nurses, consultants, psychologists, speciality doctors, a gym instructor, a workshop lead, clinical managers, domestic staff, a social worker, an interpreter lead and pharmacists;
- received feedback about the service from four commissioners and four advocates;
- attended and observed three ward rounds, two morning meetings and a handover;
- reviewed 51 care and treatment records of patients:
- reviewed 68 prescription cards;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 56 patients and 17 family members.

Patients told us regular staff were supportive, caring and helpful. However, patients told us it was difficult when being cared for by agency staff. They thought that they did not understand their needs, were not familiar with how best to support them and there were also communication difficulties. Adult patients told us, at times it could be boring as there were limited activities available on the wards and most were offered between Monday and Friday from 9am to 5pm. Adult patients told use there were occasions where their leave was cancelled due to staffing shortages.

Support to access health appointments and eat a healthier diet was an area patients felt the hospital could improve on.

Patients said the psychological therapy they had received was helpful and they felt safe in the service. Patients felt involved in their care and were provided with information about the hospital and their mental health treatment. Patients completed five requests prior to their ward round which were discussed and considered by the multidisciplinary team.

On Upper West ward, patients told us, and we observed there was a lot of noise on the ward including from doors regularly banging. Patients found this very difficult to tolerate.

Patients knew who the advocates were and found their support invaluable.

Families told us generally they were happy with the care provided to their family member. They were pleased with the activities they were pursuing including day trips out, woodwork, gardening and sewing and could see the progress they were making. Families were pleased that staff enabled their relatives to visit them as some found the journey too difficult to the hospital. Staff also supported patient to attend family events including weddings and funerals, families told us the staff were respectful and considerate when supporting patients.

Families told us they would appreciate the hospital staff contacting them to tell them how their relative was doing as at times they did not feel informed and a number lived a long distance away from the hospital. They would also like to be involved in the long term plans for their relative as they were not always aware of the plans for discharge. There were occasions where family told us that they left messages at the hospital and staff did not return their calls.

Both patients and families told us the food could be improved, there was lots of fried food on offer and limited fruit and vegetables, this was detrimental to patients with specific health needs including diabetes.

Staffing turnover was an area of concerns raised by both patients and families, they told us it can be difficult to progress when you are constantly having to get to know new people.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

In the forensic and rehabilitation services we rated safe as good because:

- Staff were knowledgeable about safeguarding adults, escalated concerns appropriately, put plans in place to safeguard patients and had a weekly overview of safeguarding incidents at a hospital level.
- Staff received training relevant to their role and there were high levels of mandatory training completion.
- Staff managed patient risk well, with detailed current risk assessments in place and patients with a learning disability had positive behaviour support plans in place. Staff used de-escalation techniques with patients and worked in the least restrictive manner.
- Since the last inspection the use of blanket restrictions had been reviewed and access to mobile phones was individually assessed and patients on the female wards had access to their bedrooms throughout the day. On South Hampton rehabilitation ward patients had access to laptops in addition to mobile phones.
- The hospital managed patients' incidents well, recording, reviewing and investigating them appropriately. Staff understood and followed the Duty of Candour Regulation. Lessons learnt were shared with staff across the hospital.

However:

In the child and adolescent mental health wards we rated safe as good because:

- At handover risk was not routinely shared with all staff, there were variable handover templates in use, with agency staff having restricted access to shared drives.
- On South Hampton rehabilitation ward, physical health screening and monitoring results were not easily accessible in patient records and patients were not receiving lithium screening in line with the British National Formulary guidance.
- Storage of emergency medicines was not always in line with policy.
- Training levels for physical health was below 75% on five wards.
- Ligature audits did not advise staff at ward level how to mitigate the risks.
- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

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- Staff were aware of patient risks and how to manage these. All patients had up to date and detailed risk assessments.
- The service promoted a culture of least restrictive practices. Patients were now allowed access to mobile phones and the wards completed audits on blanket restrictions. Managers wanted to encourage positive risk taking.
- 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.
- Mandatory training compliance rates were high across all wards.
- The service had processes in place to record and review incidents. Managers had oversight of these incidents. Lessons learnt were shared within teams and across the service.

However:

- Patients raised concerns about agency staff not completing observations at the required frequency. Patients reported that agency staff and non-regular staff did not always introduce themselves to them.
- On Wizard House ward, one box of medication contained two different types of the same medication.
- The completion of staff recording of monitoring and reviewing the effects of medication on patients' physical health was inconsistent.

Are services effective?
In the forensic and rehabilitation services we rated effective as good because:

Good

- Staff assessed the physical and 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. They included specific safety and security arrangements and a positive behavioural support plan.
- On South Hampton rehabilitation ward, the occupational therapy department focused on assessing and developing patients' skills for moving on including cooking and travelling independently.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare.

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers 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. Several patients on South Hampton rehabilitation ward had unescorted community leave.
- Staff supported patients to make decisions on 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. On South Hampton rehabilitation ward, patients were supported to create advanced statements.

However:

In the child and adolescent mental health wards we rated effective as good because:

- Patients and families told us they would like more opportunity to eat healthier and exercise as a number of patients had gained weight as a side effect of their medicines.
- Staff assessed the physical and 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 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. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit programmes.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed

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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 from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- 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.

However:

- In two care records, staff had identified that patients may not be able to understand their care plans. There was no evidence that the care plans were adapted for the patients to understand or a plan as to how staff would help patients understand.

Are services caring?

Good

In the forensic and rehabilitation services we rated caring as good because:

- Staff treated patients with dignity and respect.
- Families were involved in the Care Programme Approach review meetings.
- Staff supported patients to visit their family including meeting in a mutually convenient place or visiting the family home.
- On South Hampton rehabilitation ward, patients were encouraged to travel independently to visit their families.
- Patients were involved in the creation of their care plans and were encouraged to submit requests prior to their ward round for multidisciplinary team consideration. Patients were actively involved in their ward rounds.
- Patients contributed to the running of the service by participating in the recruitment and selection of staff and attending the patient council meetings.

However:

In the child and adolescent mental health wards we rated caring as good because:

- Patients found it difficult when there were staff working on the wards that they did not know well as they did not understand their needs and communication could be a challenge.

Summary of this inspection

- A patient told us about an incident where their privacy and dignity was compromised in the shower. We raised this with the hospital to address.
- Families told us there were challenges with communication at the hospital, both with being able to talk with staff who knew their family member and with receiving invites to meetings and updates about their relative's care.
- Regular 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. Staff provided regular updates to families about each patient.
- On Mulberry ward, the ward manager was encouraging patients to provide a one-page summary of how staff to interact with the patient, which would be added to the handover folder which was used for agency and non-regular staff.
- However:
- Patients raised concerns about the attitudes of agency staff. Patients noted that not all agency staff introduced themselves when first attending the ward. Patients felt that agency staff did not always treat them with dignity and respect.
- There was inconsistent recording of patient views in their care plans and it was not always clear as to whether the patient had been offered a copy of their care plan.

Are services responsive?

Good

In the forensic and rehabilitation services we rated responsive as good because:

- The design, layout, and furnishings of the ward/service 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 service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Adjustments had been made on the wards caring for deaf patients and patients with a learning disability to make information accessible by using symbols, photographs and plain English and had good access to interpreters. Information

was available to deaf patients in an accessible format, including the use of symbols and photographs and having their care programme approach meeting and agreed actions recorded in British Sign Language on a DVD.
- On South Hampton rehabilitation ward equipment had been provided for a patient with mobility needs to continue with their daily living skills.
- The hospital had reduced its restrictive interventions. They had introduced innovative ways of enabling patients to access outside space and increase their independence on West Hampton ward.
- Staff supported patients to keep in contact with family members by phone, skype and facilitating visits.
- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. As a result, discharge was rarely delayed for other than clinical reasons.
- 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.

However:

In the child and adolescent mental health wards we rated responsive as good because:

- Both patients and families told us the food could be improved, there was lots of fried food on offer and limited fruit and vegetables. This made it difficult when patients were trying to improve their physical health.
- Patients told us the majority of the activities were Monday to Friday from 9am to 5pm and they were bored outside of these times.
- The environments did not meet the needs of patients with sensory needs, including the seclusion room for patients who were deaf and Upper West for patients who were sensitive to loud noises.
- Patients on the female wards told us it was difficult when there were lots of male staff on shift, particularly at night.
- The average length of stay for South Hampton, a rehabilitation ward was high with patients discharged within the last 12 months average of 1281 days.
- The design, layout, and furnishings of the service 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.
- Staff facilitated young people's access to high quality education throughout their time on the ward.

Summary of this inspection

- 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.
- On Primrose ward, a teaching session on providing care to transgender patients had been co-produced by the ward manager and a transgender patient. The teaching session was to improve staff knowledge and awareness of transgender patients to improve the patient experience.
- Staff planned and managed discharge well. They 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.
- However:
- Patients, carers and staff all raised concerns about the quality of the food and the choices available to patients.

Are services well-led?

Good

In the forensic and rehabilitation services we rated well-led 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.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

In the child and adolescent mental health wards we rated well-led as good because:

- Senior management meetings including hospital governance did not have the oversight to ensure actions from previous meetings had taken place, especially by staff who did not attend the meeting.
- 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.

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- 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff completed mandatory training in relation to the Mental Health Act with 100% compliance.

There was a dedicated Mental Health Act team who audited the Mental Health Act requirements for each detained patient. The team held a database which recorded the date of admission, when the rights were explained to patients, who the Responsible Clinician was and what section of the Mental Health Act they were detained under. The team had devised a system to remind Responsible Clinicians and the care team when a patient's section was due to expire and the capacity to consent to treatment which the Responsible Clinician could then review with patients.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff completed mandatory training in relation to the Mental Capacity Act with 100% compliance.

Responsible Clinicians reviewed a patient's capacity to consent to their treatment. Our review of prescription cards and certificate of consent to treatment or certificate of second opinion confirmed patient capacity had been assessed.

Records we reviewed were current, and included decisions made in the patient's best interest, including the management of a patient's diabetes. Best interest decisions involved the multi disciplinary team.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Forensic inpatient or secure wards

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

Are forensic inpatient or secure wards safe?

Good

Safe and clean environment

All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Cleaning records confirmed the regular cleaning of the environment and we observed domestic staff cleaning the environment.

Staff could clearly see all areas of the ward. Closed circuit television was in use in all communal areas of the wards. There were ligature risk assessments in place on each ward however, the action to staff was to "be managed locally" there was no guidance for staff as to how they were supposed to manage them. However, we observed staff were managing the environmental risks by observation.

All wards were same sex wards. Staff and visitors carried personal alarms, we observed response teams arriving promptly when alarms were activated. Rooms had nurse call alarms.

Seclusion rooms were of variable specification, all were in line with the Mental Health Act code of practice. Some had integrated shower facilities and others had a toilet and hand washing facilities. The rooms had a clock, allowed clear observation and two-way communication, however on Lower West a deaf patient was in seclusion and the room was quite dark which made signing difficult.

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency medicines that staff checked regularly, checklists verified this. We found that the storage of emergency medicines varied across the wards, with some wards following the policy and storing them in the clinic room. However, Columbus, Upper West, West Hampton, Upper East wards had some emergency medicines in the emergency bag, these wards were not following the policy and meant staff may not know where to locate the emergency medicines.

Safe staffing

Each ward had a staffing matrix showing the staffing numbers required for the ward. Staffing numbers increased when there were patients on enhanced observations. Ward managers were able to adjust staffing levels to meet the needs of the patients. Agency staff received an induction on the ward. The hospital had recently introduced interviews for agency staff to ensure they understood their role at the hospital and managers were confident about their ability to work in their ward environment.

Prior to the inspection, the service submitted data to the commission, from December 2017 to November 2018 they advised that staffing vacancies and sickness was:

Total number of substantive staff:

- Madison Ward: 30
- Upper East Ward: 25
- Upper West Ward: 33
- Columbus Ward: 30
- Lower East Ward: 29
- Lower West Ward: 31
- South Hampton Ward: 22
- Bridge Hampton Ward: 24
- East Hampton Ward: 24
- West Hampton Ward: 22

Total number of substantive staff leavers in the last 12 months:

- Madison Ward: 13
- Upper East Ward: 8
- Upper West Ward: 8
- Columbus Ward: 9
- Lower East Ward: 15
- Lower West Ward: 8
- South Hampton Ward: 10
- Bridge Hampton Ward: 7
- East Hampton Ward: 11
- West Hampton Ward: 3

Total % vacancies overall (excluding seconded staff):

- Madison Ward: 33%
- Upper East Ward: 8%
- Upper West Ward: 16%
- Columbus Ward: 30%
- Lower East Ward: 35%
- Lower West Ward: 10%
- South Hampton Ward: 27%
- Bridge Hampton Ward: 4%
- East Hampton Ward: 8%
- West Hampton Ward: 9%

Total % permanent staff sickness overall:

- Madison Ward: 9%
- Upper East Ward: 9%
- Upper West Ward: 10%
- Columbus Ward: 9%
- Lower East Ward: 9%
- Lower West Ward: 10%
- South Hampton Ward: 9%
- Bridge Hampton Ward: 9%
- East Hampton Ward: 9%
- West Hampton Ward: 9%

Staffing turnover was an area of concern raised by both patients and families, they told us it could be difficult to progress when they were constantly having to get to know new people.

Prior to the inspection, the provider submitted data in respect of the use of bank and agency staff to cover sickness, absence and vacancies between September 2018 and November 2018:

Shifts filled by bank staff to cover sickness, absence or vacancies:

- Madison Ward: 257
- Upper East Ward: 79
- Upper West Ward: 501
- Columbus Ward: 205
- Lower East Ward: 391
- Lower West Ward: 248
- South Hampton Ward: 159
- Bridge Hampton Ward: 278
- East Hampton Ward: 97
- West Hampton Ward: 84

Shifts filled by agency staff to cover sickness, absence or vacancies:

- Madison Ward: 137
- Upper East Ward: 140
- Upper West Ward: 582
- Columbus Ward: 203
- Lower East Ward: 229
- Lower West Ward: 198
- South Hampton Ward: 157
- Bridge Hampton Ward: 126
- East Hampton Ward: 114
- West Hampton Ward: 77

Shifts not filled by bank or agency staff where there is sickness, absence or vacancies:

- Madison Ward: 3
- Upper East Ward: 4
- Upper West Ward: 41
- Columbus Ward: 1
- Lower East Ward: 7
- Lower West Ward: 11
- South Hampton Ward: 0
- Bridge Hampton Ward: 4
- East Hampton Ward: 1
- West Hampton Ward: 3

We reviewed staff rotas for three months from January to March 2019. We found regular agency staff were used and they completed several shifts in a month on the same ward to provide some consistency to patients. However, we noted Bridge Hampton and South Hampton wards had several agency staff working for just one shift in that time. This would not provide consistency for patients.

On review of rotas we found Lower West ward had three male staff out of a team of four for one of the night shift codes from 7 to 27 January 2019. On Upper West ward patients told us and rotas confirmed that there were occasions on 11 and 12 March 2019 where the qualified

nurses for the night staff were both males. Patients reported it being traumatic if they required physical intervention or intra muscular medication from males due to past experiences.

Ward managers kept a log of cancelled leave for patients. We reviewed this and found there was no cancelled leave due to staffing shortages.

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm. The on call rota for the hospital included both junior doctors and consultants. Doctors were on call from 5pm to 9am during the week and 9am to 9am at a weekend. When on call consultants based themselves at the hospital for half a day at a weekend to conduct medical reviews. Doctors could attend the hospital quickly in the case of an emergency. There was accommodation for doctors available on site if they lived further afield.

Mandatory training

For all the mandatory training courses provided the compliance was 100% apart from training in monitoring physical health on South Hampton ward with 73%, Upper West with 56%, Bridge Hampton with 72%, West Hampton with 45%, Columbus with 85%, Lower East with 82% and Lower West with 74% compliance.

The service provided mandatory training in key skills to all staff and made sure staff completed it.

Assessing and managing risk to patients and staff

On the adult wards we reviewed 30 care records.

Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. The risk assessment was the Salford tool for the assessment of risk. They followed best practice and the Mental Health Act when restricting patients' freedoms to keep them and others safe. Patients with a learning disability had positive behaviour support plans in place which staff followed.

Following the last inspection in February 2017, staff had reviewed the blanket restrictions in relation to patients having access to mobile phones and we saw evidence in patient records and in discussions with patients that access to mobile phones was individually assessed. On South Hampton rehabilitation ward, patients also had access to laptops.

The service had also reviewed the restriction to patient bedrooms on the female wards, we saw, and patients confirmed they had access to their bedrooms throughout the day.

Staff identified and responded to changing risks to or posed by patients, this was usually mitigated by the increase in observations.

Staff followed good policies and procedures for the use of observations and for searching patients and their rooms.

Ligature risk assessments were in place for each ward however they did not advise staff how to mitigate the risks, they advised the risks were "to be managed locally". There was a detailed environmental risk assessment for each building which included the actions to be taken but this was not at a ward level.

The site was a no smoking site, patients were allowed e cigarettes though and were able to smoke them in their bedrooms and outside.

Prior to the inspection, the provider submitted data in respect of the use of seclusion and segregation between June 2018 and November 2018:

Number of incidents of use of seclusion in last six months:

- Madison Ward: 2
- Upper East Ward: 1
- Upper West Ward: 18
- Columbus Ward: 9
- Lower East Ward: 12
- Lower West Ward: 3
- South Hampton Ward: 0
- Bridge Hampton Ward: 0
- East Hampton Ward: 0
- West Hampton Ward: 0

Number of incidents of use of long-term segregation in last six months:

- Madison Ward: 0
- Upper East Ward: 0
- Upper West Ward: 4
- Columbus Ward: 0
- Lower East Ward: 1

- Lower West Ward: 0
- South Hampton Ward: 0
- Bridge Hampton Ward: 0
- East Hampton Ward: 0
- West Hampton Ward: 0

Number of incidents of use of restraint in last six months:

- Madison Ward: 1
- Upper East Ward: 2
- Upper West Ward: 322
- Columbus Ward: 7
- Lower East Ward: 7
- Lower West Ward: 59
- South Hampton Ward: 89
- Bridge Hampton Ward: 28
- East Hampton Ward: 0
- West Hampton Ward: 0

The ward with the highest number of restraints was Upper West Ward, a medium secure ward for women. A number of whom have a diagnosis of personality disorder with trauma related conditions. Physical intervention was used to stop them from self harming or harming others. The level of restraint on Upper West ward had increased since last inspection which was 261 incidents.

Of the incidents of restraint, Upper West ward was the only ward where prone restraint was recorded with four occasions noted. Three of which resulted in the administration of rapid tranquillisation. The hospital advised the prone restraints were all in the context of self-harming behaviours whereby the patients placed themselves in the prone position in order to engage in self-harming behaviours and to prevent immediate staff intervention. Staff assisted patients out of the prone position as soon as possible.

We saw, and staff and patients confirmed de-escalation techniques were used and seclusion and physical intervention was used as a last resort. Staff followed the guidelines from the National Institute for Health and Care Excellence when using rapid tranquillisation.

The hospital had an ongoing least restrictive practice project across the hospital which commenced in April 2015. This included the Clinical Manager and Ward Manager reviewing the restraint incidents through the use of CCTV.

Staff and service user debrief sessions following use of restraint and an Expert by Experience undertakes random audits across the hospital to inform and support areas for further improvement.

Safeguarding

Staff knew 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 with 100% compliance, and they knew how to apply it.

The service submitted statutory notifications to CQC regarding abuse or allegations of abuse of patients.

Weekly meetings took place with ward managers and safeguarding leads to review any open safeguarding, discuss the situation and any further action that maybe required. The external safeguarding lead attended these meetings monthly.

Safeguarding care plans were implemented if there were concerns regarding two patients to ensure actions were taken by staff to safeguard patients. This may include an increase of observations.

Staff access to essential information

Records were a combination of electronic and paper.

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

We reviewed handovers for seven wards and found they varied across all wards, some included risks of patients, leave status and observation levels. Three of the seven wards did not capture the risks that staff needed to be aware of. Ward managers told us that agency staff could not access the shared drives, therefore it was difficult to find current handovers for each ward, as some were stored on local drives. This meant handovers were not accessible centrally for each ward.

On South Hampton ward, the rehabilitation ward, there was not a complete and contemporaneous record of patients' physical health. This was because the GP emailed ward staff and the physical health team once reviewed to advise of actions taken however this was not captured within patient records held on the ward.

Medicines management

Good

Forensic inpatient or secure wards

We reviewed all clinic rooms, medicine storage and a sample of 34 prescription cards. We found staff followed best practice when storing, giving, and recording medicines. However, we found variations of the storage of emergency medicines, with some being stored in the clinic and others in the grab bags. The medication management policy, April 2018 stated: "Cygnet has conducted a corporate risk assessment to determine what equipment and drugs are required; in light of this the only emergency drug in the resuscitation bag is the EpiPen" There were other emergency medicines in the clinics.

On South Hampton ward, the rehabilitation ward, we found it difficult to access the information regarding the effects of medicines on each patient's physical health. There was one patient on South Hampton ward who was prescribed lithium, British National Formulary guidance advises "Routine serum-lithium monitoring should be performed weekly after initiation and after each dose change until concentrations are stable, then every 3 months thereafter." The sample we reviewed showed the patient had not had their levels reviewed since 16 December 2018, this meant that they were not complying with the guidance and there was no system in place to remind staff this was required.

Track record on safety

The service had 27 serious incidents in the 12 month period from December 2017 to November 2018. These included serious self-harm, going absent without leave, aggression and confidentiality breaches.

Investigation reports were conducted by managers for serious incidents.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately using the electronic incident reporting system.

Managers investigated incidents and shared lessons learned with the whole team and the wider service. Monthly lessons learnt bulletins were distributed to all staff by email. This included the incident, recommendations and how practice has changed. Managers attended monthly team brief meetings where the information was shared too. Staff were aware of incidents and learning from other parts of the hospital. This was shared via lessons learnt bulletins and team meetings.

Staff understood the duty of candour. When things went wrong, staff apologised and gave patients honest information and suitable support. Records confirmed a letter was sent to the patient immediately following the incident and after the investigation had concluded.

There was evidence of change following incidents, recent examples included changes to the environment of the doors and seclusion rooms. Staff and patients received a debrief following serious incidents. Staff received external supervision from a psychologist monthly to discuss their ward and any issues they wanted to explore which could include case discussions. Staff reported this was a helpful opportunity.

Are forensic inpatient or secure wards effective?

(for example, treatment is effective)

Good

Assessments of needs and planning of care

We reviewed 30 care records.

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans and updated them when needed.

Best practice in treatment and care

Staff provided treatments and care for patients based on national guidance and best practice. Patients on South Hampton rehabilitation ward had community living skills assessments and one to one cooking assessments completed by the occupational therapy department in preparation for discharge and to enable patients to cook independently whilst on South Hampton ward. Records confirmed, and patients told us that South Hampton rehabilitation ward focuses on patients moving on.

The head of psychology had recently completed a review of all psychological therapies available to patients, identified needs of patients in relation to their mental health diagnosis and offending behaviour and submitted a training plan to further enhance the skills of the psychology

department to deliver a variety of therapies. Patients were accessing dialectical behavioural therapy, cognitive behaviour therapy, eye movement desensitisation and reprocessing therapy.

Previously the hospital did not have a model of care to deliver to patients, specific offending behaviour programmes were not available to patients, the proposal was to adopt the structured clinical management model of care which is based on problem-solving, effective crisis planning and medication review. The service was at the beginning of implementing this by completing formulations with each patient to identify their outstanding treatment needs. This complies with National Institute for Health and Care Excellence guidance: Borderline personality disorder: recognition and management Clinical guideline [CG78].

Staff supported patients with their physical health monitoring, accessing the GP, dentist and local acute hospital.

Both patients and families told us they would like more opportunity to eat healthier and exercise as a number of patients had gained weight as a side effect of their medicines.

Staff used recognised rating scales to assess and record severity and outcomes including the recognised Health of the Nation Outcome Scales and the provider's own Global Assessment of Progress Score.

Staff participated in clinical audits, including CCTV, engagement and observations, record keeping, risk assessment and care plans and Care Programme Approach standards. Ward managers were able to see their performance compared to other wards. Managers told us this was motivating.

Skilled staff to deliver care

Wards included a variety of disciplines of staff: consultant psychiatrists, nurses, occupational therapists, psychologists, social workers, speciality doctors and support workers. Pharmacy support was provided by an external organisation.

Managers made sure they had staff with the skills needed to provide high-quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills.

At the last inspection in February 2017, we issued a requirement notice in relation to staff training. That staff on Bridge Hampton ward, a ward caring for patients most of whom had a learning disability, received training in learning disability. That staff on Columbus and Madison wards, specialist wards for patients with a personality disorder, received training in personality disorder. That staff working on the wards caring for deaf patients attend training in British Sign Language to Level 2. We have been monitoring this through our engagement meetings with the provider and found that personality disorder training had been provided for a variety of the adult wards with the following compliance:

- West Hampton: 83%
- Upper West: 87%
- Lower West: 87%
- South Hampton: 79%
- Madison: 74%
- Columbus: 87%
- East Hampton: 90%

Training in learning disability and autism had been provided to staff working on Bridge Hampton ward with 91% compliance. The training had also started to be offered to staff working on other wards too.

British Sign Language training levels for the wards caring for deaf patients was:

Name of ward BSL Level 1 BSL Level 2

Bridge Hampton 83% 61%

West Hampton 71% 36%

Lower West 70% 30%

This is an increase from the last inspection where training levels were:

Bridge Hampton ward Level 1: 73%, Level 2: 60%

West Hampton ward Level 1 62%, Level 2 38%

Lower West ward Level 1: 40%, Level 2: 16%

Discussions with the provider note the challenge of maintaining training levels in British Sign Language for staff as a number of staff who had completed the training left the hospital to work elsewhere, the hospital then had to train the new staff. There was a team of five British Sign Language interpreters based at the hospital who covered

the hours of 7am to 7pm. They also provided planned support out of those hours or there was a 24-hour emergency interpreter service that could be accessed. The interpreters supported both deaf patients and deaf staff.

Managers provided new staff with a two-week induction which included the mandatory training and an induction into the hospital and roles and responsibilities.

Appraisal rates provided by the hospital showed that all wards had rates of over 75% for staff that had had an appraisal within the last 12 months.

Staff received both line management and clinical supervision monthly. Information provided by the hospital prior to the inspection advised clinical supervision rates were above 95% for all wards from December 2017 to November 2018. Group reflective practice for each ward was facilitated by an external facilitator which was well received by staff.

Team meetings took place at least monthly, regular agenda items included governance updates, staff support, lessons learnt and reducing restrictive practice.

Discipline specific meetings took place including medical, psychology and social work.

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients.

We observed three ward rounds. Patients were fully involved in the meetings, they expressed their views and wishes, the multidisciplinary team were open with them about next steps and expectations. Physical health was discussed with patients and an overview of the input from each of the disciplines. Clear actions were agreed at the meetings.

We reviewed the handovers and found they varied across all wards, some included risks of patients, leave status and observation levels. Ward managers told us that agency staff could not access the shared drives, therefore it was difficult to find current handovers for each ward. This would be difficult for agency staff to access information and complete handovers for the next shift.

The hospital had effective working relationships with teams outside the organisation including GP, pharmacy and the local acute hospital. A protocol had been jointly created between the hospital and local acute hospital regarding the management of patients swallowing objects, feedback from staff was that they were better informed of how to respond to patient and this reduced the acute hospital admissions.

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

All patients were detained under the Mental Health Act.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain to patients their rights.

Staff completed mandatory training in relation to the Mental Health Act with 100% compliance.

There was a dedicated Mental Health Act team who audited the Mental Health Act requirements for each detained patient. The team held a database which recorded the date of admission, when the rights were explained to patients, who the Responsible Clinician was and what section of the Mental Health Act they were detained under. The team had devised a system to remind Responsible Clinicians and the care team when a patient's section was due to expire and the capacity to consent to treatment which the Responsible Clinician could then review with patients.

Contact details for advocates was displayed on each ward. Patients confirmed they knew who their advocate was and told us they were visible on the ward and very supportive.

Staff supported patients to access section 17 leave. Records confirmed, and families told us this took place. We saw patients returning from unescorted leave too. A high number of patients on South Hampton rehabilitation ward had unescorted leave.

Responsible Clinicians reviewed patient's capacity to consent to their treatment. Our review of prescription cards and certificate of consent to treatment or certificate of second opinion confirmed patient capacity had been assessed.

The Mental Health Act team completed audits in relation to date of section, when patients had had their rights explained to them, expiry date and consent expiry. The team reminded psychiatrists when renewals were required.

Good practice in applying the Mental Capacity Act

Good

Forensic inpatient or secure wards

Staff supported patients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

Staff completed mandatory training in relation to the Mental Capacity Act with 100% compliance.

Staff understood the Mental Capacity Act and presumed patients had capacity unless there was a reason for them to doubt this. Staff acknowledged the right patients had to make unwise decisions.

Records we reviewed were current, and included decisions made in the patient's best interest, including the management of a patient's diabetes. Best interest decisions involved the multi-disciplinary team.

On South Hampton rehabilitation ward, patients were supported to create advanced statements regarding their preferences of care and treatment.

Are forensic inpatient or secure wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We spoke with 43 patients and 14 family members.

Staff treated patients with compassion and kindness. They supported their individual needs. We observed caring and respectful interactions between staff and patients.

We observed staff being responsive to the needs of patients and could see if they were distressed or agitated and offered appropriate emotional support, listened and ensured patients received the care they required.

Patients told us regular staff were supportive, caring and helpful.

However, patients told us it was difficult when being cared for by agency staff as they did not understand their needs and were not familiar with how best to support them, there were also communication difficulties. A patient reported how the observing staff had entered their shower when they had informed them they were ok, the patient felt this was an intrusion of their privacy. We reported this to the managers of the hospital.

Involvement in care

Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

Patients felt involved in their care and were provided with information about the hospital and their mental health treatment. Wards offered buddies to new patients, from patients who had been on the ward a while and were confident in the environment.

Patients completed a document, usually with the support of their named nurse with five requests that they wanted to make within the ward round which were discussed and considered by the multidisciplinary team.

On the wards caring for deaf patients, information on display was accessible to people whose first language was British Sign Language. Patients had a DVD with British Sign Language interpreted content actions from the care programme approach review. Written care plans included pictures and symbols to make the document more accessible for patients.

Patients told us they were involved in the creation and review of their care plans and offered a copy if they wanted one.

We observed three ward rounds and patients were fully involved in the meetings, they expressed their views and wishes, the multidisciplinary team were open with them about next steps and expectations with their treatment programme. Physical health was discussed with patients and an overview of the input from each of the disciplines.

The psychology department were in the process of meeting with each patient to complete their individual formulation to identify the patient needs in relation to therapy and treatment required to progress with their recovery and ability to self manage their emotions and feelings.

Patients could be involved in the recruitment and selection of staff. We met with patient representatives who were part of the patient council and North West outcomes meeting, which is a meeting for patients and staff from forensic

Good

Forensic inpatient or secure wards

services to explore patient involvement in service design and delivery. Patients told us they were involved in giving presentations on topics including healthy lifestyles at the North West outcomes meeting.

Wards had patient community meetings, on a fortnightly or monthly basis. Daily morning meetings took place to discuss the plans for the day.

There were three different advocacy providers to reflect the diverse needs of the patient population; one for deaf patients, one for male patients and one for female patients. Contact details were on display on the wards. Patients knew who they were and how to contact them and advised they were very helpful and felt they went above and beyond.

Families told us generally they were happy with the care provided to their relative. They were pleased with the activities they were pursuing including day trips out, woodwork, gardening and sewing and could see the progress they were making. Families were pleased that staff enabled their relatives to visit them as some found the journey too difficult to the hospital. Families enjoyed meeting their relatives in venues convenient to them, including places to eat. A sibling talked positively about how the hospital supported their sibling to their wedding and to family funerals.

Families of patients on South Hampton rehabilitation ward told us how their relatives travelled independently to visit them, this included a significant distance via a variety of modes of transport.

Patients and family members attended their care programme approach meeting to review their care and discuss plans for discharge on a six-monthly basis. Managers told us of weekly referrals, admissions and discharge meetings where patients were discussed and any barriers to discharge. Records confirmed staff contact with care coordinators and written evidence to support patients move on. Families reported attending the meetings was helpful. However, there were occasions when they had not received invitations to the meetings and had missed the meetings. Families told us they would appreciate the hospital staff contacting them to tell them how their relative was doing in between meetings as at times they did not feel informed and a number lived a long distance away from the hospital. They also wanted to be involved in the long-term plans for their relative as they were not always aware of the plans for discharge. There were occasions where family told us that they left messages at the hospital and staff did not return their calls.

Are forensic inpatient or secure wards responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

A number of patients were far from their home, beds were classed as national and could receive patients from as far as the Isle of Man.

Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

Average length of stay of patients discharged in the last 12 months from 1 December 2017 to 30 November 2018 in days was:

- Madison Ward: 470
- Upper East Ward: 1806
- Upper West Ward: 1460
- Columbus Ward: 848
- Lower East Ward: 303
- Lower West Ward: 1305
- South Hampton Ward: 1281
- Bridge Hampton Ward: No discharges in the last 12 months.
- East Hampton Ward: 1243
- West Hampton Ward: 158

Patients were not moved between wards during an admission unless it was justified on clinical grounds and was in the interests of the patient. Female patients progressed from the medium secure ward to low secure and then South Hampton the rehabilitation ward.

Upper West and East Hampton wards had one delayed discharge in the six months prior to November 2018. Challenges were with finding suitable placements for patients to move on to.

Discharge planning was discussed in patients' Care Programme Approach reviews. Patients were aware of their discharge plans.

Patients and families told us, and records confirmed that South Hampton rehabilitation ward was focusing on discharge for patients. However, families told us it was difficult to find appropriate move on placements from South Hampton ward in patient's local communities.

Facilities that promote comfort, dignity and privacy

Patients had their own bedrooms with ensuite bathrooms. where they could keep personal belongings safely. There were quiet areas on the wards for privacy. Patients personalised their bedrooms and their hobbies and interests were evident.

On the wards there were facilities for activities for patients to pursue including table football, activity rooms with games, art and craft resources and an occupational therapy kitchen. We observed patients involved in cooking activities. Weekly planners were in place which included ward based activities and off ward activities, for example animal husbandry. However, patients told us the majority of the activities were available Monday to Friday 9am to 5pm and they were bored outside of these times. When we were on the forensic secure wards, group activities were not taking place, we saw patients going off the ward to the recovery college to participate in woodwork or go out on community leave. On South Hampton rehabilitation ward we observed cooking groups, including food from around the world, an art group decorating an activity room and a walking group taking place.

Off the wards patients could access central park which was a social area to watch films and play games. We observed a rock choir taking place there. Each ward had an allocated time slot in the gym each week. Ward staff could also support patients to access this on an evening and weekend. On South Hampton rehabilitation ward, activities included a group of food around the world to enhance patient's knowledge of different meals and how to cook them.

The recovery college provided woodwork, sewing, computer, music and painting and decorating opportunities. Access to the recovery college was discussed in individual patient's ward rounds then an assessment and referral was made via the occupational therapy department.

Patients had access to smart mobile phones on an individually risk assessed basis. Basic hospital provided mobile phones were available for patients with approved contact numbers added to their phones.

Each ward had access to outside space, for most wards, access to this was dependant on staff availability to supervise patients outside. South Hampton rehabilitation ward had open access to outside space. West Hampton ward had recently introduced fob access for patients with unescorted leave to access the outside space independently. This had been well received by patients and other low secure wards were exploring the feasibility of this.

We observed, and patients told us the noise levels on Upper West ward were loud, especially with the doors banging often. This was particularly difficult for people sensitive to noise. On Lower West ward, a deaf patient was in seclusion and the room was quite dark inside which made signing difficult. Staff told us this was to improve the signing as the outer room was quite bright. We reported this to the managers to address.

Both patients and families told us they thought that the food provided could be improved. They told us there was lots of fried food on offer and limited fruit and vegetables and this was detrimental to patients with specific health needs including diabetes.

Patients had access to drink making facilities in the communal areas of the medium secure wards and open access to the kitchens in the low secure and rehabilitation wards.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as the gym, social activities including walking groups and fishing and education opportunities. Wards caring for deaf patients regularly attended deaf clubs, supported by deaf staff who understood the deaf community.

Staff supported patients to keep in contact with family members by phone, skype and facilitating visits. Families told us of examples where staff supported patients to attend family funerals and weddings, this was provided in a respectful manner and where needed the hospital assisted with the arrangement of interpreters.

Meeting the needs of all people who use the service

Good

Forensic inpatient or secure wards

The service took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.

Information was on display in the wards for patients regarding rights, how to complain, the advocacy service and activities that had taken place including day trips.

Adjustments had been made on the wards caring for deaf patients and patients with a learning disability to make information accessible by using symbols, photographs and plain English. Staff tailored care plans to make them accessible for patients with communication needs, including the recording of actions and discussions from care programme approach meetings onto DVDs for deaf patients. Symbols and photographs, large font and plain English were used in care plans for deaf patients.

On South Hampton rehabilitation ward, a patient with mobility needs had specialised equipment to enable them to continue their daily living skills including shower adaptions and a kettle and adapted cutlery.

Ward information booklets had been created, and involved patients, a patient on Madison ward had created an orientation booklet to assist new admissions to the ward.

There was a team of five British Sign Language interpreters based at the hospital who covered the hours of 7am to 7pm. They also provided planned support out of those hours or there was a 24-hour emergency interpreter service that could be accessed. The interpreters supported both deaf patients and deaf staff.

Religious leader figures visited the hospital, there was a multi faith room with access to bibles, the Koran and a mat for prayer.

Listening to and learning from concerns and complaints

From December 2017 to November 2018, the service received 140 complaints. Twenty-one complaints were upheld, 50 were partially upheld and 48 were not upheld, others were either withdrawn or still being investigated.

The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes, and shared these with all staff. The learning from complaints was included in the lessons learnt bulletin.

Patients knew how to complain. Information was displayed on the wards too. Of the 17 patients who told us they had complained, 11 told us they had had their complaint resolved and received an outcome, six told us they had not received an outcome.

Are forensic inpatient or secure wards well-led?

Good

Leadership

A new hospital director had joined the hospital in January 2019. Mangers found the new hospital director positive, approachable and looking to drive improvement.

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

Clinical service managers had good oversight of the wards they were responsible for, including what was going well and areas for improvement.

Clinical managers were now based within the wards, patients and staff reported they were more visible and approachable.

Staff and patients were positive about the new Hospital Director, they had met him and told us he was visible and approachable.

Qualified staff had had the opportunity to develop as leaders, there were staff acting as ward managers and they told us they felt valued and appreciated the opportunity.

Vision and strategy

The service had a vision for what it wanted to achieve which was "to provide the highest quality care to our patients at all times, regardless of where they are in their care pathway." There were workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

The provider's values were re launched and training was provided from January 2019 to ensure staff were aware of the new values which were:

- Integrity
- Trust

- Empower
- Respect
- Care

Ward managers had recently been provided with more information regarding their ward's performance in relation to use of agency and bank staff, sickness and vacancy levels. On a weekly basis, information was provided to ward managers who provided context to their senior managers. Ward mangers talked positively of this change and embraced their contribution to performance.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff told us they felt listened to by their senior managers including clinical managers and hospital director and would feel able to raise concerns.

The hospital promoted equality and diversity within the workforce, with a variety of staff from different backgrounds, cultures and disabled staff, including those that were deaf. Reasonable adjustments were in place including the use of vibrating pagers and access to interpreters.

Staff had access to reflective supervision as teams monthly. Psychology staff offered debriefs following incidents.

There was recognition of staff success with staff awards. Following the staff survey, a road show was conducted to enable staff to share their ideas regarding the three areas of concern: communication, staff support and pay.

Governance

The hospital director had introduced continuous professional development days for ward managers which were well received and had included topics relevant to their role, for example the completion of CQC notifications.

Monthly lessons learnt bulletins were distributed by email to all staff and included lessons learnt from incidents and duty of candour incidents.

Wards participated in monthly audits for CCTV, positive behaviour support planning, care programme approach standards, observations. Monthly audits took place regarding record keeping, risk and care planning and care audits. Ward managers completed action plans following the audits. Performance was monitored and shared with all ward managers.

Managers were aware of standard agenda items to have at team meetings to ensure consistency of information sharing including governance updates, staff support, lessons learnt and reducing restrictive practice.

Weekly medical advisory committee meetings took place with regular agenda items including staffing, professional development, medicines management and prescribing, clinical audit, mental health law, physical health, safeguarding and hospital governance. Doctors told us that they found the meetings very useful and supportive.

The hospital was going through a period of transition in the meeting structures. There were a number of meetings across the hospital some of which were poorly attended. Senior management meetings including hospital governance did not have the oversight to ensure actions from previous meetings had taken place, especially by staff who did not attend the meeting. This was mitigated by morning meetings where key risks and issues were discussed.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

The hospital had a risk register and appropriate items were escalated to the provider risk register. This included the consideration of mechanical restraint for a patient. Ward based staff were aware of the risks that had been escalated.

Information management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Ward managers received weekly performance reports which they reviewed and commented on.

Information governance systems included confidentiality of patient records. Where this was breached, the incident was treated as meeting the threshold for duty of candour, learning was identified, and action taken to avoid reoccurrence.

Good

Forensic inpatient or secure wards

Managers completed statutory notifications to CQC and informed commissioners and the safeguarding team of relevant incidents.

Engagement

Staff and patients had access to up to date information about the work of the provider and services they use via a variety of meetings and communications.

Patients participated in patient council meetings, deaf recovery outcomes meetings and were involved in recruiting staff.

Staff and patient surveys took place. Actions were taking place following the feedback, this included food for patients and pay for staff.

Regular meetings took place between the hospital and commissioners and other stakeholder including advocates.

Learning, continuous improvement and innovation

There were two practice development nurses who offered one to one support to staff to enhance their skills and knowledge.

Innovations were taking place in the service; West Hampton ward had recently introduced fob access for patients with unescorted leave to access the outside space independently.

The hospital had a reducing restrictive practice initiative which involved staff and patients and had resulted in many blanket restrictions being removed. Safe wards were being introduced within the hospital with some wards further on than others.

All the forensic and secure wards were members of the Quality Network for Forensic Mental Health Services apart from South Hampton ward which is a female locked rehab ward. The forensic and secure wards had a peer review on 16 November 2017.

Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good

Safe and clean environment

All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff could clearly see all areas of the ward and knew about any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves.

Two of the four wards were mixed gender, Wizard House and Primrose. All bedrooms were en-suite and both wards had single sex lounges. Ward managers explained that, when possible, the wards would facilitate separate bedroom corridors for male and female patients. Both ward managers did note that this was not always possible as the services regularly had a higher number of females on the wards. Staff provided the young people with opportunities to raise concerns about their safety or sleeping arrangements in the daily morning patient meeting, the weekly community meetings and in one to one sessions with staff. The ward managers explained how they would address any concerns. The service had a child and adolescent mental health mixed sex accommodation plan and protocol in place that stated what actions staff should take if concerns were raised by a patient and how the situation should be managed.

There were blind spots on all wards. Staff mitigated these risks through the use of observations, closed circuit television cameras and mirrors. The provider assessed ligature points on an annual basis. A ligature point is anything that a patient could use to harm themselves through strangulation.

Staff and visitors wore personal alarms that could be used to call for assistance. Nurse call buttons were situated in bedrooms and communal areas. Staff were allocated to respond if an alarm was pressed.

The service had access to two seclusion rooms and a high dependency area. The provider had recently refurbished one of the seclusion rooms although it was not open at the time of the inspection due to an issue with the lock on the door. The second seclusion room was due to be refurbished. The viewing panes in the seclusion room were chipped and scratched. Staff would have limited observations of the patients in seclusion. The nurse call bell in the seclusion room was not activated at the time we observed the seclusion room. We reported these issues to the provider. The provider informed us that the viewing pane had been booked to be replaced later that week and that the nurse call bell had been activated. The high dependency area on Wizard House would be used for de-escalation, de-stimulation and seclusion. No issues were observed with this area.

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency medicines that staff checked regularly. An external company completed the calibration and checks of equipment. The provider's estates department managed this process and kept the test certificates centrally along with a log of which equipment was in each ward.

Safe staffing

Good

Child and adolescent mental health wards

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

All four wards had a staffing matrix that specified the minimum number of staff that would be required dependent on how many patients were admitted at that time. At the time of the inspection, the minimum number of registered nurses on a day shift was two and one on a night shift across all four wards. The minimum number of support workers varied across the four wards: Wizard House and Mulberry had five on both shifts, Buttercup had four on both shifts and Primrose had six on both shifts.

The ward managers described how they could use additional staffing when required. The service was able to move staff to different wards on the site depending on the needs of the service.

Prior to the inspection, the provider submitted data on vacancies, turnover and sickness between December 2017 and November 2018:

Total number of substantive staff:

- Wizard House: 33
- Primrose: 32
- Mulberry: 37
- Buttercup: 32

Total number of substantive staff leavers in the last 12 months:

- Wizard House: 12
- Primrose: 13
- Mulberry: 15
- Buttercup: 20

Total percentage of vacancies overall (excluding seconded staff):

- Wizard House: 18%
- Primrose: 26%
- Mulberry: 29%
- Buttercup: 25%

Total percentage of staff sickness overall:

- Wizard House: 9%
- Primrose: 9%
- Mulberry: 9%
- Buttercup: 9%

Patients raised concerns about the use of agency staff on the wards. Patients noted that new staff on the wards did not always introduce themselves which made the patients feel more reluctant to speak to them if there were any issues. Patients noted that agency usage tended to be higher over nights. We reviewed staff rotas for three months between January 2019 to March 2019. The rotas indicated that agency use for both qualified nurses and support workers was higher for the night shifts. We saw evidence that the wards attempted to book the same agency staff and that they were on shift alongside permanent members of staff.

Prior to the inspection, the provider submitted data in respect of the use of bank and agency staff to cover sickness, absence and vacancies between 01 September 2018 and 30 November 2018:

The number of shifts filled by bank staff:

- Wizard House: 146
- Primrose: 297
- Mulberry: 271
- Buttercup: 234

The number of shifts filled by agency staff:

- Wizard House: 206
- Primrose: 427
- Mulberry: 244
- Buttercup: 193

The number of shifts not filled by bank or agency staff:

- Wizard House: 3
- Primrose: 9
- Mulberry: 6
- Buttercup: 9

Managers had oversight of and reviewed the use of bank and agency staff. The service was trying to reduce the level of agency staff used, and where they were used, managers recognised the importance of block booking agency staff so that patients saw staff members they would be familiar with.

The provider kept a log of cancelled leave. We reviewed the logs from January 2019 to March 2019. The provider had recorded 14 incidents of cancelled leave during this period for the four child and adolescent mental health wards. The

reasons staff recorded for cancellation included refusal by the patient, increased risk or concerns about patient presentation. No recorded reasons indicated shortages in staff as a reason.

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training figures had significantly improved since the previous inspection. Staff had received and were up to date with appropriate mandatory training. When reviewing the most recent training data for the four wards, all were close to 100% compliance. Ward managers were aware of any gaps and could provide reasons for why these had occurred.

Assessing and managing risk to patients and staff

Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. They minimised their use of restrictive interventions and followed best practice when restricting a patient.

We reviewed 21 care and treatment records for patients. Each record had an up to date risk assessment. The hospital used the Salford tool for the assessment of risk. Patients had positive behaviour support plans in place for patients who had a learning disability.

Prior to the inspection, the provider submitted data on restraint, seclusion and long-term segregation between 01 June 2018 and 30 November 2018:

Number of incidents of use of restraint:

- Wizard House: 130
- Primrose: 285
- Mulberry: 238
- Buttercup: 141

Number of incidents of seclusion:

- Wizard House: 6
- Primrose: 49
- Mulberry: 33
- Buttercup: 16

Number of incidents of long-term segregation:

- Wizard House: 1
- Primrose: 5
- Mulberry: 2
- Buttercup: 0

Staff were aware of how to de-escalate patients and were conscious of using least restrictive practices first. Patients and carers confirmed that staff followed this process. Staff followed guidance from the National Institute for Health and Care Excellence when using rapid tranquilisation. Managers had oversight of the level of restraint, seclusion and rapid tranquilisation used on each ward and were working towards reducing these numbers. The provider had a policy in respect of seclusion and long-term segregation that staff followed.

At the time of the inspection, the service had implemented a building-wide nut ban due to a patient having a severe nut allergy. This was signposted in the main reception and reception staff were aware of this. Staff were aware of the risks and made appropriate checks. Staff had access to emergency treatment for anaphylaxis. Following an incident, the provider ensured that staff were appropriately trained and confident to respond in an emergency.

At the last inspection in 2017, the hospital had a blanket restriction in relation to mobile phones. We found that the provider had lifted this restriction and that patient access to mobile phones was now individually risk assessed. There was evidence of this within the care records we reviewed.

The service had a culture of least restrictive practice across all four wards. A recent example of positive risk taking was changing plastic cutlery to metal cutlery. Managers described that this had been a positive change for the service. One ward manager explained that, when first introduced, a patient had been breaking the metal cutlery. The manager noted that previously this may have led to them removing the metal cutlery, however, the manager instead had a meaningful conversation with the patient about the change and explained the reasons why this had been done. Following this conversation, no further incidents had been reported.

The service had an observation policy for staff to follow. The level of observations was based on individual patient risk. The minimum level of observations used by staff on all four wards was to check on patients every three to seven minutes. This level of observation was identified in the exceptional variation to intermittent observation policy that each ward had in place.

Patients that we spoke to raised concerns that agency staff did not always complete their observations. A patient had

raised a particular incident on Buttercup ward with the acting ward manager the day prior to the inspection. The acting ward manager was undertaking an investigation of this incident.

Safeguarding

Staff knew 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.

Staff could give examples of safeguarding and how to protect patients from abuse. Staff had received training in safeguarding and had a compliance rate of 100%. There was an identified ward manager and doctor who were safeguarding leads for the child and adolescent mental health wards. Staff were aware of how to access support and guidance around safeguarding.

Weekly safeguarding meetings were held between the ward managers and clinical manager to review the open safeguarding cases and to discuss any new concerns. The service kept a log of all reported safeguarding. We observed that managers updated the log regularly. The external safeguarding lead would attend the meeting monthly. Managers reported positive relationships with local safeguarding teams and organisations.

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

The full patient records were stored in a paper file.

We reviewed the notes from handovers. These included discussions for all patients about any risks and concerns, leave status and observation levels.

The service had begun to use handover folders. We observed the handover folder on Mulberry ward which contained a picture of the patient along with an overview of their risks and recent presentation. The wards used the folders to provide agency and non-regular staff with an overview of the patients on the ward. The ward manager was also promoting patients to provide a one-page summary for the file, to make staff aware of their needs and preferences. We observed that one patient had provided this at the time of the inspection as this had only recently been introduced.

Medicines management

We reviewed all the clinic rooms, medicine storage and all prescription cards for patients. Staff followed best practice when storing, giving, and recording medicines.

We saw evidence that staff monitored and reviewed the effects of medication on patients' physical health, however, there were inconsistencies in the completion of these.

On Wizard House ward, we observed a box of medication which contained two different types of the same medication. One was orodispersible, which is a tablet that dissolves on the tongue, whilst the other tablets were not and had been put in the incorrect box. We made staff aware of this and they stated that checks would be carried out on all medication. We did not find similar issues on the other three wards.

Track record on safety

The service had 13 serious incidents in the 12 month period December 2017 to November 2018. These included serious self-harm, going absent without official leave, an allegation against staff, a medication error, a bedroom lock failure and an allergic reaction.

Managers conducted investigation reports for serious incidents.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The hospital used an electronic incident recording system.

Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers had oversight of all incidents and would discuss as part of governance meetings. The service distributed monthly lessons learnt bulletins to all staff by email. Managers attended monthly team brief meetings where the information was shared too. Staff were aware of incidents and learning from other parts of the hospital. Managers shared this information via lessons learnt bulletins and team meetings.

Patients and staff reported that they received debriefs following incidents.

The majority of staff we spoke to had an understanding of the duty of candour and their responsibilities in relation to

this. When things went wrong, staff apologised and gave patients honest information and suitable support. Ward managers described how they accessed support and advice about what incidents might meet the threshold for the duty of candour. We reviewed an incident where the service had considered the duty of candour. The incident did not ultimately meet the threshold, however, we observed that the service had been open and transparent with the patient and their family and an apology had been given. The managers had recorded the relevant actions and updates on the electronic incident recording system.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We reviewed 21 care and treatment records.

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans and updated them when needed.

We found that all patient records had a care plan present that was up to date and holistic. The care plans checked were generally personalised to the individual patient and were recovery oriented. There was evidence that staff reviewed care plans regularly.

All records contained a full physical health examination from admission and there was evidence of ongoing physical care.

In two care records reviewed, we observed that staff had noted that the patients may have difficulty in understanding their care plans. Staff had not stated how they would support patients in understanding these care plans and we did not observe any specific communication plans to assist with this process. Patients that we spoke to felt involved in their care and treatment. In the care plans reviewed, it was not always clear that staff had offered copies of care plans to patients or recorded patient views.

Best practice in treatment and care

Staff provided treatments and care for patients based on national guidance and best practice. Staff supported patients with their physical health and encouraged them to live healthier lives.

The use of psychological therapies was particularly strong on Mulberry and Buttercup wards. Patients had access to therapies such as dialectical behavioural therapy and eye movement desensitisation and reprocessing. Each ward had a psychologist that had an area of expertise. Patients had access to one to one sessions with psychologists such as cognitive behaviour therapy. It was noted that model specific therapy groups were not run as patients were not on the wards for long enough to do more formalised therapies.

Staff supported patients with their physical health monitoring, accessing the GP, dentist and local acute hospital. All patients had a physical health care plan within their records. We observed a physical health care plan for the management of diabetes which identified what action staff should take in response to each blood sugar level. The wards could refer to a speech and language therapist when identified.

Staff used recognised rating scales to monitor and record outcomes for patients including the health of the nation outcome scale for children and adolescents.

Skilled staff to deliver care

Managers made sure they had staff with the skills needed to provide high-quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills.

Wards included a variety of disciplines of staff: consultant psychiatrists, nurses, occupational therapists, psychologists, social workers, art therapists, family therapists, speciality doctors and support workers. An external organisation provided pharmacy support.

The provider had introduced a specialist child and adolescent mental health training course prior to the last inspection. At that inspection, the compliance rate for the training was low. The compliance rate had significantly improved since the last inspection. As the course only ran with a minimum of 20 attendees, some staff were awaiting to attend the training. The next course was booked for May 2019. The specialist child and adolescent mental health course was a five day programme that covered specific

areas such as autism, learning disabilities and eating disorders. Ward managers noted that the training course had a positive impact on staff awareness and understanding.

New staff received an induction. This included an introduction to the hospital, relevant policies and procedures and the mandatory training.

Staff received line management and clinical supervision monthly. Reflective practice sessions were also available to staff to discuss particular cases or issues.

The percentage of staff who had received an appraisal in the last 12 months was high, with all four wards having a completion rate of over 90%.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care

We observed a multidisciplinary handover meeting. The meeting used a patient handover folder to ensure that staff discussed all patients in the meeting. The handover folder contained a picture of the patients along with an overview of their risks and recent presentation. The wards used the handover folders to provide agency and non-regular staff with a brief overview of the patient population on the ward. We reviewed minutes from handover meetings for all wards and observed that staff discussed each patient including their risks, levels of observation and leave status.

The multidisciplinary teams reported positive working relationships with each other. Staff described open and supportive relationships that were patient focused.

We observed a Care Programme Approach meeting. The meeting was discharge focused and included discussions on several areas. The patient was in attendance and a member of staff kept ensuring that the patient understood what was being discussed. A clear transition plan was developed, and actions allocated out to certain professionals in attendance.

The ward teams had effective working relationships with teams outside the organisation such as local authority social services and GPs.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain to patients their rights.

Staff completed training in the Mental Health Act. The compliance rate was 100%.

A Mental Health Act administration team was in charge of ensuring all paperwork was correctly filled out and updated. Staff were aware of who the team were and told us they could ring or email them for advice on anything to do with the Mental Health Act. The team kept track of when things were due such as renewals, tribunals and rights and would emailed staff in plenty of time.

Each ward displayed information about how to contact an independent mental health act advocate. Patients reported that they were aware of how to contact advocacy.

Responsible Clinicians reviewed a patient's capacity to consent to their treatment. We saw evidence whilst reviewing prescription cards that all had a certificate of consent to treatment or certificate of second opinion attached. These included an assessment of patient capacity.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

The service provided training in the Mental Capacity Act and had a compliance rate of 100% across all four wards.

The Mental Capacity Act does not apply to children under the age of 16. In these cases, the Gillick competence test is used in British medical law to determine if the person under 16 is able to make a decision to consent to their own medical treatment without the need for parental consent or knowledge. This allows staff to determine if some children have the maturity to make these decisions for themselves. We saw evidence in the care records of staff considering capacity and references to Gillick competence test. Staff understood the principles of capacity and the factors to consider when reviewing a patient's capacity.

Are child and adolescent mental health wards caring?

Good

Child and adolescent mental health wards

Good

Kindness, dignity, respect and support

We spoke with 13 patients who were using the service and three family members.

Permanent staff treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs. Patients described that staff members and ward managers were approachable. We observed caring and respectful interactions between patients and staff. Staff understood the individual needs of the patients and were aware of their care and treatment plans.

Patients raised concerns about the attitudes and use of agency staff. Patients described that agency staff did not always introduce themselves. Patients did not always feel comfortable asking agency staff members for support as they did not know who they were. Patients told us that agency staff members did not always treat them with dignity and respect, such as knocking on bedroom doors before entering. Patients reported that there were high levels of agency use at night times which made them feel unsafe. Patients stated that agency staff did not always complete their observations. A patient reported some examples of agency staff not undertaking the required levels of observations. We raised these concerns with the manager who was in the process of investigating.

The involvement of people in the care they receive

Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

Patients stated that they were involved in their care plans and that staff gave them choices in respect of their care and treatment. We reviewed 21 care records and observed that it was difficult to identify if staff had shared a care plan with a patient and staff had not always recorded patient views. Two patients told us that they were offered and shown copies of their care plans. One patient told us that they had requested a copy of their care plan but had not been provided with a copy, although the patient did state they felt involved in their care and treatment. Another patient stated that staff had not given them a copy of their care plan.

We observed a morning meeting where patients would meet and discuss their plans for the day. All members of the multidisciplinary team also attended this meeting. The patients in attendance gave feedback on how the last 24 hours had been, and all staff gave feedback as well. The meeting also included the daily activities and any plans for leave so that staff and patients could agree the times leave would take place. Patients chaired this meeting. All wards held morning meetings. Each ward also held weekly community meetings where patients had a chance to discuss and provide feedback about the service.

We observed a care programme approach meeting. The meeting was discharge focused and included discussions on several areas. The patient was in attendance and a member of staff kept ensuring that the patient understood what was being discussed. The meeting developed a clear transition plan, and actions allocated out to certain professionals in attendance.

On Mulberry ward, the ward manager was encouraging patients to provide a one-page summary for the staff handover folder. The summary was intended to allow patients to state the best ways for staff to interact with them and information the patient felt staff should know about them. This summary would provide agency and non-regular staff with important information about the patients they would not be familiar with. At the time of the inspection, one patient had completed a summary. The ward manager was keen to promote this with all patients to engage and involve them in their care.

Patients were given the opportunity to be involved in staff interviews. One patient we spoke to confirmed they had been involved in this process and we observed staff giving other patients the opportunity to participate in this process.

Patients had access to independent advocates who attended the wards on a regular basis. Information on how to access the advocacy services was on display on the wards. We observed that advocates were utilised on the wards and patients reported that they could access advocacy when needed. The provider used separate advocacy providers for male and female patients, recognising the differing needs of the patient population.

Managers recognised the importance of contact between patients and their families, especially as the service admitted patients from long distances. Managers promoted

daily updates to families by staff and the responsible clinicians provided weekly updates. The service facilitated phone attendance at meetings for those families that were unable to attend the meetings in person. Families we spoke to confirmed that they received regular updates from the wards and this was beneficial to them. One family member raised a concern that at times the daily update did not reflect what the patient themselves told family members directly.

Families felt that staff treated their family members with dignity and respect. Families believed that staff were caring and focused on patient wellbeing. Families were positive about the number of activities available on the wards and the education service. Families described that their relative seemed happy at the hospital.

Some concerns raised by the families spoken to were that there was no information or brochures available in the main reception of the building; the administration following meetings could be improved, for example, notes from care programme approach meetings were not routinely shared and had to be chased up; limited information was provided to families about the local area when utilising local and Bury leave.

Are child and adolescent mental health wards responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

People could access the service closest to their home when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

The service did not use leave beds. This meant that when patients went on overnight leave, they always had a bed to return to.

The service had a significant number of patients who came from out of the local area, as beds were classed as national.

Prior to the inspection, the provider submitted data on the average length of stay for patients discharged between December 2017 and November 2018: Wizard House was 62.62 days; Primrose was 57.74 days; Mulberry was 77.85 days; and Buttercup was 214.30 days.

Since the last inspection, the specification of two wards, Mulberry and Buttercup, had been changed from psychiatric intensive care units to low secure wards for female patients only. The ward managers noted that prior to these changes, a number of patients had been unable to be moved on from psychiatric intensive care units due to lack of appropriate beds. The change to low secure wards had a positive impact on this.

If patients were moved between wards during their admission this was based on the needs of the patient.

Staff described how they planned for discharge from admission and gave examples of how they engaged care co-ordinators in this process. Discharge planning was discussed in patient's Care Programme Approach meetings. The provider reported nine delayed discharges for the four wards between the 01 June 2018 and 30 November 2018. The provider identified the main reasons for delayed discharges as being lack of suitable beds and suitable accommodation in the community.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own en-suite bedrooms where they could keep personal belongings safely. There were quiet areas for privacy.

During the tours of each ward, we observed that patients were able to personalise their bedrooms. We also saw examples where patients had been able to provide input into the decoration of the wards. Staff described how patient opinions and feedback was sought in relation to this.

Each ward had access to outside spaces although patient access to this was dependent on staff availability. On Wizard House ward, staff gave informal patients fobs to allow them to access outdoor spaces independently.

The wards produced weekly activity planners. Activities were discussed during the morning patient meetings. Patients and family members confirmed that there were a number of activities taking place on weekdays. Patients

had a structured programme enabling them to access education and activities. Patients noted that there could be limited activities on weekends which resulted in them being bored.

Patients and staff both raised concerns about the quality of the food provided by the service. The concerns were about the options available, portion sizes, presentation of the food and the overall quality of the meals provided. Further specific concerns were raised about the very limited options available to vegetarian and vegan patients. The provider was aware of these concerns and had been liaising with the catering services to improve the quality of the meals. The catering services had produced 'you said we did' posters to explain the concerns that patients had raised and what actions the kitchen staff had taken to address them in the weeks prior to the inspection.

Patients could have mobile phones on the wards on an individual risk assessed basis. The service made patients aware of certain rules they had to follow when using their phones and a contract was signed. Patients unable to have personal mobile phones had access to ward phones when required. The service did not have wi-fi access for patients at the time of the inspection but was in the process of providing this.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

The provider had an on-site education department, the Excel and Exceed Centre. The education department was registered with Ofsted (the Office for Standards in Education) and had been inspected in June 2017. The centre was rated as Good at this inspection.

Ward managers recognised that engaging patients in education was a challenge. The service had introduced a scheme where patients could receive vouchers dependent on attendance at education. Staff praised the quality of the education department and the involvement of the liaison officers.

Staff supported patients to keep in contact with family members by phone, skype and facilitating visits.

Meeting the needs of all people who use the service

The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.

Following the admission of a transgender patient on Primrose ward, the ward manager co-produced a teaching session with the patient to educate staff and to improve the patient experience on the ward. Concerns had been raised about staff using the wrong gender and pronouns when referring to the patient. The teaching session was designed to help staff understand what a transgender patient may be going through and to educate them on the experiences of transgender patients. The ward manager reported positive feedback about the presentation and the impact this had on staff awareness. The ward manager was planning on delivering this presentation again.

As the adult side of the hospital included specialist deaf units, the child and adolescent wards could access the hospital's British Sign Language interpreters should any of the patients require this. Staff described how interpreters could be booked for patients whose first language was not English.

Information was on display in the wards for patients regarding rights, how to complain, the advocacy service and activities. Staff explained that leaflets and information could be provided to patients who may require them in a different language or in an easy read format.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

From December 2017 to November 2018, the service received 29 complaints. Two complaints were upheld, 13 were partially upheld and nine were not upheld. One complaint had been withdrawn and four were still being investigated.

Patients were aware of how to make complaints and raise concerns. Patients felt that staff managed their complaints well and they received a quick response. Family members that we spoke to were aware of how they could access the complaints process if required. Information on how to complain was on display on the wards.

Good

Child and adolescent mental health wards

Staff knew how to respond to complaints and concerns appropriately. Managers shared the learning from complaints in team meetings and as part of the lessons learnt bulletin.

Are child and adolescent mental health wards well-led?

Good

Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

The ward managers were experienced and knowledgeable. They had awareness of the progress and challenges of the other child and adolescent wards across the service. The ward managers reported positive working relationships with each other and they supported each other. The ward managers described that the clinical manager was available to them when needed and had a good awareness of the service. Staff described that leaders in the service were approachable and visible.

The service had implemented continuous professional development days for ward managers and team leaders to access training and development in leadership areas. These sessions enabled managers to have the opportunity to improve their knowledge and ensure that processes were being completed in the correct ways. Qualified staff members were also able to attend which assisted them with developing their knowledge as potential leaders.

Vision and strategy

The provider's values were re-launched in January 2019. These values were:

- Integrity
- Trust
- Empower
- Respect
- Care

Staff were aware of the values and felt that they were relevant to their work. Ward managers described how they used the values throughout the recruitment of staff and as part of the appraisal process. Staff had been involved in training when the provider launched the new values in January to help introduce them to the teams.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff felt respected, supported and valued by managers. Staff described a positive working environment and were proud of their work. Staff stated they would be able to raise any concerns without fear of victimisation and were aware of the whistleblowing process.

Managers gave examples of where staff performance had been monitored and managed. Managers were aware of how to support staff with their work and any physical or emotional needs staff might have. All staff reported that they received regular line management and clinical supervision. Staff could also attend regular reflective practice sessions. The compliance rate for appraisals was high across the four wards.

The provider used staff awards to recognise success within the service. Wards and individual staff members from the Bury child and adolescent wards had received awards in the most recent awards ceremony. Some of the wards had also introduced local awards where patients had the opportunity to give awards to staff members.

Sickness rates for the period December 2017 to November 2018 ranged from 8.5% on Mulberry to 9.3% on Buttercup. The average across the hospital was 9.1% and the child and adolescent mental health service was performing at the hospital average of 9.0%.

Governance

The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Managers received monthly reports providing key figures and information about their wards. The ward managers provided context and explanations within these reports, which the ward managers and the clinical manager then discussed at a meeting. The reports enabled the managers to reflect on any good practice and lessons to be learnt

from the data. Managers had an awareness of the other child and adolescent mental health wards and were able to reflect on the service as a whole. The reports enabled managers to have a strong oversight of their wards and managers could use these reports to provide positive feedback to their teams.

The service used an electronic training system to book, monitor and manage mandatory and non-mandatory training. Ward managers explained how this enabled them to have oversight of their team's training compliance. The managers could use this information to address any areas of concern or gaps in compliance. The overall compliance rates for mandatory training had significantly improved since the last inspection, with all four wards being at or close to 100% at the time of the inspection.

We reviewed team meeting minutes and observed that meetings generally followed similar agendas. This included a discussion around lessons learnt from incidents and complaints. Managers noted that they would hold two team meetings a month to ensure staff from both shift codes could attend.

Managers could give examples of where lessons had been learnt following incidents and what changes had been made as a result of this process. We saw evidence that the wards had implemented these lessons.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers had an awareness of the risk register and the items that were currently on it.

Information management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The service used systems to collect data from wards. Ward managers were able to quickly identify and provide information as it was requested. Ward managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Staff did not mention any concerns about access to equipment or information technology to do their work.

The provider made notifications to external organisations in a timely manner.

Engagement

Staff received a monthly team brief which provided updates from the provider. The team briefs were discussed as part of the team meetings. Staff felt that there was positive communication from senior leaders in the hospital and that they felt listened to. Staff felt that they could make suggestions on improvements and would be listened to.

Since the last inspection, two of the psychiatric intensive care units had changed specification to low secure wards. Staff described being engaged in this process and that the provider gave them advice and support on what to expect. The provider had given staff the option as to whether they wanted to work on the low secure wards or transfer to a different ward.

Patients could attend daily morning meetings and weekly community meetings to provide feedback on the service. The service used surveys to gather feedback from patients about their care and treatment.

One carer noted that they did not feel like they had many opportunities to make suggestions or provide feedback about the service.

Learning, continuous improvement and innovation

All four wards were registered with the Quality Network for Inpatient Child and Adolescent Mental Health Services. Wizard House had been accredited by the Quality Network for Inpatient Child and Adolescent Mental Health Services. Both Primrose and Mulberry had been visited recently as part of the peer review process and all wards were working towards accreditation.

We saw examples of presentations and seminars that were prepared and delivered by the wards. These included presentations on complex cases for patients that had been admitted to Cygnet Hospital Bury. The service was able to share good practice and lessons learnt from these complex cases both internally and with external organisations.

Outstanding practice and areas for improvement

Outstanding practice

On West Hampton ward, a low secure ward for deaf male patients, they had recently introduced fob access for patients with unescorted leave to access the outside space independently.

On wards caring for deaf patients, they had introduced the recording in British Sign Language of the outcomes and actions from individual patients' care programme approach reviews onto a DVD for individual patients to watch. The person signing on the DVD was a staff member who knew patients well and understood their individual preferences of variations in signs, which meant the DVDs were tailored for patients to ensure effective and meaningful communication.

Following the admission of a transgender patient on Primrose ward, the ward manager co-produced a teaching session with the patient to educate staff and to improve the patient experience on the ward. Concerns had been raised about staff using the wrong gender and pronouns when referring to the patient. The teaching session was designed to help staff understand what a transgender patient may be going through and to educate them on the experiences of transgender patients. The ward manager reported positive feedback about the presentation and the impact this had on staff awareness. The ward manager was planning on delivering this presentation again.

On Mulberry ward, the ward manager had encouraged patients to provide a one-page summary for the staff handover folder. The summary was intended to allow patients to state the best ways for staff to interact with them and information the patient felt staff should know about them. This summary would provide agency and non-regular staff with important information about the patients they would not be familiar with. At the time of the inspection, one patient had completed a summary. The ward manager was keen to promote this with all patients to engage and involve them in their care.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure handovers include risk of patients.
- The provider should ensure ligature audits include how staff should mitigate the identified risks.
- The provider should ensure that all staff are aware of their responsibilities in relation to undertaking observations and that these are carried out as per the individual risk assessments.
- The provider should ensure that medicine is checked to ensure it is stored in the correct packaging and ensure that emergency medicines are stored as per policy.
- The provider should ensure staff complete physical observations and monitoring scales following the administration of medication. Patient records should include physical health monitoring and that lithium blood testing is in line with British National Formulary guidance.
- The provider should ensure they meet the physical health needs of patients including healthy eating and exercise.
- The provider should continue to ensure that the quality of the meals available to patients are improved.
- The provider should ensure the environment meets the needs of patients with sensory needs including reduce the noise of the doors banging on Upper West ward and that the seclusion rooms are conducive to signing for deaf patients.
- The provider should ensure that care plans and information available to patients is written in an accessible format for patients who may have specific communication needs.
- The provider should ensure staff introduce themselves to patients and respect the privacy and dignity of patients, knocking on doors and affording patient's wishes when in shower, should observations allow.

Outstanding practice and areas for improvement

- The provider should ensure agency staff have access to the required information and they follow the support plans of patients.
- The provider should ensure that copies of care plans are offered to patients and that this is documented clearly in records.
- The provider should work to reduce the length of stay for patients on South Hampton, a rehabilitation ward.
- The provider should ensure they keep families updated on the progress of their relative, should consent allow and that information is shared with the appropriate people and organisations following meetings.
- The provider should review the staffing arrangements on the female adult wards to include enough female nursing staff to respond to patients.
- The provider should improve the hospital governance meetings oversight by ensuring actions from previous meetings have taken place, especially by staff who did not attend the meeting.