Cygnet Hospital Stevenage

Quality Report

Graveley Road
Stevenage
Hertfordshire
SG1 4YS
Tel:01438 342942
Website:www.cygnethealth.co.uk

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

Ratings

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

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 Stevenage as requires improvement because:

- The provider had not ensured that agency staff providing care or treatment to patients had the qualifications, competence, skills and experience to do so safely. Mandatory training compliance for agency and bank staff was low. Managers had not carried out Disclosure and Barring Service (DBS) risk assessments when agency staff had criminal records.
- The hospital relied heavily on agency staff. At the time of inspection, the hospital had 78% vacancy rate for qualified nursing staff.
- The provider had not ensured that adequate governance systems were in place. Systems had not been fully effective to ensure that actions from meetings had been completed within the required timescale. The hospital risk register was not being updated and reviews were not documented thoroughly, some historically completed items were still documented on the risk register.
- The provider had not ensured it was using current policies. Overall, 42% of policies were out of date or were past the indicated date of review.
- Staff on acute wards had increased the use of physical restraint from our previous inspection in January 2018. The use of prone restraint on acute wards had also increased.
- Staff we spoke with knew the hospital had a Freedom to Speak Up Guardian but were not sure who it was.
- Some care plans on Orchid ward were not person centred, individualised or completed within the provider's timescale. We found one record which had been duplicated from another patient care plan.
- Patients on Saunders ward told us the ward was short staffed on a regular basis and leave could be cancelled or delayed.
- We found discrepancies in three sets of detention paperwork we reviewed.
- Patients gave varying reviews about the quality of food provided. Most patients said the food was okay. However, some patients said that food choice was repetitive, poor quality and choice was limited.

However:

- Staff assessed risks to patients and themselves using a recognised risk assessment tool. Staff updated risk assessments regularly. Patients' risks were reviewed twice daily.
- Staff reported all incidents that required reporting, including raising safeguarding concerns.
- Patients and staff received a debrief after incidents. in addition, staff had access to weekly reflective practice sessions.
- Staff assessed the mental health of patients within 48 hours of admission and offered a physical examination to all patients on admission.
- Patients had access to a range of activities, groups and one to one sessions delivered by the occupational therapy team, psychology team and sessional workers as recommended by the National Institute for Health and Care Excellence. Patients had access to weekend activities, including gym, football, snooker tournaments, film nights and pamper sessions.
- The percentage of staff across the hospital that had had an appraisal in the last 12 months prior to inspection was 100%. The percentage of ward staff that had received regular clinical supervision between January and December 2018 was 93%. The mandatory training compliance rate for permanent staff was 92% on acute wards and 89% on forensic wards.
- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. We observed caring interactions between staff and patients. Patients told us most staff were helpful, supportive and they spent time talking to them. Patients told us they felt informed about decisions and well cared for.
- Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this. We saw evidence in complaints records that staff had fed back openly to patients about complaints.
- Staff felt respected, supported and valued. Staff felt positive and proud about working for the provider and their team. We saw good joint working within the hospital between teams.

Summary of findings

- The hospital responded to concerns raised by staff about pay, facilities and vacancy rates by introducing clear pay scales and hourly pay rates, refurbishing the hospital and introducing a recruitment strategy and reward system for registered nurses.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement 	
Forensic inpatient or secure wards	Requires improvement 	

Summary of findings

Contents

Requires improvement

Cygnet Hospital Stevenage

Services we looked at:
Acute wards for adults of working age and psychiatric intensive care units and Forensic inpatient or secure wards

Summary of this inspection

Background to Cygnet Hospital Stevenage

Cygnet Hospital Stevenage is part of the Cygnet Health Care group which was founded in 1988 and offers a range of services for individuals with mental health needs and learning disabilities within the UK.

Cygnet Hospital Stevenage opened in May 2006 and consists of six wards: two acute inpatient wards, two medium secure wards and two low secure wards. At the time of inspection there were 81 patients receiving care and treatment.

Acute wards were Orchid ward, a 14 bedded female only ward and Chamberlain ward, a 14 bedded male only ward.

Forensic wards include Peplau ward, a 14 bedded male only medium-secure ward, Pattison ward, a 14 bedded female only medium-secure ward, Tiffany ward, a 15 bedded female only low-secure ward and Saunders ward, a 15 bedded male only low-secure ward.

At the time of inspection, there was a nominated individual in post. A new hospital manager had been appointed who was undergoing checks to become the registered manager. Cygnet Hospital Stevenage is registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

The Care Quality Commission previously carried out a comprehensive inspection of this location in January 2018. The hospital was rated as good overall, with requires improvement for the safe domain. Following the January 2018 inspection, we told the hospital that it must take the following actions:

- The provider must ensure that supervision is documented consistently across the service.
- The provider must ensure that out of date medication is disposed of appropriately.
- The provider must ensure that the seclusion room is in line with the Mental Health Act Code of Practice.
- The provider must ensure that all seclusion records are documented consistently and that all episodes of seclusion are recorded.

The provider submitted an action plan following the January 2018 inspection and had addressed all concerns adequately prior to our current inspection.

Our inspection team

The team that inspected Cygnet Hospital Stevenage consisted of one inspection manager, three CQC inspectors, an assistant inspector, a Mental Health Act reviewer, and two specialist professional advisors.

The team would like to thank all those who met and spoke with them during the inspection.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme, and from gathering information through a number of notifications raised to the CQC following incidents.

Summary of this inspection

How we carried out this inspection

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

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

This inspection was announced. This meant that staff knew we were visiting the hospital.

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

During the inspection visit, the inspection team:

- visited all six wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 24 patients who were using the service
- spoke with five carers
- spoke with the managers or acting managers for each of the wards
- spoke with 39 other staff members; including doctors, nurses, support workers, occupational therapists, psychologists and social workers
- attended and observed two staff shift hand-over meetings, a long-term segregation review meeting and a situation-report meeting
- looked at 28 care and treatment records of patients
- carried out a specific check of the medication management on all six wards
- 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 24 patients using the service.

- Patients on Chamberlain ward said that staff were kind. Patients on Orchid ward told us staff were helpful, supportive and they spent time talking to them.
- Patients on Saunders ward told us the ward was short staffed on a regular basis and leave could be cancelled or delayed; patients on Saunders ward also said that some non-permanent staff were not as caring or as interested in patient's wellbeing as permanent staff.
- Patients on Peplau ward said that they felt supported by staff, informed about decisions and well cared for. Patients on Tiffany ward said that staff were caring, respectful and knew patient's needs.
- We spoke with one patient who was moving between wards. The patient told us that the hospital had helped them to progress, staff were amazing and supportive and that they had visited their new ward for two hours a day for the last two weeks to support them integrating into the ward and to help them get to know staff.
- One patient we spoke with told us staff had supported them in losing five stone which had reduced their cholesterol and reversed their type 2 diabetes.
- Most patients said the food was okay. Four patients said that food was poor quality and one patient told us that lunch was repetitive.
- Patients knew how to complain and told us when they complained, they received feedback on their complaint.

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?

Requires improvement 

We rated safe as requires improvement because:

- The provider had not ensured that agency staff providing care or treatment to patients had the qualifications, competence, skills and experience to do so safely. Mandatory training compliance for agency and bank staff was low. Overall, 69% of agency and 68% of bank staff had completed mandatory training.
- The hospital was relied heavily on agency staff. At the time of inspection, the hospital had 78% vacancy rate for qualified nursing staff.
- Patients on acute wards told us activities were occasionally cancelled due to short staffing.
- Staff on acute wards had increased the use of physical restraint from our previous inspection in January 2018. Between July 2018 and December 2018, acute wards reported a total of 194 uses of physical restraint, 49 of which were prone (face down) restraint. This had increased from our previous inspection where we found restraint had been used a total of 70 times during a five-month period, 29 of which were prone restraint.

However:

- Staff completed regular environmental risk assessments including ligature risk assessments. Safety changes had been made to all wards following the most recent ligature risk assessment in January 2019.
- All wards had a fully equipped, clean, tidy and well stocked clinic room. All ward areas and communal areas were visibly clean.
- Managers met twice daily to discuss staffing levels on wards and adjusted the daily staffing levels dependent on patient need and additional observations.
- Staff assessed risks to patients and themselves using a recognised risk assessment tool. Staff updated risk assessments regularly. Patients' risks were reviewed twice daily at the managers meetings, during handovers and at weekly ward rounds.
- Staff reported all incidents that required reporting, including raising safeguarding concerns. Incident findings were discussed during meetings, learning was documented and cascaded to the wards. The provider took all necessary action following incidents to protect patients and staff where needed.

Summary of this inspection

- We saw evidence of staff debrief located in folders on wards, in addition staff had access to weekly reflective practice sessions. Patients we spoke with confirmed they had received a debrief following an incident.
- The mandatory training compliance rate for permanent staff was 92% on acute wards and 89% on forensic wards.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the physical and mental health of patients within 48 hours of admission and the physical healthcare nurse ensured that patients had an annual physical healthcare check and supported patients to manage their physical health alongside the GP. Patients were offered cervical screening tests and breast screening with the physical health nurse. Patients had access to a podiatrist, optician and dentist.
- Patients had access to a range of activities, groups and one to one sessions delivered by the occupational therapy team, psychology team and sessional workers as recommended by the National Institute for Health and Care Excellence. Patients had access to weekend activities, including gym, football, snooker tournaments, film nights and pamper sessions.
- Staff developed individual care plans for patients on forensic wards, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans on most wards were personalised, holistic and recovery-orientated.
- The percentage of staff across the hospital that had had an appraisal in the last 12 months prior to inspection was 100%. The percentage of ward staff that had received regular clinical supervision between January and December 2018 was 93%.
- Staff could attend additional training to support them in their roles. Support workers were encouraged to attend Dialectal Behavioural Therapy (DBT) training.
- Staff compliance with Mental Health Act training was 96% across the hospital. Staff compliance with Mental Capacity Act training across the hospital was 100%. Staff knew where to get advice and support regarding the Mental Capacity Act within the organisation.

However:

- We found issues with three care plans for patients on Orchid ward. Two were not person centred, individualised or completed within the provider's timescale. We found one record which had been duplicated from another patient care plan.

Summary of this inspection

- We found discrepancies in three sets of detention paperwork we reviewed.

Are services caring?

Good

we rated caring as good because:

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. We observed caring interactions between staff and patients.
- Patients told us staff were helpful, supportive and they spent time talking to them. Patients told us they felt informed about decisions and well cared for.
- Patients had access to an independent mental health advocate who regularly visited the hospital.
- Patients could feed back about care through various routes, including a quarterly patient satisfaction audit
- Carers, friends and families were able to feed back about care at the six-monthly carer's forum. Staff sent a quarterly newsletter to all carers. Carers were invited to contact the social work department to ask questions and give feedback on care.

However:

- Patients on Saunders ward told us the ward was short staffed on a regular basis and leave could be cancelled or delayed, patients on Saunders ward also said that some non-permanent staff were not as caring or interested in patients' wellbeing as permanent staff.

Are services responsive?

Good

we rated responsive as good because:

- Staff planned for patients' discharge, including liaison with care managers or care co-ordinators. Patients we spoke with confirmed they were involved in their discharge planning.
- There was an appropriate room for people visiting patients off the wards and room within the wards where visits could take place.
- Patients had access to a variety of rooms across the hospital, including lounge areas with appropriate furniture, TV rooms, music, games and a book collection. Some wards also had a pool table or pamper rooms. Off the ward patients had access to a gym and a multi-faith room.
- Patients could personalise their bedrooms. We saw evidence of bedrooms being personalised on all forensic wards visited.

Summary of this inspection

- The hospital had a robust complaints process and treated concerns and complaints seriously. Managers investigated complaints and learned lessons from the were shared at staff meetings.
- We spoke with patients who were employed within paid roles within the hospital including working in the canteen, the hospital gym, and a patient who helped clean the ward courtyard and dining area. Patients told us this gave them a sense of achievement. Staff had supported patients with submitting application forms and helped them to prepare for interviews.
- The hospital had made suitable adjustments for people requiring disabled access. The hospital had lifts to support access to all floors. We saw evidence of adjustments being made for patients on Tiffany ward.

However:

- Patients gave varying reviews about the quality of food provided. Most patients said the food was okay. However, some patients said that food choice was repetitive, poor quality and choice was limited.

Are services well-led?

Requires improvement

We rated well led as requires improvement because:

- The provider had not ensured that adequate governance systems were in place. Systems had not been fully effective to ensure that actions from meetings had been completed within the required timescale.
- The hospital risk register was not being updated and reviews were not documented thoroughly. Some historically completed items were still documented on the risk register.
- Overall, 42% of policies were out of date or were past the indicated date of review at the time of inspection.
- Managers had not ensured all agency staff had received adequate security checks prior to commencing employment. Disclosure and Barring Service (DBS) risk assessments were not being completed when agency staff had criminal records.
- Staff we spoke with knew the hospital had a Freedom to Speak Up Guardian but were not sure who it was.

However:

- Staff felt all managers were approachable and spoke highly of the senior management team.
- Leadership and professional development opportunities were available for staff. We saw evidence of career development through speaking with staff.

Summary of this inspection

- Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this. We saw evidence in complaints records that staff had fed back openly to patients about complaints.
- Staff felt respected, supported and valued. Staff felt positive and proud about working for the provider and their team. Teams worked well together. We saw good joint working within the hospital between teams.
- The hospital responded to concerns raised by staff about pay, facilities and vacancy rates by introducing clear pay scales and hourly pay rates, refurbishing the hospital and introducing a recruitment strategy and reward system for registered nurses.

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 Mental Health Act training annually. Staff compliance with Mental Health Act training was 96% across the hospital.
- The Mental Health Act administration team were located within the hospital site. Staff provided care and treatment for a total of 80 detained patients and one informal patient at the time of our inspection. There were good working relationships between the Mental Health Act administration team and the wards, community teams, hospital managers and the senior management team. The Mental Health Act administration team disseminated information, such as updates relating to the Mental Health Act to ward staff. At the time of inspection the Mental Health Act administration team were fully staffed.
- The Mental Health Act administration team audited detention paperwork and contacted the ward staff if there were any gaps in documentation.
- We found, where applicable, outline reports by the Approved Mental Health Professional (AMHP) in patient records we reviewed in relation to the Mental Health Act.
- Each record evidenced that staff provided detained patients with information about their legal position and rights as required under Mental Health Act section 132 (duty of managers of hospitals to give information to detained patients). This included information about the role of the independent mental health advocate and their contact details.
- The responsible clinician had assessed patients' capacity to consent to treatment at the most recent authorisation. Where required, 'T2' consent to treatment or 'T3' certificate of second opinion to authorise the treatment for the patient's mental disorder were included in records we reviewed.
- Staff completed a risk assessment of section 17 leave form with patients prior to patients commencing community leave which included how the patient was feeling. On return from leave patients completed a review with staff.
- We found three discrepancies in the 13 sets of detention paperwork we reviewed. On two records where the responsible clinician in charge of the patient's treatment did not communicate the results of the second opinion appointed doctor. We found one section 61 review of treatment form which was not dated.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training across the hospital was 100%.
- There was one Deprivation of Liberty Safeguards application made by the hospital in the last six months, this was on Chamberlain ward.
- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it. Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.
- The responsible clinician assessed patients' capacity to consent to treatment, in each of the records we reviewed. This was completed during weekly ward round.
- Staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions. We saw examples of this on Tiffany ward to support patients with living healthier lifestyles.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Forensic inpatient or secure wards	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

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

Requires improvement

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

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

Requires improvement

Safe and clean environment

- The layout of the acute wards allowed staff to observe some but not all areas of the ward. Acute wards used convex mirrors and additional staffing to observe all areas of the ward. Closed circuit television was used throughout the building, including on wards.
- Staff on acute wards completed regular environmental risk assessments. Staff completed ligature risk assessments annually or more frequently when new equipment was added to areas accessed by patients or changes were made to fixtures or fittings. All ligature risk assessments for acute wards had been updated in January 2019. Ligature points are fixtures to which people intent on self-harm might tie something to strangle themselves. Each ward office had a ligature map located on the wall showing high-risk areas.
- The hospital had made recent safety changes to acute wards following the ligature risk assessments, which included all ensuite doors having hinges replaced with anti-ligature hinges and Orchid ward having vision panels in bedroom doors. Plans were in place to replace remaining bedroom doors along with communal bathrooms and toilets.
- The provider was compliant with the Department of Health's guidance on eliminating mixed sex accommodation. All wards were single gender.
- Both acute wards had a fully equipped clinic room. We found no out of date medication. The hospital used an external pharmacy service to audit medication and the clinic rooms weekly. Staff used clean stickers to demonstrate when equipment was last cleaned. However, we noted the controlled drugs cupboard in Orchid ward was dusty. Each ward had access to an emergency resuscitation bag to use in a medical emergency. Staff were aware of what procedure they should follow in a medical emergency.
- The hospital employed a team of housekeeping staff who kept the acute wards clean and tidy. Areas were visibly clean throughout the hospital and cleaning schedules were in place.
- Staff adhered to infection control principles. The hospital displayed hand washing posters at each sink. Hand sanitizer was available in all areas, including in clinic rooms and the reception area.
- There were no seclusion facilities on the acute wards. The service had an extra care area, away from the wards that contained two seclusion rooms. If patients required seclusion, they were taken downstairs or though the communal corridor to the seclusion rooms. The seclusion rooms met the required standard as set out by the Mental Health Act Code of Practice. The provider had a risk assessment which was used when patients needed to be moved from a ward to seclusion.
- Staff and visitors had access to personal alarms which called for help if needed and signalled on panels around the ward where an incident had taken place. Nurse call bells were present in all bedrooms, bathrooms and communal areas.

Safe staffing

- Managers across the hospital met twice daily at situation-report meetings to discuss staffing levels on wards and adjusted the daily staffing levels dependant on patient need and additional observations.

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

Requires improvement

- Permanent staff received and were up to date with appropriate mandatory training; the average mandatory training compliance for staff on acute wards was 92%. Mandatory training included basic life support and automated external defibrillator training, immediate life support, health and safety, equality and diversity training and Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. Training was a combination of online learning and face to face.
- We looked at staffing rotas for two weeks in May 2019. The number of nurses present on acute wards during the inspection matched the staffing rotas and met safe staffing guidelines. The hospital could use agency staff as required. At the time of inspection there were 43 whole time equivalent nursing vacancies across the hospital which equated to a 78% qualified nurse vacancy rate. Between January 2018 and December 2018 Orchid ward reported a total of 39% vacancies and Chamberlain ward reported a total of 58% vacancies.
- The service relied heavily on agency and bank staff to ensure safe staffing numbers on the wards. The hospital recruited agency staff on a short-term contract basis. Bank staff completed the provider's mandatory training. At the time of inspection bank staff mandatory training compliance was 68%. The hospital had recently changed its procedure, so bank staff could not book shifts to work until they had completed all mandatory training. The provider had made significant attempts to recruit staff, such as holding recruitment open days, engaging with local universities, increasing advertising and offering benefits to permanent employees.
- We looked at a sample of agency staff training files for the hospital. Overall, 90 out of 131 agency staff had out of date training which equated to 69%.
- Between 1 October 2018 and 31 December 2018, Orchid ward had 102 shifts filled by bank staff and 727 shifts filled by agency staff, no shifts were left unfilled. During the same time frame, Chamberlain ward had 42 shifts filled by bank staff and 597 shifts filled by agency. One shift was left unfilled during that period.
- Between January and December 2018 both Orchid ward and Chamberlain ward reported a total of 5% staff sickness.
- During our visit qualified nurses were present on acute wards at all times.
- Patient's told us they had regular one to one time with their named nurse.
- Patients told us activities were occasionally cancelled due to short staffing. Patients had access to activities both on and off acute wards.
- The hospital employed a physical health nurse to carry out physical healthcare interventions.
- The hospital had adequate medical cover day and night and a doctor could attend the hospital quickly in an emergency.

Assessing and managing risk to patients and staff

- Between July 2018 and December 2018 there were 20 episodes of seclusion across acute wards. Twelve were reported on Chamberlain ward, the acute ward for male patients and eight on Orchid ward, the acute ward for female patients.
- Staff told us that they only used restraint after de-escalation had failed and that they used approved restraint techniques. Overall, 90% of permanent staff had up to date training in physical restraint breakaway training and 82% of permanent staff had up to date training in physical restraint team work training.
- Between July 2018 and December 2018, acute wards reported a total of 194 uses of physical restraint, 49 of which were prone (face down) restraint. Chamberlain ward reported physical restraint was used on 30 patients a total of 80 times, 18 of which were prone restraint. During the same time scale Orchid ward reported physical restraint had been used on 25 patients a total of 114 times, 31 of which were prone restraint. This had increased from our previous inspection where we found restraint had been used a total of 70 times during a five-month period, 29 of which were prone restraint. Managers told us this was due to increased patient risk and acuity
- Cygnet Health Care had a reducing restrictive practice strategy and delivery plan in place. A reducing restrictive practice lead was in post at the time of inspection to focus on areas of restrictive practice that required improvement. Areas identified for improvement included use of prone restraint. The hospital had identified the need for additional physical restraint confidence boosting sessions which had been delivered to all staff, including agency staff. Monthly meetings were introduced for all wards, led by the reducing restrictive practice lead, to underpin and further the knowledge and understanding of staff in the reduction of prone restraint.

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

Requires improvement

- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidance. Overall, rapid tranquillisation had been used with 15 patients on Chamberlain ward and 27 patients on Orchid ward between July 2018 and December 2018.
- We checked 14 sets of patient care records across acute wards. All demonstrated that staff assessed risks to patients and themselves. The provider used the Short-Term Assessment of Risk and Treatability (START) risk assessment tool. Staff updated risk assessments regularly, including after an incident. Patients' risks were reviewed daily at the managers situation-report meetings and handovers, and weekly during ward rounds.
- At the time of inspection there was one informal patient on Chamberlain ward. Informal patients could leave at will and all doors displayed signs telling patients this.
- Staff followed policies and procedures for observing patients. Enhanced observations were used when indicated by risk. Staff undertook observations of patients routinely every hour as a minimum. Staff carried out searches of patients and property upon admission and following unescorted leave, in line with the providers policy.
- At the time of inspection there were no patients in long-term segregation across acute wards. The provider reported no cases of long-term segregation being used for patients on acute wards between July and December 2018.

Safeguarding

- The provider did not adequately check agency staff to ensure they were safe to work with vulnerable patients. Agency staff records did not show staff had a risk assessment where their disclosure and barring service check identified a previous criminal record.
- Staff were trained in safeguarding and knew how to raise a safeguarding concern. Overall, 94% of staff across the hospital had completed safeguarding training. The hospital had a social work team which included a social work lead, a social worker, and social work assistants who supported the safeguarding process by reviewing and following up any referrals made to the local authority. Staff were aware of the procedure for referrals.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Between 30 April 2018 and 30 April 2019, five safeguarding concerns were raised to the CQC from Cygnet Hospital Stevenage. In addition, the provider notified the Care Quality Commission of 93 notifications relating to the client group in this time period.
- There were procedures in place for children to visit the hospital. There was a family visiting room located within the hospital.

Staff access to essential information

- Staff on acute wards used a combination of electronic and paper recording systems for patient care records.
- Staff kept detailed paper records of patients' care and treatment in a secure cabinet in the ward office.
- Patient records were clear, up-to-date and easily available to all staff providing care, including agency staff.

Medicines management

- The hospital reported all errors or issues arising through medicines management. At the time of inspection, we found no issues with medicines management. However, between July and December 2018 the hospital reported 527 medicine errors, these included 137 reports of medicine being out of stock, 119 recording omissions, 65 occasions of 'as needed' (PRN) medication being given above the maximum dose, 37 forms not completed adequately or missing, 37 forms missing the dose or strength detail, 35 occasions where medication had been dispensed at the wrong time, 32 occasions where staff had not recorded PRN dose, 19 times a discontinuation of medicine had not been signed and 46 errors were recorded as administration or prescribing error.
- There was good medicines management practice across acute wards, including the storage and dispensing of medication and medicines reconciliation. The hospital contracted a pharmacy service to complete regular medication audits of medication management, storage, and controlled drugs. Finding from audits was disseminated to all ward managers and doctors, with areas for action and response required from audit findings. Medicine management was incorporated within the patient safety meeting agenda. The external pharmacy representative attended the clinical governance meeting quarterly.

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

Requires improvement

Track record on safety

- Between 30 April 2018 and 30 April 2019, 93 statutory notifications were sent to the Care Quality Commission from Cygnet Hospital Stevenage. Incidents reported included patients ingesting items, patient assaults on other patients and staff falling asleep whilst on night duty. The hospital provided further information when requested, investigated incidents when appropriate, and dealt with all incidents appropriately.
- Between 13 March 2018 and 30 December 2018, the hospital reported one serious incident across acute wards, the serious incident was in relation to use of physical restraint. An investigation was completed following the incident, and learning disseminated to ward staff via email and through ward meetings.
- Managers and staff were able to give examples of recent serious incidents and lessons learned through those incidents.

Reporting incidents and learning from when things go wrong

- Staff we spoke with on acute wards knew how and what incidents to report. Staff used a paper incident reporting system and managers investigated all incidents. Staff could describe incidents that would require reporting, such as violence, injury or aggression. We sampled incidents recorded in the electronic system, and reviewed investigation reports carried out for each. The provider had carried out timely and detailed investigations all of which contained recommendations and lessons learned.
- Staff were open and transparent and explained to patients if and when things went wrong.
- The hospital had a duty of candour policy which staff were aware of. We saw evidence of staff being open and transparent in complaints feedback.
- Learning from incidents was shared through the governance process. Incidents and incident findings were discussed during the monthly patient safety group, learning was documented within minutes and shared in the quality and compliance group and cascaded to the ward's business and staff meeting agenda. Lessons learnt were cascaded through patient safety alerts which were e-mailed to all ward managers, clinical team leaders and heads of department for sharing with frontline staff.
- We saw evidence of staff debrief located in folders on wards, in addition staff had access to weekly reflective practice sessions, facilitated by the psychologist. We reviewed care notes for two patients involved in an altercation on Chamberlain ward and saw that both patients had been debriefed and supported following the incident.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at 14 sets of care and treatment records for patients on acute wards. Staff assessed the physical and mental health of patients within 48 hours of admission.
- Staff developed care plans for patients on acute wards, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans were mostly personalised, holistic and recovery-orientated. However, we noticed that two care plans for patients on Orchid ward were not person centred or individualised and one had been duplicated from another patient's care plan. One patient from Orchid ward did not have a care plan created until they had been on the ward for 12 days. Another patient had a care plan created eight days post admission. This was not in line with the provider's policy for care plans to be completed within 72 hours of admission.
- Staff offered a physical examination to all acute patients on admission. Patients who declined were offered this again at a later stage. Baseline investigations including ECG and blood tests were completed at the time of admission.

Best practice in treatment and care

- Patients on acute wards had access to a range of activities, groups and one to one sessions delivered by the occupational therapy team and sessional workers as recommended by the National Institute for Health and Care Excellence. Activities included yoga, Zumba, pet therapy, Pilates and swimming. Each acute ward had access to an occupational therapy assistant who facilitated sessions both on and off the ward including gardening, cooking skills and a healthy living group.

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

Requires improvement

- The psychology team offered a range of low-intensity and high-intensity groups and one to one sessions for patients on acute wards, as recommended by the National Institute for Health and Care Excellence. Groups included substance misuse, mental health awareness, Acceptance and Commitment Therapy (ACT), mindfulness, and Dialectal Behavioural Therapy (DBT). The psychology team also attended acute wards weekly to offer patients a drop-in session.
- We reviewed 18 prescription records for patients on acute wards. Staff were following good practice guidelines when prescribing medication. Antipsychotic medication was prescribed within the British National Formulary limits.
- The hospital employed a physical health nurse to support in managing patients' physical health alongside the GP, who attended the hospital weekly. Patients on Orchid ward were offered cervical screening tests and breast screening with the physical health nurse. Patients on acute wards had access to a podiatrist, an optician and a dentist.
- Ward based speciality doctors acted on any abnormal results and could initiate treatment for common conditions such as diabetes, hypertension and obesity.
- The physical healthcare nurse ensured that all patients had an annual physical healthcare check.
- Staff could refer patients to smoking cessation clinics with the occupational therapy team.
- Staff used the Lester tool for physical health. The Lester Tool is a downloadable resource designed to be used to improve screening and to ensure a person's physical and mental health condition are jointly addressed. However, we noticed that across the hospital, although staff were using the Lester Tool, they did not recognise the name of the tool they were using. During inspection, managers printed and displayed posters around clinic rooms and ward offices to ensure staff fully understood the Lester Tool.
- We saw evidence in a patient's care record that they had been referred for hepatitis and Human Immunodeficiency Virus (HIV) testing following concerns the patient had around contracting blood borne viruses.
- The hospital had a dietician who attended acute wards and supported patients with physical health, diet and exercise. We saw one record for a patient on Orchid ward who had not eaten solid food for ten months. The patient had been prescribed an oral nutritional supplement drink and the patient's care notes had been updated. However, there was no evidence of food and fluid monitoring charts, dietary monitoring or a robust support plan for the patient located within the patients care records. Following inspection, the provider submitted additional evidence to show food and fluid monitoring charts and a dietetic care plan had been completed
- The hospital used a variety of tools to capture outcome measures for patients on acute wards including the Health of the Nation Outcome Scale.

Skilled staff to deliver care

- The hospital included or had access to the full range of specialists required to meet the needs of patients on all wards. This included consultants, associate specialists, psychologists, assistant psychologists, occupational therapists and occupational therapy assistants, sessional therapy workers, a senior social worker, a social worker and social work assistants.
- At the time of inspection, the hospital had vacancies for one occupational therapist, one occupational therapy assistant and a head of social work. During inspection occupational therapists and occupational therapy assistants covered more than ward and supported ward staff in facilitating activities.
- Managers provided new staff with an appropriate induction. The provider had a month-long induction programme that all staff were required to attend.
- The percentage of staff on Orchid ward and Chamberlain ward that had had an appraisal in the last 12 months prior to inspection was 100%.
- The hospital self-reported that between January and December 2018 a total of 94% of staff on Orchid ward and 95% of staff on Chamberlain ward received monthly clinical supervision. We looked at a sample of supervision records for staff across the hospital from January to April 2019 and found a 78% compliance with monthly clinical supervision.
- Managers ensured that staff received the necessary specialist training for their roles. Staff told us they had attended additional training to support them in their roles. Support workers were encouraged to attend Dialectal Behavioural Therapy (DBT) training. Staff told us they could request additional training during supervision. The hospital had identified the need for additional observation and engagement training and physical restraint confidence boosting sessions which had been delivered to all staff, including agency staff.

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

Requires improvement

- Managers dealt with poor staff performance promptly and effectively during supervision. Staff suspensions were discussed at monthly clinical governance meetings.

Multi-disciplinary and inter-agency team work

- The hospital held a variety of staff meetings, including the twice daily situation-report meeting, ward business meetings, the clinical effectiveness group, the patient safety group and the quality and compliance group.
- Staff on acute wards shared information about patients at effective handover meetings within the team and at the twice daily situation-report meeting.
- Acute ward teams had effective working relationships, including good handovers, with the occupational therapy team, the psychology team and the social work team.
- Acute ward teams had effective working relationships with teams outside the organisation including with care co-ordinators, the local acute hospital and the local safeguarding team.

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

- Staff completed mandatory Mental Health Act training annually. Staff compliance with Mental Health Act training was 96% across the hospital.
- The Mental Health Act administration team were located within the hospital site. Staff provided care and treatment for a total of 80 detained patients and one informal patient at the time of our inspection. There were good working relationship between the Mental Health Act administration team and the acute wards, community teams, hospital managers and the senior management team. The Mental Health Act administration team disseminated information, such as updates relating to the Mental Health Act to acute ward staff. At the time of inspection the Mental Health Act administration team were fully staffed.
- A senior member of staff told us there were Independent Mental Health Advocate drop-in sessions. The Independent Mental Health Advocate also visited for specific appointments and meetings with the patients.
- The Mental Health Act administration team audited detention paperwork and contacted the ward staff if there were any gaps in documentation.
- We reviewed 13 sets of detention papers, which were complete and appeared to be in order. Each set of legal paperwork clearly evidenced that the criteria for detention was met.
- We found, where applicable, outline reports by the Approved Mental Health Professional (AMHP) in patient records we reviewed in relation to the Mental Health Act.
- Each record reviewed evidenced that staff provided detained patients with information about their legal position and rights as required under Mental Health Act section 132 (duty of managers of hospitals to give information to detained patients). This included information about the role of the Independent Mental Health Advocate and their contact details.
- The responsible clinician had assessed patients' capacity to consent to treatment at the most recent authorisation. Where required, T2 consent to treatment or T3 certificate of second opinion to authorise the treatment for the patient's mental disorder were included in records we reviewed.

Good practice in applying the Mental Capacity Act

- Staff compliance with Mental Capacity Act training across the hospital was 100%.
- There was one Deprivation of Liberty Safeguards applications made by the hospital for patients on acute wards in the last six months, this was on Chamberlain ward.
- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it. Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.
- The responsible clinician assessed and recorded patients' capacity to consent to treatment, in each of the records we reviewed. This was completed during weekly ward round.
- Staff knew where to get advice and support regarding the Mental Capacity Act within the organisation.
- Staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.

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

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

Requires improvement

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. We observed caring interactions between staff and patients on Chamberlain ward.
- We spoke with seven patients who were receiving care on acute wards. Patients on Chamberlain ward said that staff were kind and the food was OK. One patient we spoke with on Chamberlain ward said he would prefer his own spoon for tea and coffee as the patients all share a spoon to make hot drinks which was unhygienic. Patients on Orchid ward told us staff were helpful, supportive and they spent time talking to them.
- Patients had access to an Independent Mental Health Advocate who regularly visited the hospital.
- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs.

Involvement in care

- Care and treatment records demonstrated that patients had been involved in their care plans, some patients confirmed this.
- Patients were given the opportunity to participate in a quarterly patient satisfaction audit. Overall, 43 patients participated in the survey for October to December 2018, with 33 patients declining to participate. Overall, 65% of patients said they felt safe, were happy with the environment, facilities and food and 58% were happy with the care and treatment provided, therapies, and their involvement in choosing therapies.
- Each acute ward held weekly community meetings where patients were encouraged to take part and give feedback. This was then fed into the service user council by the patient representation from each acute ward. Community meeting minutes were kept in the ward office and staff fed back actions to patients via a 'you said/ we did' board on the ward.
- A nominated patient from each acute ward attended the monthly people's council meeting. Representatives from all professional disciplines including management also attended this meeting.
- Staff displayed a "you said, we did" notice board on each acute ward. This enabled patients to clearly read what actions had been taken from the feedback they had given.
- Managers had identified a need for increasing family members' engagement in treatment. The hospital held a yearly carers event. Family, friends and carers also had the opportunity to complete a survey on care received. The carers forum was held on a six-monthly basis where patients' carers, friends and families were able to discuss involvement. There was also a quarterly newsletter which was sent out to all carers and carers were invited to contact the social work department to ask questions and give feedback on care.
- Patients had care programme approach meetings whereby they were encouraged to be actively involved in and feedback on their care. Patients were seen in ward rounds and were encouraged to give their feedback on their experiences.
- We spoke with two carers of patients. Both carers were positive about the care their family member was receiving. One carer said they were invited to multidisciplinary meetings and they felt involved in their family members care.
- The hospital had an Independent Mental Health Advocate who worked at the hospital for three days a week and visited both acute wards, the advocate was able to spend time supporting patients and advocating on their behalf to ensure they could give feedback when they wished.

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

Good

Access and discharge

- The average bed occupancy on Orchid ward between 1 July 2018 and 31 December 2018 was 80%; the average

bed occupancy on Chamberlain ward for the same period was 95%. The average length of stay for patients in January 2019 was 17 days for Orchid ward and 34 days for Chamberlain ward.

- There was always a bed available when patients returned from leave or the acute hospital.
- Due to the nature of the service provided, acute wards accepted out of area placements routinely.
- Patients were not moved between wards during an admission episode unless this was justified on clinical grounds and in the interests of the patient.
- Managers and staff ensured that when patients were moved or discharged this was planned and happened at an appropriate time of day.
- Staff planned for patients' discharge, including liaison with care managers or care co-ordinators. Patients we spoke with confirmed they were involved in their discharge planning.
- Staff supported patients to access external appointments including acute hospital appointments.
- The hospital reported no delayed discharges for patients being cared for on acute wards between 1 July and 31 December 2018.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients could personalise their bedrooms. However, most patients did not personalise their bedrooms due to the short length of admission.
- There was an appropriate room for people visiting patients off the wards and room within the wards where visits could take place.
- Patients could store their possessions securely in a safe in their bedrooms or hand them in to staff to care for. Staff completed a signed log outlining all items handed in.
- Across the acute wards, patients had access to a lounge area with appropriate furniture, a TV, music, games and a book collection. Chamberlain ward also had a pool table. Off the ward patients had access to a gym and a multi-faith room.
- Patients were permitted use of a ward phone to make phone calls. Some patients had been risk assessed to have their personal mobile phones.
- All patients had access to enclosed outdoor space.
- Patients on acute wards said they liked the food. Patients were able to order a takeaway at weekends.
- Staff kept the kitchen areas locked on each of the wards. Patients we spoke with said they could access the kitchen when required to make snacks. Both acute wards had a hot water machine located in a communal area with access to tea, coffee and milk to make hot drinks. Patients had access to a water cooler in a communal area.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with their families and carers. With patient consent, families and carers were involved in patient care.
- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.
- Staff ensured that patients had access to education and work opportunities.

Meeting the needs of all people who use the service

- The hospital had made suitable adjustments for people requiring disabled access. The hospital had lifts to support access all floors.
- The hospital had a range of leaflets available including information on patients' rights, how to complain and access advocacy. Staff displayed information on walls and notice boards.
- Leaflets and information was available in other languages for patients for whose first language was not English. Staff told us patients could access an interpreter if required, either face to face or over the phone.
- The hospital catered for all dietary and religious requirements.
- Patients told us they had access to appropriate spiritual support both on and off the ward.
- An independent advocate visited the acute wards each week to support patient needs.

Listening to and learning from concerns and complaints

- Acute wards received 37 complaints in the year leading up to inspection; 21 of these were for Chamberlain ward and 16 for Orchid ward. Managers investigated these complaints and upheld nine, managers responded appropriately. Complaint themes included the quality of food and lost property.

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

Requires improvement

- The hospital treated concerns and complaints seriously, investigated them and learned lessons from the results. Managers shared lessons staff via meetings.
- Staff discussed complaints monthly at the ward team meetings and the quality and compliance group. We reviewed team meeting minutes for the three months prior to the inspection. There was evidence in the minutes that this information was shared.
- Patients we spoke with were aware of the complaints process and ways in which they could complain.
- Acute wards received four compliments in the year leading up to inspection, three of which were from Orchid ward. Seven further compliments were received for the hospital but were not specified for which area. We reviewed the compliments folder, patients complimented staff on being professional, caring, welcoming and accepting.

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

Requires improvement

Leadership

- Staff spoke highly of the newly-appointed hospital manager. Leaders knew the names of patients. Both staff and patients spoke highly of the senior management team.
- Leaders had a good understanding of acute wards. They could explain clearly how the teams were working to provide high quality care on acute wards.
- Staff knew who senior managers were within the hospital and said they visited acute wards on a regular basis. Staff working on acute wards felt all managers were approachable.
- Leadership and professional development opportunities were available for staff working on acute wards. We saw evidence of career development through speaking with staff.

Vision and strategy

- Staff were aware of the provider's visions and values which were displayed across the hospital and on computer desktops and screensavers. Cygnet Health Care values were integrity, trust, empower, respect and care. We observed staff behaviour and it reflected the provider's values.
- The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff within the service and responded swiftly and appropriately when staff performance fell below expectation.
- All staff were measured against the company values through the appraisal process.
- The interview process was conducted using a behavioural set of questions with a view to aligning people's values against the values of Cygnet Health Care.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff attended a variety of meetings where they had the opportunity to voice ideas.
- Most staff were passionate about the client group they were working with and reflected the provider's values. Some patients on acute wards told us non-permanent staff were not as kind as permanent staff.

Culture

- Staff on acute wards felt respected, supported and valued. Staff felt positive and proud about working for the provider and their team. Staff we spoke with, spoke highly of the hospital and of the senior management team.
- Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this. We saw evidence in complaints records that staff had fed back openly to patients about complaints.
- Staff felt able to raise concerns without fear of retribution. All staff we spoke with knew the providers whistleblowing process and said they would feel safe using it.
- Staff we spoke with on acute wards knew the hospital had a Freedom to Speak Up Guardian but were not sure who it was.
- Managers dealt with poor staff performance when needed. We saw evidence of senior staff who managed poor performance through supervision and support or formally within investigation processes. The provider used formal processes such as suspension and disciplinary action when required.

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

Requires improvement

- Teams worked well together and where there were difficulties, managers dealt with them appropriately. We saw good joint working within the hospital between the psychology team, the occupational therapy team and the social work team.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.

Governance

- There was a clear framework of what must be discussed at ward, team or directorate level and in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff had access to folders on acute wards containing lessons learned.
- The provider had not ensured that adequate governance systems were in place. We looked at policies relating to the hospital and identified that overall 42% of policies were out of date or were past the indicated date of review. We raised this with the management team during inspection who advised us that due to a merger between Cygnet Health Care and two other independent healthcare providers and all policies were currently being reviewed and updated and were being aligned to follow the providers integrated procedures. We were assured that all policies which had been identified as past review date would have an interim review to ensure they were current and safe.
- We saw examples in meeting minutes where actions were either not carried forward or completed and of actions that had been carried over from one month to the next repeatedly.
- Staff undertook or participated in local clinical audits. Audits included clinic rooms, medication management, storage, and controlled drugs audits, ligature audits a quarterly patient satisfaction audit a Mental Health Act audit, risk assessment and care plan audits. The hospital also carried out themed audits on topics including high dose antipsychotics, patient annual health checks and self-harm audits.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.
- Managers completed thorough recruitment checks for new permanent staff. However, some agency profiles lacked detail on training records and Disclosure and Barring Service (DBS) risk assessments for when staff had criminal records. During inspection this was rectified, and the hospital had identified any agency staff with a previous criminal record and were in the process of carrying out risk assessments on each of the staff members identified.
- Senior managers used key performance indicators to assess team performance such as training and supervision targets.
- The hospital manager had sufficient authority to perform their role and received regular support.

Management of risk, issues and performance

- Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. However, we noticed that all items on the risk register were not updated and regular reviews were not documented. Some completed items such as employing consultants were still present on the risk register but had been completed in January 2018. Following inspection, the hospital provided an updated risk register which would replace the existing risk register.
- The service had plans for emergencies, for example, adverse weather or a flu outbreak.
- The provider was undertaking renovation work on acute wards, which included all ensuite doors having hinges replaced with anti-ligature hinges and Orchid ward having vision panels in bedroom doors. Plans were in place to replace remaining bedroom doors along with communal bathrooms and toilets.

Information management

- The service collected, analysed, managed and used information well to support all its activities, and to monitor effectiveness of the service.
- All staff, including bank and agency staff, had access to the information they needed to provide safe and effective care.
- Information governance systems included confidentiality of patient records.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- Managers had easy access to information relating to complaints, compliments, training compliance and staff sickness.
- Staff made notifications to external bodies as needed.

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

Requires improvement

Engagement

- The provider had an awards scheme for staff who had gone above and beyond for patients.
- Cygnet Health Care carried out annual staff surveys to identify any staff issues and staff satisfaction. Results of the staff surveys were generally positive. However, staff raised concern about pay and reward, facilities and registered nurse staffing rates. The hospital responded to the concerns raised by staff by introducing clear pay scales for all staff and hourly rates were introduced in line with staff preference, refurbishing the hospital and introducing a recruitment strategy and reward system for registered nurses.
- Cygnet Hospital Stevenage had recently reinstated the staff relations group which was chaired and run by members of staff. Each department had a representative who was encouraged to attend monthly meetings to raise any concerns within their respective department.
- Patients could give feedback about acute wards through community meetings and surveys. A nominated patient from each acute ward attended the people's council which acted as the voice of patients and looked to improve care for all patients in the hospital. Ward meeting minutes were available for patients and both acute wards had a 'you said/ we did' board for patients to see what changes had been made as a result of ward meetings.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients were invited to complete a quarterly satisfaction survey. Overall, 65% of patients who responded to the survey for October to December 2018 said they felt safe, were happy with the environment, facilities and food and 58% were happy with the care and treatment provided, therapies, and their involvement in choosing therapies.
- Patients were involved in decision-making about changes to the service. Patients were represented on interview panels.
- The hospital engaged with external stakeholders regularly, such as commissioners, and shared good practice with other Cygnet Health Care hospitals.

Learning, continuous improvement and innovation

- Innovations were taking place within the service. Support workers were able to attend Dialectal Behavioural Therapy (DBT) training to further support patients.
- The provider prioritised the retention of staff by offering development opportunities and ongoing learning.
- The hospital used innovative ways to recruit new staff. This included holding recruitment open days for support workers, where potential new staff underwent a day of interviews and role play. The hospital also offered coffee, biscuit and chat sessions to offer support for new starters.
- The hospital responded to the concerns raised by staff by introducing clear pay scales for all staff and hourly rates were introduced as per staff preference, refurbishing the hospital and introducing a recruitment strategy and reward system for registered nurses.
- Acute services were not taking part in and quality improvement or innovation.

Requires improvement

Forensic inpatient or secure wards

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

Are forensic inpatient or secure wards safe?

Requires improvement

Safe and clean environment

- The layout of the forensic wards allowed staff to observe some but not all areas of the ward. Forensic wards used convex mirrors and additional staffing to observe all areas of the ward. Closed circuit television was used throughout the building, including on wards.
- Staff on forensic wards completed regular environmental risk assessments. Staff completed ligature risk assessments annually or more frequently when new equipment was added to areas accessed by patients or changes were made to fixtures or fittings. All ligature risk assessments had been updated in January 2019. Ligature points are fixtures to which people intent on self-harm might tie something to strangle themselves. Each ward office had a ligature map located on the wall showing high-risk areas.
- The hospital had made recent safety changes to forensic wards following the ligature audits which included all ensuite doors having hinges replaced with anti-ligature hinges, replacement of all doors on Peplau ward and Pattison ward, and Saunders ward having vision panels in bedroom doors. Plans were in place to replace remaining bedroom doors along with communal bathrooms and toilets.
- The provider was compliant with the Department of Health's guidance on eliminating mixed sex accommodation. All forensic wards were single gender.
- Forensic wards had access to fully equipped clinic rooms. We found no out of date medication. The hospital used an external pharmacy service to audit medication and the clinic rooms weekly. Staff used clean stickers to demonstrate when equipment was last cleaned. Each ward had access to an emergency resuscitation bag to use in a medical emergency. Staff were aware of what procedure they should follow in a medical emergency.
- The hospital employed a team of housekeeping staff who kept forensic wards clean and tidy. Areas were visibly clean throughout the hospital and cleaning schedules were in place.
- Staff adhered to infection control principles. The hospital displayed hand washing posters at each sink. Hand sanitizer was available in all areas, including in clinic rooms and the reception area.
- There were no seclusion facilities on forensic wards. The service had an extra care area, away from the wards that contained two seclusion rooms. If patients required seclusion, they were taken downstairs or though the communal corridor to the seclusion rooms. The seclusion rooms met the required standard as set out by the Mental Health Act Code of Practice. The provider had a risk assessment which was used when patients needed to be moved from a ward to seclusion. Peplau ward and Pattison ward had access to de-escalation rooms located on each ward.
- Staff and visitors on forensic wards had access to personal alarms which called for help if needed and signalled on panels around wards where an incident had taken place. Nurse call bells were present in all bedrooms, bathrooms and communal areas.

Requires improvement

Forensic inpatient or secure wards

Safe staffing

- Managers met twice daily at situation-report meetings to discuss staffing levels on forensic wards and adjusted the daily staffing levels dependent on patient need and additional observations.
- Staff received and were up to date with appropriate mandatory training and the average mandatory training rate for staff was 89% on forensic wards. Mandatory training included basic life support and automated external defibrillator training, immediate life support, health and safety, equality and diversity training and Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. Training was a combination of online learning and face to face.
- We looked at staffing rotas for May 2019. The number of nurses present on forensic wards during the inspection matched the staffing rotas and met safe staffing guidelines. The hospital could use agency staff as required. At the time of inspection there were 41 whole time equivalent nursing vacancies across the hospital which equated to a 76% qualified nurse vacancy rate. Between January 2018 and December 2018 Tiffany ward reported a total of 37% vacancies, Saunders ward reported a total of 35% vacancies, Pattison ward reported a total of 49% vacancies and Peplau ward reported a 52% vacancy rate.
- The service relied heavily on agency and bank staff to ensure safe staffing numbers on the wards. The hospital recruited agency staff on a short-term contract basis. Bank staff completed the provider's mandatory training. At the time of inspection bank staff mandatory training compliance for the hospital was 68%. The hospital had recently changed its procedure, so bank staff could not book shifts to work until they had completed all mandatory training. The provider had made significant attempts to recruit staff, such as holding recruitment open days, engaging with local universities, increasing advertising and offering benefits to permanent employees.
- We looked at a sample of agency staff training files for the hospital. Overall, 90 out of 131 agency staff had out of date training which equated to 69%.
- Between 1 October 2018 and 31 December 2018, Pattison ward had 134 shifts filled by bank staff and 1955 shifts filled by agency staff. No shifts were left unfilled. During the same time frame, Peplau ward had 273 shifts filled by bank staff and 1523 shifts filled by agency, 13 shifts were left unfilled during that period. Saunders ward had 23 shifts filled by bank staff, 242 shifts filled by agency staff and no shifts left unfilled and Tiffany ward had 145 shifts filled by bank staff, 503 shifts filled by agency staff and twelve shifts left unfilled.
- Between January and December 2018 forensic wards reported a total of 7% staff sickness.
- During our visit qualified nurses were present on forensic wards at all times.
- Patients told us they had regular one to one time with their named nurse.
- Patients told us activities were rarely cancelled and they had access to activities both on and off the ward. Patients on Tiffany ward said that activities were very good and they often had two activities a day.
- The hospital employed a physical health nurse to carry out physical healthcare interventions.
- The hospital had adequate medical cover day and night and a doctor could attend the hospital quickly in an emergency.

Assessing and managing risk to patients and staff

- Between July 2018 and December 2018 there were 38 episodes of seclusion across forensic wards. Both Pattison ward, the male medium-secure ward and Peplau ward, the female medium-secure ward reported 19 episodes of seclusion per ward. Tiffany ward, the female low-secure ward and Saunders ward, the male low-secure ward reported no incidents requiring seclusion.
- Staff on forensic wards told us that they only used restraint after de-escalation had failed and that they used approved restraint techniques. Overall, 90% of permanent staff had up to date training in physical restraint breakaway training and 82% of permanent staff had up to date training in physical restraint team work training.
- Between July 2018 and December 2018, forensic wards reported a total of 131 uses of physical restraint, 28 of which were prone (face down) restraint. Pattison ward reported physical restraint was used on 13 patients a total of 98 times, 14 of which were prone restraint. During the same time scale Peplau ward reported physical restraint had been used on five patients a total of 23 times, four of which were prone restraint and Tiffany ward reported four patients had been restrained a total of 10 times, all of which were prone restraint. Saunders ward did not report any uses of physical

restraint. This had slightly increased since our previous inspection where we found over a six-month period there were 123 episodes of restraint. However, use of prone restraint across forensic wards had decreased.

- Cygnet Health Care had a reducing restrictive practice strategy and delivery plan in place. A reducing restrictive practice lead was in post at the time of inspection to focus on areas of restrictive practice that required improvement. Areas identified for improvement included use of prone restraint. The hospital had identified the need for additional physical restraint confidence boosting sessions which had been delivered to all staff, including agency staff. Monthly meetings were introduced for all wards, led by the reducing restrictive practice lead, to underpin and further the knowledge and understanding of staff in the reduction of prone restraint.
- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidance. Overall, rapid tranquillisation had been utilised on 10 patients on Pattison ward, three patients on Peplau ward and three patients on Tiffany ward, between July 2018 and December 2018. Saunders ward reported no use of rapid tranquilisation during this timeframe.
- We looked at 14 sets of patient care records across forensic wards. All demonstrated that staff assessed risks to patients and themselves. The provider used the Short-Term Assessment of Risk and Treatability (START) risk assessment tool. Staff updated risk assessments regularly, including after an incident. Patients' risks were reviewed daily at the managers situation report meetings and handovers, and weekly during ward round.
- Staff on forensic wards completed additional risk assessments as and when required which included visiting children risk assessments, The Risk for Sexual Violence Protocol (RSVP) risk assessment and venous thromboembolism risk assessments.
- At the time of inspection there were no informal patients on forensic wards. All doors displayed signs showing that informal patients could leave at will.
- Staff followed policies and procedures for observing patients. Enhanced observations were used when indicated by risk. Staff undertook observations of patients routinely every hour as a minimum. Staff carried out searches of patients and property in line with the providers policy upon admission and following unescorted leave.
- At the time of inspection there was one patient in long-term segregation across forensic wards. The provider reported four cases of long-term segregation being used between July and December 2018, all for patients on Pattison ward. We reviewed paperwork for one patient who was currently being cared for in long-term segregation. The patient also had an episode of seclusion. All paperwork was correct and in order.

Safeguarding

- The provider did not adequately check agency staff to ensure they were safe to work with vulnerable patients. Agency staff records did not show staff had a risk assessment where their disclosure and barring service check identified a previous criminal record.
- Staff were trained in safeguarding and knew how to make a safeguarding alert. Overall, 94% of staff had completed safeguarding training. The hospital had a social work team which included a social work lead, a social worker, and social work assistants who supported the safeguarding process by reviewing and following up any referrals made to the local authority. Staff were aware of the procedure for referrals. We received information prior to our inspection of a safeguarding referral made following a serious incident. Staff followed the hospitals' process for raising a concern, and the provider took all immediate and appropriate action to protect patients and staff involved. The provider worked with external agencies to report and investigate incidents and concerns.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Between 30 April 2018 and 30 April 2019, five safeguarding concerns were raised to the CQC from Cygnet Hospital Stevenage. In addition, the provider notified the Care Quality Commission of 93 notifications relating to the client group in this time period.
- There were procedures in place for children to visit the hospital. There was a family visiting room located within the hospital.

Staff access to essential information

- Staff on forensic wards used a combination of electronic and paper recording systems for patient care records.
- Staff kept detailed paper records of patients' care and treatment in a secure cabinet in the ward offices.

- Patient records were clear, up-to-date and easily available to all staff providing care, including agency staff.

Medicines management

- The hospital reported all errors or issues arising through medicines management. At the time of inspection, we found no issues with medicines management. However, between July and December 2018 the hospital reported 527 medicine errors, these included 137 reports of medicine being out of stock, 119 recording omissions, 65 occasions of 'as needed' (PRN) medication being given above the maximum dose, 37 forms not completed adequately or missing, 37 forms missing the dose or strength detail, 35 occasions where medication had been dispensed at the wrong time, 32 occasions where staff had not recorded PRN dose, 19 times a discontinuation of medicine had not been signed and 46 errors were recorded as administration or prescribing error.
- There was good medicines management practice across forensic wards, including the storage and dispensing of medication and medicines reconciliation. The hospital contracted a pharmacy service to complete regular medication audits of medication management, storage, and controlled drugs. Audit findings were disseminated to all ward managers and doctors, with areas for action and response required. Medicine management was incorporated within the patient safety meeting agenda. The external pharmacy representative attended the clinical governance meeting quarterly.

Track record on safety

- Between 30 April 2018 and 30 April 2019, 93 statutory notifications were sent to the Care Quality Commission from Cygnet Hospital Stevenage. Incidents reported included patients ingesting items, patient assaults on other patients and staff falling asleep whilst on night duty. The hospital provided further information when requested, investigated incidents when appropriate, and dealt with all incidents appropriately. The provider dealt with staff appropriately who did not demonstrate conduct in line with values, professional conduct and within policy.
- Between 13 March 2018 and 30 December 2018, the hospital reported four serious incidents across forensic wards. Incidents reported were an external contractor security breach, a patient overdose, staff on patient assault and an operation due to a previous self-embedding (insertion of foreign objects into soft tissues either under the skin or into muscle).
- Managers and staff were able to give examples of recent serious incidents and lessons learned through those incidents, for example, perimeter checks being completed twice daily to identify security areas requiring repair or replacement and clinic door closing mechanisms being reviewed or replaced and being included on the monthly maintenance check.

Reporting incidents and learning from when things go wrong

- Staff we spoke with on forensic wards knew how and what incidents to report. Staff used a paper incident reporting system and managers investigated all incidents. Staff could describe incidents that would require reporting, such as violence, injury or aggression. We sampled incidents recorded in the electronic system, and reviewed investigation reports carried out for each. The provider had carried out timely and detailed investigations all of which contained recommendations and lessons learned.
- The hospital had a duty of candour policy which staff were aware of. We saw evidence of staff being open and transparent in complaints feedback.
- Before inspection we were made aware of a serious incident which was under investigation at the time of inspection. We were assured during our inspection that the provider was investigating the incident fully and was cooperating with all multi-agency investigations.
- Learning from incidents was shared through the governance process. Incidents and incident findings were discussed during the monthly patient safety group, learning was documented within minutes and shared in the quality and compliance group and cascaded to the ward's business and staff meeting agenda. Lessons learnt were cascaded through patient safety alerts which were e-mailed to all ward managers, clinical team leaders and heads of department for sharing with frontline staff.
- We saw evidence of staff debrief located in folders on wards, in addition staff had access to weekly reflective practise sessions, facilitated by the psychologist. A patient we spoke with on Tiffany ward confirmed they had received a debrief and support following a self-harm incident.

Requires improvement

Forensic inpatient or secure wards

Are forensic inpatient or secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at 14 sets of care and treatment records for patients on forensic wards. Staff assessed the physical and mental health of patients within 48 hours of admission.
- Staff developed individual care plans for patients on forensic wards, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans were personalised, holistic and recovery-orientated.
- Staff offered a physical examination to all patients on forensic wards on admission. Patients who declined were offered this again at a later stage. Baseline investigations including ECG and blood tests were completed at the time of admission.

Best practice in treatment and care

- Patients on forensic wards had access to a range of activities, groups and one to one sessions delivered by the occupational therapy team and sessional workers as recommended by the National Institute for Health and Care Excellence. Activities included yoga, Zumba, pet therapy, Pilates and swimming. Each forensic ward had access to an occupational therapy assistant who facilitated sessions both on and off the ward including motivational workshops, a 12-week personal development course, cooking skills and a healthy living group.
- Patients had access to weekend activities, including using the hospital gym, football, snooker tournaments, film nights and pamper sessions.
- The psychology team offered a range of low-intensity and high-intensity groups and one to one sessions for patients on forensic wards, as recommended by the National Institute for Health and Care Excellence. Groups included substance misuse, mental health awareness, Acceptance and Commitment Therapy (ACT), mindfulness and Dialectal Behavioural Therapy (DBT). The psychology team also attended forensic wards weekly to offer patients a drop-in session
- We reviewed 31 prescription records for patients on forensic wards. Staff followed good practice guidelines when prescribing medication. Antipsychotic medication was prescribed within the British National Formulary limits.
- The hospital employed a physical health nurse to support with managing patients' physical health alongside the GP, who attended the hospital weekly. Patients on Pattison ward and Tiffany ward were offered cervical screening tests and breast screening with the physical health nurse. Patients on forensic wards had access to a podiatrist, an optician and a dentist.
- Ward based speciality doctors acted on any abnormal results and could initiate treatment for common conditions such as diabetes, hypertension and obesity.
- The physical healthcare nurse ensured that all patients had an annual physical healthcare check.
- Staff could refer patients to smoking cessation clinics with the occupational therapy team.
- The hospital had a dietician who attended forensic wards and supported patients with physical health, diet and exercise. We saw in patients' care plans on Tiffany ward that they were being supported by the dietician.
- The hospital used a variety of tools to capture outcome measures for patients on forensic wards including the Health of the Nation Outcome Scale.

Skilled staff to deliver care

- The hospital included or had access to the full range of specialists required to meet the needs of patients on all wards. This included consultants, associate specialists, psychologists, assistant psychologists, occupational therapists and occupational therapy assistants, sessional therapy workers, a senior social worker, a social worker and social work assistants.
- At the time of inspection, the hospital had vacancies for one occupational therapist, one occupational therapy assistant and a head of social work. During inspection occupational therapists and occupational therapy assistants covered more than ward and supported ward staff in facilitating activities.
- Managers provided new staff with an appropriate induction. The provider had a week-long induction programme that all staff were required to attend.
- The percentage of staff on forensic wards that had had an appraisal in the 12 months prior to inspection was 100%.

Requires improvement

Forensic inpatient or secure wards

- The hospital self-reported that between January and December 2018 monthly clinical supervision were completed with 99% of staff on Tiffany ward, 97% on Saunders ward, 94% on Pattison ward and 95% on Peplau ward. We looked at a sample of supervision records for staff across the hospital from January to April 2019 and found a 78% compliance with monthly clinical supervision.
- Managers ensured that staff received the necessary specialist training for their roles. Staff told us they had attended additional training to support them in their roles. Support workers were encouraged to attend Dialectal Behavioural Therapy (DBT) training. Staff told us they could request additional training during supervision. The hospital had identified the need for additional observation and engagement training and physical restraint confidence boosting sessions which had been delivered to all staff, including agency staff.
- Managers dealt with poor staff performance promptly and effectively during supervision. Staff suspensions were discussed at monthly clinical governance meetings.

Multi-disciplinary and inter-agency team work

- The hospital held a variety of staff meetings, including the twice daily situation-report meeting, ward business meetings, the clinical effectiveness group, the patient safety group and the quality and compliance group.
- Staff on forensic wards shared information about patients at effective handover meetings within the team and at the situation-report meeting.
- Forensic ward teams had effective working relationships, including good handovers, with the occupational therapy team, the psychology team and the social work team.
- Forensic ward teams had effective working relationships with teams outside the organisation including with care co-ordinators, the local acute hospital and the local safeguarding team.

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

- Staff completed mandatory Mental Health Act training annually. Staff compliance with Mental Health Act training was 96% across the hospital.
- The Mental Health Act administration team were located within the hospital site. Staff provided care and treatment for a total of 80 detained patients and one informal patient at the time of our inspection. There were good working relationships between the Mental Health Act administration team and the forensic ward teams, community teams, hospital managers and the senior management team. The Mental Health Act administration team disseminated information, such as updates relating to the Mental Health Act to forensic ward staff. At the time of inspection the Mental Health Act administration team were fully staffed.
- The Mental Health Act administration team audited detention paperwork and contacted the ward staff if there were any gaps in documentation.
- A senior member of staff told us there were independent mental health advocate drop-in sessions. The independent mental health advocate also visited for specific appointments and meetings with the patients.
- Staff completed a management of section 17 leave form with patients prior to patients commencing leave which included how the patient was feeling. On return from leave patients completed a review with staff.
- We found, where applicable, outline reports by the Approved Mental Health Professional (AMHP) in patient records we reviewed in relation to the Mental Health Act.
- Each record reviewed evidenced that staff provided detained patients with information about their legal position and rights as required under MHA section 132 (duty of managers of hospitals to give information to detained patients). This included information about the role of the independent mental health advocate and their contact details.
- The responsible clinician had assessed and recorded patients' capacity to consent to treatment at the most recent authorisation. Where required, T2 consent to treatment or T3 certificate of second opinion to authorise the treatment for the patient's mental disorder were included in records we reviewed.
- We found three discrepancies in the 13 sets of detention paperwork we reviewed. On one record for a patient on Pattison ward, we found that the responsible clinician in charge of the patient's treatment did not communicate the results of the second opinion appointed doctor. On Peplau ward we found one record that showed the responsible clinician in charge of the patient's treatment did not communicate the results of the second opinion appointed doctor and on one record, also on Peplau ward, the section 61 review of treatment form was not dated.

Requires improvement

Forensic inpatient or secure wards

Good practice in applying the Mental Capacity Act

- Staff compliance with Mental Capacity Act training across the hospital was 100%.
- There were no Deprivation of Liberty Safeguards applications made by the hospital for patients on forensic wards in the last six months prior to inspection.
- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it. Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.
- The responsible clinician assessed patients' capacity to consent to treatment, in each of the records we reviewed. This was completed during weekly ward round.
- Staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions. We saw examples of this on Tiffany ward to support patients with living healthier lifestyles.

Are forensic inpatient or secure wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed caring interactions between staff and patients on Tiffany ward during a pamper afternoon session. Both staff and patients on Tiffany ward were excited about going out for lunch to a local restaurant to celebrate a patient's birthday. We observed a caring interaction between staff and a patient on enhanced observations on Pattison ward where staff treated the patient with patience and kindness following the patient's disappointment that she would not be able to take part in cooking skills that day.
- We spoke with 16 patients being cared for on forensic wards.Patients on Saunders ward told us the ward was short staffed on a regular basis and leave could be cancelled or delayed. Following inspection, the provider supplied an audit of Section 17 leave on Saunders ward for April 2019 which showed that one episode of Section 17 leave was cancelled due to an incident, section 17 leave was facilitated on 10 days and there were 19 days in April 2019 where there was no leave recorded.
- Patients on Saunders ward also said that some non-permanent staff were not as caring or interested in patients' wellbeing as permanent staff. Patients on Peplau ward said that they felt supported by staff, informed about decisions and well cared for. Patients on Tiffany ward said that staff were caring, respectful and knew patients needs.
- We spoke with one patient who was moving between forensic wards. The patient told us that the hospital had helped them to progress, that staff were amazing and supportive and that they had been visiting the new ward for two hours a day for the last two weeks to support them integrating into the ward and getting to know staff.
- Patients had access to an independent mental health advocate who regularly visited the hospital.
- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs.

Involvement in care

- Care and treatment records demonstrated that patients had been involved in their care plans; all patients we spoke with confirmed this.
- Managers had identified a need for increasing family members' engagement in treatment. The hospital held a yearly carers' event and family, friends and carers had the opportunity to complete a survey on care received. The carers forum was held on a six-monthly basis where patients' carers, friends and families were able to discuss involvement. There was also a quarterly newsletter which was sent out to all carers and carers were invited to contact the social work department to ask questions and give feedback on care.
- Patients were given the opportunity to participate in a quarterly patient satisfaction audit. Overall, 43 patients participated in the survey for October to December 2018, with 33 patients declining to participate. Overall, 65% of patients said they felt safe, were happy with the environment, facilities and food and 58% were happy with the care and treatment provided, therapies, and their involvement in choosing therapies.
- Each forensic ward held weekly community meetings where patients were encouraged to take part and give feedback. This was then fed into the service user council

via the patient representation from each ward. Community meeting minutes were kept in the ward office and staff fed back actions to patients via a 'you said/ we did' board on the ward.
- A nominated patient from each forensic ward attended the monthly people's council meeting. Representatives from all professional disciplines including management also attended this meeting.
- Staff displayed a "you said, we did" notice board on each forensic ward. This enabled patients to clearly read what actions had been taken from the feedback they had given.
- Patients had care programme approach meetings whereby they were encouraged to be actively involved in and feedback on their care. Patients were seen in ward rounds and were encouraged to give their feedback on their experiences.
- The hospital had an Independent Mental Health Advocate who worked at the hospital for three days a week and visited all forensic wards, the advocate was able to spend time supporting patients and advocating on their behalf to ensure they could give feedback when they wish.
- We spoke with three carers of patients. Two carers were positive about the care their family member was receiving. Two carers said they were invited to multidisciplinary meetings. One carer told us they did not receive the quarterly newsletter and they were not aware of their family member's care plan.
- Staff involved patients when appropriate in decisions about the service, including being on the interviewing panel for recruiting staff.

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

(for example, to feedback?)

Good

Access and discharge

- The average bed occupancy on forensic wards between 1 July 2018 and 31 December 2018 was 95% for Pattison ward, 93% on Peplau ward, 92% on Saunders ward and 81% on Tiffany ward.
- The average length of stay for patients in January 2019 was 333 days on Pattison ward, 493 days on Peplau ward, 871 days on Saunders ward and 741 days on Tiffany ward.
- There was always a bed available when patients returned from leave or the acute hospital.
- Due to the nature of the service provided, forensic wards accepted out of area placements routinely.
- Patients were not moved between wards during an admission episode unless this was justified on clinical grounds and in the interests of the patient.
- Managers and staff ensured that when patients were moved or discharged this was planned and happened at an appropriate time of day. We spoke with one patient who was moving to a low secure ward from a medium secure ward. The patient told us they had spent two weeks preparing for the move, spending a few hours each day on the new ward to get used to the surroundings and staff.
- Staff planned for patients' discharge, including liaison with care managers or care co-ordinators. Patients we spoke with confirmed they were involved in their discharge planning. We saw evidence of discharge planning in patients care plans.
- Staff supported patients to access external appointments including acute hospital appointments.
- The hospital reported two delayed discharges for patients being cared for on forensic wards between 1 July and 31 December 2018. This was due to delays in finding appropriate transfer placements.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients could personalise their bedrooms. We saw evidence of bedrooms being personalised on all forensic wards visited.
- There was an appropriate room for people visiting patients off the wards and room within the wards where visits could take place.
- Patients could store their possessions securely in a safe in their bedrooms or hand them in to staff to care for. Staff completed a signed log outlining all items handed in.
- Across forensic wards, patients had access to a range of rooms including a lounge area, activity rooms and pamper rooms. Off the ward's patients had access to a gym and a multi-faith room and could access the hospital cafe if they had section 17 leave.

Requires improvement

Forensic inpatient or secure wards

- Patients had access to a ward phone to make phone calls. Some patients had been risk assessed to have their personal mobile phones.
- All patients had access to enclosed outdoor space. In addition, patients who had section 17 leave were regularly taken off the hospital grounds and visited local garden centres, restaurants and shops.
- Patients gave varying reviews about the quality of food provided, most patients said food was OK. However, four patients said the food was poor quality and one patient said that lunch was repetitive. Patients could order a takeaway at weekends.
- Staff kept the kitchen areas locked on each of the wards. Patients we spoke with said they could access the kitchen to make snacks when they wished to. All wards had a hot water machine located in a communal area with access to tea, coffee and milk to make hot drinks. Patients had access to a water cooler in a communal area.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with their families and carers. With patient consent, families and carers were involved in patient care.
- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.
- We spoke with patients who were employed within paid roles within the hospital including working in the canteen, the hospital gym, and a patient who helped clean the ward courtyard and dining area. Patients told us this gave them a sense of achievement. Staff had supported patients with submitting application forms and helped them to prepare for interviews.

Meeting the needs of all people who use the service

- The hospital had made suitable adjustments for people requiring disabled access. The hospital had lifts to support access to all floors. We saw evidence of adjustments being made for patients on Tiffany ward.
- The hospital had a range of leaflets available including information on patients' rights, how to complain and access advocacy. Staff displayed information on walls and notice boards.
- Leaflets and information was available in other languages for patients for whose first language was not English. Staff told us patients could access an interpreter if required, either face to face or over the phone.
- The hospital catered for all dietary and religious requirements.
- Patients told us they had access to appropriate spiritual support both on and off the ward.
- An independent advocate visited the forensic wards each week to support patient needs.

Listening to and learning from concerns and complaints

- Forensic wards received 47 complaints in the year leading up to inspection, 24 of these were for Pattison ward, 15 for Saunders ward, five for Tiffany ward and three for Peplau ward. Managers investigated these complaints and upheld six, managers responded appropriately.
- The hospital treated concerns and complaints seriously, investigated them within the correct timescale and learned lessons from the results, managers shared these lessons staff via meetings. We saw evidence of lessons learnt through patent safety group minutes and the quality and compliance group minutes. Lessons learnt were emailed to ward managers to share with ward staff.
- Staff discussed complaints monthly at the ward team meetings and the quality and compliance group. We reviewed team meeting minutes for the three months prior to the inspection. There was evidence in the minutes that this information was shared.
- Patients we spoke with were aware of the complaints process and ways in which they could complain.
- Forensic wards received eight compliments in the year leading up to inspection, five from Pattison ward, two from Saunders ward and one from Peplau ward. Seven further compliments were received for the hospital but were not specified for which area. we reviewed the compliments folder, patients fed back that staff were kind and respectful, helped patients to move forward and that staff went out of their way to support patients.

Are forensic inpatient or secure wards well-led?

Requires improvement

Forensic inpatient or secure wards

Requires improvement

Leadership

- Staff spoke highly of the newly-appointed hospital manager. Leaders knew the names of patients. Both staff and patients spoke highly of the senior management team.
- Leaders had a good understanding of forensic wards. They could explain clearly how the teams were working to provide high quality care.
- Staff knew who senior managers were within the hospital and said they visited forensic wards on a regular basis. Staff working on forensic wards felt all managers were approachable.
- Leadership and professional development opportunities were available for staff working on forensic wards. Some staff we spoke with had been promoted internally.

Vision and strategy

- Staff were aware of the provider's visions and values which were displayed across the hospital and on computer desktops and screensavers. Cygnet Health Care values were integrity, trust, empower, respect and care. We observed staff behaviour and it reflected the provider's values.
- The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff within the service and responded swiftly and appropriately when staff performance fell below expectation.
- All staff were measured against the company values through the appraisal process.
- The interview process was conducted using a behavioural set of questions with a view to aligning people's values against the values of Cygnet Health Care.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff attended a variety of meetings where they had the opportunity to voice ideas.
- Most staff were passionate about the client group they were working with and reflected the providers values. Some patients on forensic wards told us non-permanent staff were not as attentive or interested in their wellbeing as permanent staff.

Culture

- We reviewed team meeting minutes for forensic wards. Staff had documented that the staff morale on Pattison ward was low, and staff felt unsafe working on the ward between December 2018 and April 2019. The provider had recently rotated staff to other wards and morale had notably improved by the time of inspection.
- The provider carried out a striving for improvement exercise on Pattison ward to support improving the ward culture and staff morale. In response to the exercise the hospital provided additional training to agency staff on Pattison ward on security, observation training and boundaries and offered Dialectical Behaviour Therapy (DBT) training for all ward staff. In addition to this, specific training in understanding and management of emotionally unstable personality disorder was developed by the psychology and Dialectical Behaviour Therapy team.
- Staff on forensic wards told us they felt supported, appreciated and respected. Staff felt positive and proud about working for the provider and their team. Staff we spoke with, spoke highly of the hospital and of the senior management team. We saw positive interaction and clear communication between permanent and agency staff on Pattison Ward.
- Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this. We saw evidence in complaints records that staff had fed back openly to patients about complaints.
- Staff felt able to raise concerns without fear of retribution. All staff we spoke with knew the providers whistleblowing process and said they would feel safe using it.
- Staff we spoke with on forensic wards knew the hospital had a Freedom to Speak Up Guardian but were not sure who it was.
- Managers dealt with poor staff performance when needed. We saw evidence of senior staff who managed poor performance through supervision and support or formally within investigation processes. The provider used formal processes such as suspension and disciplinary action when required.
- Teams worked well together and where there were difficulties managers dealt with them appropriately. We saw good joint working within the hospital between the forensic wards, the psychology team, the occupational therapy team and the social work team.

- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.

Governance

- There was a clear framework of what must be discussed at ward, team or directorate level and in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff had access to folders on forensic wards containing lessons learned.
- The provider had not ensured that adequate governance systems were in place. We looked at policies relating to the hospital and identified that overall 42% of policies were out of date or were past the indicated date of review. We raised this with the management team during inspection who advised us that due to a merger between Cygnet Hospital and two other independent healthcare providers and all policies were currently being reviewed and updated and were being aligned to follow the providers integrated procedures. We were assured that all policies which had been identified as past review date would have an interim review to ensure they were current and safe.
- We saw examples in meeting minutes where actions were either not carried forward or completed and of actions that had been carried over from one month to the next repeatedly.
- Staff undertook or participated in local clinical audits. Audits included clinic rooms, medication management, storage, and controlled drugs audits, ligature audits a quarterly patient satisfaction audit a Mental Health Act audit, risk assessment and care plan audits. The hospital also carried out themed audits on topics including high dose antipsychotics, patient annual health checks and self-harm audits.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.
- Managers completed thorough recruitment checks for new permanent staff. However, some agency profiles lacked detail on training records and Disclosure and Barring Service (DBS) risk assessments for when staff had criminal records. During inspection this was rectified, and the hospital had identified any agency staff with a previous criminal record and were in the process of carrying out risk assessments on each of the staff members identified.
- Senior managers used key performance indicators to assess team performance such as training and supervision targets.
- The hospital manager had sufficient authority to perform their role and received regular support.

Management of risk, issues and performance

- Staff had access to the risk register. Staff at ward level could escalate concerns when required. However, we noticed that all items on the risk register were not updated and regular reviews were not documented. Some completed items such as employing consultants were still present on the risk register but had been completed in January 2018. Following inspection, the hospital provided an updated risk register which would replace the existing risk register.
- The service had plans for emergencies, for example, adverse weather or a flu outbreak.
- The provider was undertaking renovation work on forensic wards, which included all ensuite doors having hinges replaced with anti-ligature hinges, replacement of all doors on Peplau ward and Pattison ward and Saunders ward having vision panels in bedroom doors. Plans were in place to replace remaining bedroom doors along with communal bathrooms and toilets.

Information management

- The service collected, analysed, managed and used information well to support all its activities, and to monitor effectiveness of the service.
- All staff, including bank and agency staff, had access to the information they needed to provide safe and effective care.
- Information governance systems included confidentiality of patient records.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- Managers had easy access to information relating to complaints, compliments, training compliance and staff sickness.
- Staff made notifications to external bodies as needed.

Engagement

- The provider had an awards scheme for staff who had gone above and beyond for patients.
- Cygnet Health Care carried out annual staff surveys to identify any staff issues and staff satisfaction. Results of

the staff surveys were generally positive. However, staff raised concern about pay and reward, facilities and registered nurse staffing rates. The hospital responded to the concerns raised by staff by introducing clear pay scales for all staff and hourly rates were introduced as per staff preference, refurbishing the hospital and introducing a recruitment strategy and reward system for registered nurses.

- Cygnet Hospital Stevenage had recently reinstated the staff relations group which was chaired and run by members of staff. Each department had a representative who was encouraged to attend monthly meetings to raise any concerns within their respective department.
- Patients could give feedback about forensic wards through community meetings and surveys. A nominated patient from each forensic ward attended the people's council which acted as the voice of patients and looked to improve care for all patients in the hospital. Ward meeting minutes were available for patients and each forensic ward had a 'you said/ we did' board for patients to see what changes had been made as a result of ward meetings.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients were invited to complete a quarterly satisfaction survey. Overall, 65% of patients who responded to the survey for October to December 2018 said they felt safe, were happy with the environment, facilities and food and 58% were happy with the care and treatment provided, therapies, and their involvement in choosing therapies.
- Patients were involved in decision-making about changes to the service. Patients were represented on interview panels.
- The hospital engaged with external stakeholders regularly, such as commissioners, and shared good practice with other Cygnet Hospitals.

Learning, continuous improvement and innovation

- Innovations were taking place within the service. Support workers were able to attend Dialectal Behavioural Therapy (DBT) training to further support patients.
- The provider prioritised the retention of staff by offering development opportunities and ongoing learning.
- The hospital used innovative ways to recruit new staff. This included holding recruitment open days for support workers, where potential new staff underwent a day of interviews and role play, increasing advertising on social media, working with the local universities and offering coffee, biscuit and chat sessions to offer support for new starters.
- The hospital responded to the concerns raised by staff by introducing clear pay scales for all staff and hourly rates were introduced as per staff preference, refurbishing the hospital and introducing a recruitment strategy and reward system for registered nurses.
- Forensic wards were registered with The Quality Network for Forensic Mental Health Services (QNFMHS) which is a quality improvement network for low and medium secure inpatient forensic mental health services. On their most recent review, Tiffany ward, the female low secure ward and Saunders ward, the male low secure had been awarded 93% and Pattison ward, the medium secure female ward and Peplau ward, the medium secure male ward had been awarded 94%.

Outstanding practice and areas for improvement

Outstanding practice

- Staff on Tiffany ward had supported a patient to lose five stone over the space of a year which reversed the patient's type 2 diabetes and reduced cholesterol.
- The provider used sessional workers to enhance timetabled activities such a Zumba, pets as therapy, yoga, a personal trainer and Zumba.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure all bank and agency staff have appropriate and in date training.
- The provider should ensure all staff working within the hospital have Disclosure and Barring Service (DBS) risk assessments where appropriate.
- The provider must ensure the hospital risk register is updated and reviewed regularly.
- The provider must review its reducing restrictive practice strategy in relation to the high number of physical restraints.
- The provider must review, and update policies indicated as out of date or past review..

Action the provider SHOULD take to improve

- The provider should ensure the recruitment of substantive staff is a priority for the organisation and is regularly reviewed and monitored.
- The provider should ensure all care plans are individualised and completed within the providers timescale.
- The provider should ensure the Mental Health Act audit findings are followed up on.
- The provider should ensure staff are aware of the speak up guardian.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured that staff providing care or treatment to patients had the qualifications, competence, skills and experience to do so safely.**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider did not have a robust approach to ensure that restraint was used in the safest possible manner.**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not ensured that staff had received adequate security checks to provide care to patients.** **The provider had not ensured it had robust systems in place to manage and monitor the hospital risk register.** **The provider had not ensured its policies were up to date and reviewed.**