

Cygnnet Hospital Kewstoke

Quality Report

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

Overall summary

- Our last comprehensive inspection of Cygnnet Hospital Kewstoke was on the 19 January 2016. At that inspection, we rated the service as good overall.
- We also gave ratings for the core services provided by the hospital. For acute wards for adults of working age and psychiatric intensive care units we rated effective, caring, responsive and well led as good. However, we rated safe as requires improvement. We told the provider it must ensure that on Nash ward the cleanliness and damage to interior walls, fixtures and fittings are addressed immediately and adequately maintained thereon.
- On 24 January 2017 and 16 March 2017 we undertook an unannounced, focused inspection to see whether the provider had made the required improvements. We found that the provider had generally completed all the required improvements but that the bath panel and skirting board in the communal bathroom was still damaged, the bolted down tables in the dining room needed cleaning and that there were still some offensive odours in some bedrooms where the provider had not replaced the carpets. As a consequence, the requirement notice stayed in place. The provider revised their action plan and informed us when it had addressed the outstanding issues.
- We undertook a further unannounced, focussed inspection on 3 October 2017 to see if the provider had made the required improvements.
- We found that the provider had replaced the carpet in all patient bedrooms on Nash ward and the ward was free of odour. The provider had replaced the dining room furniture on Nash ward; the tables and the base of the tables were clean. The cleaning team regularly deep cleaned the ward areas.
- The provider had replaced the bath panel and skirting board in the communal bathroom which was in good order, and had installed CCTV to promote safety on the ward.
- As a result of the improvements we lifted the requirement notice.

Summary of findings

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Cygnet Hospital Kewstoke

Services we looked at

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

Summary of this inspection

Background to Cygnet Hospital Kewstoke

Cygnet Hospital Kewstoke is a 72 bedded psychiatric hospital, consisting of five wards. The hospital is registered to provide treatment of disease, disorder and injury and assessment or medical treatment of people detained under the Mental Health Act 1983. There is a registered manager in place.

Cygnet Hospital Kewstoke aims to help patients learn how to manage their mental health and reinforce their daily living skills, to prepare for independent life back in the community, or for moving into mainstream rehabilitation. Cygnet Hospital Kewstoke offers the following services:

Nash ward is a 12 bedded psychiatric intensive care unit (PICU) for men in the acute stages of psychosis. It is located on the ground floor of the main hospital. Patients are detained under the Mental Health Act.

Sandford ward is a 16 bedded male acute inpatient service, accepting emergency admissions. It is part of Cygnet's national network of acute and PICU emergency admission services. It is located on the first floor of the main hospital.

Milton ward is a 16 bedded low secure forensic mental health service, providing a recovery focused care pathway for women addressing complex needs through to rehabilitation. It is located on the ground floor of the main hospital.

Knightstone ward is a 16 bedded female specialist personality disorder service, supported by dialectical behaviour therapy and other therapy models. It is located on the first floor of the main hospital.

The Lodge at Cygnet Hospital, Kewstoke is a female locked rehabilitation unit offering a care pathway for 12 patients who have been in hospital and are preparing for community living before discharge. It offers treatment in a community setting within the grounds of the main hospital, but separate from the main building. Its stated aim is to form part of an integrated care pathway for female patients only. It acts as a 'step-down' from medium secure, low secure and specialist services, and also as a 'step up' from community living to prevent long-term admissions to secure services

We previously inspected this hospital in December 2012, February 2013, June 2013, and January 2016 and over two dates in January and March 2017

Our inspection team

Team leader: Kate Regan, Inspector

Why we carried out this inspection

We undertook this inspection to find out whether the provider had made improvements to their psychiatric intensive care services since our last comprehensive inspection of the hospital in January 2016 and focused inspection on two days in January and March 2017.

Following the January 2016 inspection, we told the provider it must take the following action to improve psychiatric intensive care services;

- The provider must ensure that on Nash ward the cleanliness and damage to interior walls, fixtures and fittings are addressed immediately and adequately maintained thereon.

This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 15: Safety and suitability of premises.

We returned to check progress at a focused inspection over two days in January and March 2017. Although the

Summary of this inspection

provider had completed some work there were still some outstanding actions. These related to the communal bathroom, carpet in bedrooms and cleanliness around tables in the dining room.

How we carried out this inspection

As this was an unannounced focused inspection to follow up on specific areas of concern, we did not consider all of the five key questions that we usually ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Instead, we concentrated on whether the action that we had told the provider it must carry out on Nash ward had been completed.

During the inspection visit, the inspection team:

- visited Nash ward at the hospital, and looked at the quality of the ward environment
- spoke informally with two patients on Nash ward
- interviewed the clinical manager, the quality manager and the manager of Nash ward
- looked at cleaning and maintenance records
- looked at the provider's action plan for Nash ward.

What people who use the service say

We spoke briefly to two patients who agreed for us to see their bedroom areas. These patients confirmed that staff cleaned their rooms regularly.

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?

We were satisfied that the service had completed the improvements that we detailed in the requirement notice, served in January 2016 because:

- The ward appeared clean and the provider had set and kept to increased cleaning rotas. The provider had replaced carpet in all patient bedrooms on Nash ward and the ward was free of odour.
- The provider had kept a rolling programme of painting on Nash ward. The walls were free of marks or damage, and the provider had introduced relaxing colours and murals on the walls.
- The provider had replaced the bath panel and skirting board in the communal bathroom, and replaced the dining room furniture on Nash ward.
- The provider had introduced a new effective maintenance management system for the ward. The ward manager was able to ensure maintenance issues were responded to promptly.

Are services effective?

At the last inspection in January 2016 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services caring?

At the last inspection in January 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating. Start here...

Are services responsive?

At the last inspection in January 2016 we rated responsive as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating. Start here...

Are services well-led?

At the last inspection in January 2016 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating. Start here...

Detailed findings from this inspection

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

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

The service had made the improvements required that were detailed in the requirement notice that we served in January 2016.

Are acute wards for adults of working age and psychiatric intensive care unit services effective? (for example, treatment is effective)

At the last inspection in January 2016 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

At the last inspection in January 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

At the last inspection in January 2016 we rated responsive as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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

At the last inspection in January 2016 we rated well-led as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.