

Cygnnet Behavioural Health Limited

Cygnnet Appletree

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service provided safe care and the ward environments were clean and well maintained. The wards usually had enough staff who assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service managed beds well so that a bed was always available to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- The design and layout of Pippin ward meant that there were areas accessible to patients that were out of sight of the nurse's station.
- The hospital had some nurse vacancies which meant that not all shifts on Pippin had the required 2 qualified nurses.
- Care plans were repetitive and sometimes difficult to follow due to the amount of information in them.
- One patient did not have clear care plans outlining the use of pro-re-nata (PRN) medication and use of intra-muscular administration of medications or rapid tranquilisation. PRN medications are medicines that are used when needed.

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	Good 	

Summary of findings

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Summary of this inspection

Background to Cygnet Appletree

Cygnet Appletree is an independent mental health hospital based in Durham. The hospital is split over two floors and has two wards. Bramley ward (15 bed acute ward), and Pippin ward (10 bed psychiatric intensive care unit) for females of 18 years and over. The service was last inspected in April and May 2021 and ratings for the service were suspended. Enforcement action was taken which prevented admissions. These had been removed at the time of the inspection and we found that the hospital had made significant progress.

The hospital had a registered manager and a controlled drugs accountable officer. Controlled drugs accountable officers are responsible for all aspects of controlled drugs management within their organisation. Cygnet Appletree has been registered with the CQC since 26 September 2012 and has been managed by two other providers during this time. In March 2018, the provider of Appletree became Cygnet Behavioural Health Limited.

Cygnet Appletree is registered to carry out the following regulated activities.

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

How we carried out this inspection

We conducted a comprehensive inspection of Cygnet Appletree. The inspection was unannounced.

The team that inspected the service comprised of 2 CQC inspectors, a specialist advisor and an expert by experience.

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients
- interviewed the hospital manager, clinical manager and one ward manager
- interviewed 8 other members of staff including nurses, support workers, and one consultant psychiatrist
- spoke with 14 patients and 3 carers of people who were using the service
- observed 2 morning meetings
- reviewed 7 care and treatment patient record and all medication charts
- reviewed 2 complaints, 2 seclusion reviews and all observations sheets.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

What people who use the service say

We spoke with 14 patients and 3 carers during the inspection and reviewed information from a recent Mental Health Act monitoring visit. Most patients said they felt safe and their only concern was other patients' behaviour. Patients said that staff supported them and that they felt listened to by doctors. Patients had mixed feelings about agency staff and said some were better than others.

Summary of this inspection

Some patients said they felt a bit bored on the wards and that activities were sometimes cancelled when the ward was busy. The hospital had a gym but some patients said that they had not been offered an induction so they could not use this. Patients also reported issues with the television only playing music and that other channels were not available.

Patients had mixed views about the distance they were from home. Some wanted to be nearer to family and friends. Other patients described this hospital as better than hospitals they had previously been to, so preferred it. Patients said they were able to keep in touch with family but that it was sometimes difficult being so far from home. Some families visited the hospital and others kept in touch through phone calls and social media.

Patients told us the food was nice. Some said that they would like more healthy snacks and fruit made available between meals. Some also reported that cold drinking water was not readily available.

Patients felt able to raise concerns to staff or by attending community meetings where they did feel listened to.

Most patients said that they had not received a copy of their care plan and one patient said they had not been given a welcome pack. Although some said that they didn't want a copy of their care plan some said they would like to be more involved.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should continue with recruitment of nursing staff to ensure that each shift has the required number of nurses to ensure patient safety.
- The service should consider what further measures can be taken within the environment on the psychiatric intensive care unit (Pippin) to ensure patient safety and ensure that the serving hatch work is completed on Bramley ward.
- The service should ensure that all patients have clear care plans outlining the use of pro-re-nata (PRN) medication and use of intra-muscular administration of medications or rapid tranquilisation.
- The service should ensure that patients who would like a copy of their care plan are provided with this.
- The service should ensure that activities are available across the wards which include access to the gym and television.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Good 

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

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

Good 

We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and reduced any risks they identified. The design and layout of Pippin ward meant that there were areas accessible to patients that were out of sight of the nurse's station. Staff mitigated this by using mirrors and through observations levels. Managers had identified that some structural changes to the ward area would enhance safety on the ward, although there were no detailed plans in place at the time of our inspection to carry out these improvements.

Patients on Bramley ward received their meals through the open kitchen door as there was no serving hatch. There were issues around safety and there had been an incident involving a patient trying to access the kitchen during the mealtimes. Staff said that plans were in place to install a stable type door, but this work had not started at the time of the inspection.

Some areas such as the laundry and assisted bathroom were locked on Pippin ward to ensure patient safety. Where areas were locked these were contained on the blanket restriction register. Most areas on Bramley ward were open and patients were individually risk assessed.

Staff completed twice daily ward walk arounds to check environment safety. We found some gaps on 4 days in October 2022 where the checks were only completed once on that day. All other checks were complete.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

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

Good 

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning staff were working throughout the wards during the inspection.

Staff followed infection control policy, including handwashing. At the time of the inspection staff had returned to wearing face masks after 2 staff had tested positive for COVID-19.

Seclusion room

A seclusion room was located downstairs on Pippin ward which allowed clear observation and two-way communication. It had a toilet and a clock and was suitable for use.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment. We found some minor issues such as a travel sickness tablet which was out of date and one medication which was due to expire. We also found 2 sharps bins that were not labelled. These issues were raised with staff and immediately rectified during the inspection.

Staff checked the contents of first aid boxes monthly. We found a dressing within the first aid box that had expired in June 2022 and the last check had been done in July 2022. Staff addressed this during the inspection.

Safe staffing

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

Nursing staff

The service usually had enough nursing staff to keep patients safe. The hospital had 18.5 whole time equivalent nurses and 4 vacancies for qualified nurses. Both wards had at least 1 qualified nurse on each shift and staff supported each other where possible. Pippin ward did not always have the required 2 qualified nurses on each shift. This meant that staff sometimes struggled to take breaks. When possible, clinical managers were available to support, and members of the multi-disciplinary team also supported.

Managers continued recruit staff and 2 nurses were due to start at the hospital which would take the vacancy rate down to 2.

The service was using agency staff to cover some shifts and between July to September 2022 the rate of agency staff was 26%. Agency staff were mainly used to cover staff sickness and increased observations levels. The hospital had systems in place to support agency staff and where possible used regular staff. Managers were looking at ways of increasing the number of shifts filled by bank staff to give some consistency.

Managers made sure all bank and agency staff had an induction and understood the service before starting their shift. Managers used competency records when agency staff use was high. Competency records were a conversation with the agency member of staff during the shift to check their understanding of current risk, observations levels and what to do in an incident. Information from these helped inform training and development for staff.

The service had reducing turnover rates. Over the last 12 months 45% of staff had left the hospital. This had significantly reduced and was now 8.5%.

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

Good 

Managers supported staff who needed time off for ill health. Levels of sickness were low at 5% for September 2022.

The ward manager could adjust staffing levels according to the needs of the patients.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Handovers took place after each shift and a daily huddle took place each morning to review risk and incidents from the previous day.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. Two consultant psychiatrists had recently joined the hospital covering one ward each. There were two specialist registrar doctors working at the hospital and doctors were visible on the wards and available to staff when needed.

Mandatory training

Staff had completed and kept up to date with their mandatory training with an overall completion rate of 85%.

The mandatory training programme was comprehensive and met the needs of patients and staff and included a range of courses such as basic life support (94%), immediate life support (97%), infection control (97%) safeguarding introduction (97%) and safeguarding adults and children at risk (96%).

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 7 records and found that all risks assessments had been updated and risk management plans were in place.

Staff used a recognised risk assessment tool.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk management plans were in place and staff had access to information through interaction boards in nurses' stations where risk and observation levels were included.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff discussed these daily in team huddles and staff we spoke to had a good understanding of the patients they were caring for.

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

Good 

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. An issue had been identified during a Mental Health Act monitoring visit about patients being routinely searched on Bramley ward. At the time of the inspection this had been rectified.

Use of restrictive interventions

Levels of restrictive interventions had reduced. Staff used 'safe wards' to support patients in the least restrictive way. The aim of safe wards is to minimise the number of situations in which conflict arises between healthcare workers and patients that lead to the use of restrictive interventions. Patients could freely access the dining room area and garden without staff support.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Between July and September 2022 there had been 84 episodes of restraint with most being low-level restraints. Managers reviewed the 3 which had lasted more than 20 minutes and held reflective practice with staff to see if anything could have been done differently.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation. Between July and September 2022 there had been 13 incidents of rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. There had been 11 incidents of seclusion between July and September 2022 on Pippin ward. We reviewed the last 2 seclusion records and found that these were comprehensive. The clinical manager completed audits after each episode of seclusion, and we could see evidence of this in the records.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. The local safeguarding team had worked with staff to understand the threshold for a referral and this was now in place at the hospital

Staff kept up to date with their safeguarding training. All staff completed an e-learning introduction course and a safeguarding adults and children at risk training course. A safeguarding lead was in post at the hospital.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. A family room was used off the ward for any visitors,

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

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

Good 

Patient notes were comprehensive, and all staff could access them easily.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

When patients transferred to a new team, there were no delays in staff accessing their records. Most patients were from outside the local area and information was sent between the hospital and the patients' home teams. A discharge coordinator was in post who took responsibility for ensuring that teams received the information they required.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. However, there were no patient photos with the medication records. Staff told us some patients had refused this.

We reviewed all 15 medication charts and found that one patient did not have clear care plans outlining the use of pro-re-nata (PRN) medication and use of intra-muscular administration of medications or rapid tranquilisation. PRN medications are medicines that are used when needed.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date. A pharmacist visited the hospital to provide support.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

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

Good 

Staff knew what incidents to report and how to report them. Between July and September 2022 there were a total of 196 incidents on Pippin ward. Of these 89 related to 3 patients and 70 related to actual violence and aggression towards staff. Managers provided support to staff in times of high acuity and would limit admissions for safety.

Between July and September 2022 there had been a total of 87 incidents on Bramley ward. These incidents included self-harm, security concerns and violence and aggression. Managers reviewed and monitored incidents across both wards and reviewed CCTV if they had concerns.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. We saw evidence of debriefs taking place and staff were offered support in busy periods.

Managers investigated incidents thoroughly and completed reviews of CCTV where they had concerns. In response to some wording in an incident report manager reviewed CCTV and found for a short period of time, a patient was prevented from leaving their room by staff. The review had led to some staff training and further development sessions around the importance of recording everything. This was shared across the whole staff team.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers had investigated an unexpected death at the hospital in July 2022 and found that staff at the hospital had taken appropriate action.

Managers shared learning with their staff about serious incidents that happened elsewhere, and a regional newsletter was circulated to staff.

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

Good 

We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We saw evidence of patients being supported to access local health services.

Staff developed care plans for each patient that met their mental and physical health needs. We reviewed 7 care plans and found that these were comprehensive but also contained lots of repetition and were not always easy to follow.

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

Good 

Patient care plans were personalised, holistic and recovery orientated. Staff regularly reviewed and updated care plans when patients' needs changed. Discharge planning began once a patient was admitted.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Psychologists had been in post since August 2022 and were now completing behavioural support plans for patients and running group programmes.

Staff delivered care in line with best practice and national guidance. (from relevant bodies eg NICE)

Staff identified patients' physical health needs and recorded them in their care plans.

Staff made sure patients had access to physical health care, including specialists as required. We saw evidence of support to access dentists and medical appointments.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives and used results from audits to make improvements. A service improvement event had led to the review of the ward round process to increase involvement of family and home teams.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the wards. Specialists included 2 consultant psychiatrists, speciality doctors, physical health nurse, a psychologist, 2 assistant psychologists, occupational therapist, and activities coordinators.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff had access to a range of training courses which included supporting autistic people, sensory and communication workshop, dysphagia and choking awareness.

Managers gave each new member of staff a full induction to the service before they started work.

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

Good 

Managers supported staff through regular, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive clinical supervision of their work and 80% of staff had received clinical supervision, 5 nurses out of 11 were due supervision and these had been booked in for the week following inspection. Managerial supervision was 79%. Psychology staff offered reflective practice sessions to staff and the leadership team assisted on the wards so staff could attend.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to improve care and treatment at the hospital.

Daily operational meetings took place to discuss recent incidents and environmental issues. Discussions took place regarding current staffing, daily assurance, absence, return to work interviews, incident and safeguarding, audits and patient meeting. The meetings we observed were well attended by staff from the wards including the occupational therapist, nurse in charge, team leader and hospital managers. Meetings were positive and gave a good opportunity for management oversight of any issues and challenges.

Each ward had a multi-disciplinary team meeting to review each patient's observation levels, leave and restrictions. We observed staff were contributing their views with good discussions taking place.

Doctors led weekly ward rounds for each patient, and we observed 2 meetings during the inspection. Meetings were attended by all staff involved in the patients care and treatment including home teams. The patients were also invited to attend, and we saw patients being involved.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover meetings took place twice per day after each of the shifts.

Ward teams had effective working relationships with external teams and organisations. This included the teams responsible for patients once they returned home. Relationships had improved with the local hospital and doctors were able to arrange appointments for physical health checks for those patients who needed them.

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

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

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

Good 

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice with dedicated administrators working at the hospital.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

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

Good 

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

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

Good 

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. During the inspection we observed good interactions between staff and patients. Staff supported patients and gave them emotional support and advice when they needed it. Patients had mixed feelings about some agency staff who they said were not as caring as the permanent staff.

Staff supported patients to understand and manage their own care treatment or condition. We observed discussions during ward rounds and saw staff helping patients understand the notes from a ward round meeting.

Staff directed patients to other services and supported them to access those services if they needed help. Patients were supported to remain in contact with home teams and we saw good interaction during ward rounds. Members of the home team routinely joined meetings through video link.

Patients said permanent staff treated them well and behaved kindly. We received mixed responses about agency staff with some patients saying they were not as kind as the other staff.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff felt supported by managers to raise any issues around culture at the hospital. Managers had done significant work in relation to this issue in response to the last inspection.

Staff followed policy to keep patient information confidential.

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

Good 

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Welcome packs were made available to patients when they arrived and most said that they had received these.

Staff provided patients with essential toiletries in a welcome pack at the time of admission.

Staff involved patients in their care planning and risk assessments. However, most patients did not have a copy of their care plan and some said that they would like this made available.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Staff involved patients in decisions about the service, when appropriate. Weekly community meetings took place and we saw evidence of the discussions. Patients had asked for more furniture and this had been acted upon. Patients had also raised concern about noise levels/ doors banging and staff had been reminded to be mindful about this. Staff told us these meetings were not always well attended but patients were encouraged to take part.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients were encouraged to attend ward rounds and staff facilitated this. We observed patients being consulted during these meetings and they were able to voice their opinions. The discharge coordinator was now responsible for all carer/ patient surveys to ensure a dedicated role for this.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. Posters with details of the advocate were visible across the wards and patients told us they knew who they were.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. As most patients were from out of the local area, they were encouraged to keep in touch with family through various media platforms. Staff tried to keep families updated and they were invited to attend meetings either in person or through video link. Patients needed to consent to families being involved.

Managers were exploring ways of increasing involvement of families to give feedback on the service. The providers next carers meeting for the region was due to be held at the hospital and managers had made links with the carers leads in the local authority.

Staff gave carers information on how to find the carer's assessment in their local areas.

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

Good 

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

Good 

We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers made sure bed occupancy did not go above 85%. Bed numbers were being monitored closely as the hospital increased admissions and this had been managed to ensure that patient safety was maintained,

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The hospital had taken part in a quality improvement project to reduce the length of stay on Pippin ward and the length of stay was now 20 days.

All patients at the hospital were out of area placements and staff-maintained links with home teams. We observed 2 ward rounds during inspection which were attended by the patient's home team through video link.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Doctors utilised section 17 leave for patients to return home for a short period of time before their discharge.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Discharge and transfers of care

A discharge coordinator had been employed at the hospital. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Patients did not have to stay in hospital when they were well enough to leave.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

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

Good 

Each patient had their own bedroom, which they could personalise. Lighting had been improved within the ward with dimming controls installed outside of each room. This was in response to patients saying that staff disturbed them during night checks.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. This included a lounge, quiet rooms, activities area, a gym and a salon. Patients reported that the internet and TV channels were limited and that they were unable to use the gym until they had received an induction.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private and most had access to their own mobile phone.

The service had an outside space that patients could access easily. Each ward had its own outside space and patients could freely access these areas.

Patients could make their own hot drinks and snacks on the Bramley ward; the hot water was monitored on Pippin ward in response to a recent incident.

The service offered a variety of good quality food.

Patients' engagement with the wider community

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

Staff helped patients to stay in contact with families and carers through media platforms.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs, or other specific needs and patients had access to a lift.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Kitchen staff made meals daily on the premises with a range of meal available including hot meals and sandwiches.

Patients had access to spiritual, religious and cultural support and a dedicated room was available

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

Good 

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. We reviewed 2 complaints while on inspection. One was from a local resident and 1 from a family member. The hospital manager had responded to both complaints and investigated the concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good 

We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders at the hospital included a hospital manager and a clinical manager who were new into these posts after the hospital manager had temporarily moved on. Both had been working in leadership roles at the hospital prior to this. Both had a good understanding of the hospital and were passionate about continuing to implement the improvements to the service.

Leaders were supported by 2 new ward managers who worked across the 7-day period ensuring there was management support to staff. Leaders were visible in the hospital and staff reported feeling supported.

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

Good 

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

Staff knew and understood the providers vision and values which were displayed around the hospital and on the intranet. Staff were able to explain the positive improvements which had been made since the last inspection.

There was a shared understanding with managers and staff about delivering good quality care and treatment.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Managers had responded to the issues identified during the last inspection. Staff reported feeling supported and said that there had been significant improvements at the hospital.

A staff survey action plan was in place and we saw a significant positive increase in all areas between the 2021 and 2022 results. Staff satisfaction had increased between 10-16% higher relative to rest of organisation. A safeguarding lead and reflective practice sessions had been introduced in response to survey. The main concerns from the survey were staffing levels and not being able to take breaks. Managers were continuing with recruitment and ward managers had been brought in to support staff breaks.

Staff had access to monthly wellbeing days and a quarterly wellness survey had been introduced.

Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process and about the role of the speak up guardian.

Managers dealt with poor staff performance when needed. We saw examples where managers had introduced spot checks for staff when agency staff use was high.

Staff had access to support for their own physical and emotional health needs through an occupational health service as well as a range of other wellbeing support schemes. Managers had developed a QR code for staff to use to access wellbeing support and a staff wellbeing area was being developed.

The provider recognised staff success within the service through staff awards.

Governance

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

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. The clinical manager had effective audit processes in place and identified and acted upon any concerns. The hospital manager had good oversight of staffing, and closely monitored the high use of agency staff, staff training and supervision and effective processes were in place to manage referrals. Learning from incidents was shared across the whole staff team through bulletins, team meetings and in staff handovers.

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

Good 

There was a clear framework of what must be discussed at a local level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Managers had implemented recommendations from the previous inspection and had systems in place to continuously monitor this.

Management of risk, issues and performance

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

Staff maintained and had access to the hospital risk register.

Information management

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

Managers used systems to collect data from both wards that were not over-burdensome for frontline staff. The information systems were easy to navigate, and information could be taken direct from the systems. Information had been collected and analysed on length of stay to ensure patients were not staying in hospital for too long.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records. 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. The provider had a central team who could support managers to access information around mandatory training, supervision and appraisals. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed, including CQC notifications and safeguarding referrals.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Staff engaged actively with other local health and social care providers to ensure that patients' needs were met. Staff had worked closely with the local authority safeguarding and relationships with the local hospital had improved.

Staff, patients, and carers had access to up-to-date information about the work of the provider and the services they used through the intranet, bulletins, newsletters.

Patients and carers had opportunities to give feedback on the service. Patients were able to give feedback during community meetings and managers were looking at new ways to engage with carers.

Senior managers visited the hospital and were available to address concerns. The hospital manager engaged well with external stakeholders including the regulator, local authority safeguarding teams and commissioners.

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

Good 

Learning, continuous improvement and innovation

The hospital had been picked to take part in a quality improvement project around length of stay and were the first in the region to take part. A poster had been developed and was visible across the hospital.

The occupational therapist had completed some research around patient involvement in activities and was leading a 6-month pilot at the hospital. The aim was to keep patients engaged in activities that were meaningful to them by using cards to identify interests.