Cygnet Health Care Limited

Cygnet Hospital Beckton

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Good

Summary of findings

Overall summary

Cygnet Hospital Beckton provides gender specific hospital for women with complex mental health needs, including those with learning disabilities and personality disorders.

We undertook this unannounced comprehensive inspection following our focused inspection in March 2021. At the inspection in March 2021, we rated this location inadequate, took urgent enforcement action and placed the hospital into special measures. At this inspection, the rating for this location has improved to requires improvement. The location remains in special measures.

During this inspection we found:

- The ward for people with learning disabilities, Hansa Ward, did not meet the principles of right support, right care, right culture (CQC). This was because the ward environment was institutional and did not meet patients' sensory needs and preferences and patients did not have care plans they could understand.
- Staff did not always undertake intermittent observations of patients according to the provider's policy. Observation records on New Dawn Ward showed that on three occasions staff observed patients at exactly the same intervals for four or five hours consecutively. There were further examples of staff observing patients at the same time for two hours consecutively. Intermittent observations should have been carried out at unpredictable intervals so that patients could not plan risky behaviour when staff were not observing. On Hansa Ward, an incident following the inspection showed that a staff member had recorded intermittent observations of a patient but they had not been carried out. Patients on New Dawn Ward said that staff did not always carry out intermittent observations.
- Patients with a learning disability on Hansa Ward did not have easy-read care plans. This meant patients may not be able to understand the content of their care plan.
- The environment on Hansa Ward was not therapeutic. The corridors were long and bare and sounds echoed and carried to other parts of the ward. The environment did not support patients' sensory needs. However, there were plans to redesign the ward later in 2021.
- Only some staff on Hansa Ward had knowledge of STOMP (stopping over-medication of people with a learning disability). This meant some staff were unaware of how to ensure minimal prescribing of psychotropic medicines.
- On New Dawn Ward, patients and the advocate said that the ward manager did not welcome complaints and concerns they raised were not acted upon.
- Whilst the provider had undertaken a strong recruitment drive and recruited to many vacant nursing posts, there were still a significant number of vacant support worker posts. For example, on Upping Ward there was a 49% vacancy rate for registered nurses. Three of the six vacant posts had been recruited to.
- Patient's relatives and carers were not consistently contacted by ward staff or involved in patients' care and treatment.

However:

- Staff had an exceptional and sustained focus on the physical health care of patients. Physical health interventions exceeded those recommended in best practice guidance. A wide range of actual and potential patient health care needs were addressed, from seizure management and pressure ulcers to incontinence, falls, mouthcare and footcare. Nursing staff were trained to undertake 12-lead electrocardiograms and training on foot care was planned. There were very effective links with primary care, the local mental health trust and other specialists, such as a specialist dentist for people with learning disabilities.

Summary of findings

- Staff communication with patients was supportive and respectful. Staff were compassionate, respected patient choices, and demonstrated a non-judgemental attitude.
- Patients' care plans were person-centred and holistic. They addressed all of the patients' identified needs.
- The relaunch of the least restrictive practice programme had led to a reduction in incidents of restraint. All staff had been trained in restraint techniques. CCTV showed that staff spent considerable time attempting to defuse incidents without use of restraint. When staff did restrain patients, they used authorised techniques for the shortest time possible.
- There was a strong focus on learning from incidents. Learning was advertised in a newsletter for staff, discussed at ward business meetings and at hospital clinical governance meetings. Incident reporting had improved in terms of the quality of incident reports and previous under-reporting of incidents had been addressed.
- Staff had undertaken skills-based training specific to the patient group on the ward they worked. Bank and agency staff also attended this training.
- There was a robust system to ensure that staff followed the requirements of the Mental Health Act, including regularly informing patients of their rights.
- There were good systems for infection prevention and control and sufficient stocks of personal protective equipment.
- There was a strong focus, at hospital management level, on engaging with and supporting patients' relatives and carers. This included a carers support group, co-production, a carers newsletter, and a carers strategy.
- There was a strong and effective governance system to monitor safety and the quality of care provided to patients. Patient risk assessments, complaints, safeguarding referrals, staffing and recruitment and incidents were all carefully reviewed at hospital governance meetings.
- The hospital's local leadership team had the knowledge, skills and experience to drive improvements in safety and quality.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Requires Improvement 	
Personality disorder services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Hospital Beckton

We undertook this unannounced comprehensive inspection of Cygnet Hospital Beckton to follow up on changes made as a result of our focused inspection in March 2021.

The inspection in March 2021 was of the learning disability ward and psychiatric intensive care unit. We found instances of unjustified restraint, use of unauthorised restraint techniques and the physical abuse of a patient. We served a section 31 notice which placed a number of conditions on the providers registration, including that the hospital could not admit any more patients until further notice. The Chief Inspector of Hospitals also put the hospital into special measures.

At this inspection, the psychiatric intensive care unit was closed as building work was taking place. We inspected the following wards:

Hansa Ward - a 13 bed ward for women with a learning disability or autism and mental health problems. There were 10 women on the ward at the time of the inspection.

New Dawn Ward - an 18 bed ward providing dialectical behaviour therapy for women with a personality disorder. There were 16 women on the ward at the time of the inspection.

Upping Ward - a 15 bed ward for women with a personality disorder and complex needs. There were 12 women on the ward at the time of the inspection.

Cygnet Hospital Beckton is registered to provide Treatment of disease, disorder or injury and Assessment or medical treatment for persons detained under the Mental Health Act 1983.

There was a registered manager in post at the time of the inspection.

We last inspected Cygnet Hospital Beckton in March 2021. At that time, we rated the psychiatric intensive care unit and learning disability ward as Inadequate for Safe and Well-led. We rated Caring as Requires Improvement for the psychiatric intensive care unit and Inadequate for the learning disability ward.

The overall ratings for both services were Inadequate. Due to our overarching concerns, we suspended the ratings for personality disorder services, which we had rated as Good in 2019.

How we carried out this inspection

The inspection team for this inspection consisted of a head of inspection, an inspection manager, three inspectors, an enforcement inspector, two specialist advisors who are senior nurses, and two experts by experience. Experts by experience are people who have used, or have a relative who has used, similar services.

This inspection involved an evening visit to observe care on Hansa Ward and visits to all of the wards over two days. We also undertook interviews by teleconference and telephone due to COVID-19.

Summary of this inspection

During this inspection, the inspection team:

- visited the wards and observed the environment and how staff were caring for patients
- spoke with the registered manager
- spoke with 34 staff including service managers, the clinical service manager, the medical director, a consultant psychiatrist, registered nurses, support workers, the head of psychology, the physical health lead, a ward administrator, the head of occupational therapy, occupational therapists, occupational therapy assistants, psychology assistants and the general manager
- spoke with 11 patients
- spoke with the relatives of 11 patients
- observed three nursing handovers, the hospital huddle meeting and the physical health meeting
- reviewed CCTV footage of 12 incidents
- reviewed other documents concerning the operation of the service.

Outstanding practice

- Staff had an exceptional and sustained focus on the physical health care of patients. Physical health interventions exceeded those recommended in best practice guidance. A wide range of actual and potential patient health care needs were addressed, from seizure management and pressure ulcers to incontinence, falls, mouthcare and footcare. Nursing staff were trained to undertake 12-lead electrocardiograms and training on foot care was planned. There were very effective links with primary care, the local mental health trust and other specialists, such as a specialist dentist for people with learning disabilities. A new health alert concerning personal protective equipment and heatstroke was immediately communicated to ward teams.

Areas for improvement

What the provider MUST do

The provider must ensure that staff undertake intermittent observations of patients in line with the provider's observation and engagement policy and that staff record these observations accurately. Regulation 12(2)(b)

The provider must ensure that patients on Hansa Ward have easy-read care plans and that patients have copies of their care plan. Regulation 9(1)(b)(h)

The provider must ensure that planned environmental changes to Hansa Ward focus on patients' sensory needs, minimise noise and reflect a therapeutic environment. Regulation 15(1)(c)(d)

What the provider SHOULD do

The provider should ensure all clinical staff on Hansa Ward have knowledge of, and can apply, STOMP (stopping over-medication of people with a learning disability, autism or both) principles.

The provider should ensure that patients' concerns and complaints on New Dawn Ward are dealt with positively and appropriately.

The provider should ensure that the current progress with filling vacant posts in the hospital continues.

Summary of this inspection

The provider should ensure that patients' relatives and carers are regularly contacted and involved with patients' care and treatment.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Personality disorder services	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement

Requires Improvement

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism safe?

Requires Improvement

Safe and clean environment

Safety of the ward layout

Staff regularly assessed the safety of the ward environment and took action to mitigate against environmental risks. Staff had completed a thorough, up-to-date ligature risk assessment with an accompanying 'heat map' so that new or temporary staff could easily familiarise themselves with the environmental risks and how to mitigate them through routine environmental observations. An annual external review of fire safety also took place.

There were clear lines of sight along both corridors from the nursing office. Closed-circuit television (CCTV) cameras also covered areas of the ward and could be observed from the nursing office. There were plans to upgrade the CCTV system later during 2021 to provide better coverage of blind spots on the ward.

During the last inspection in March 2021 we identified that people did not always have access to an alarm to call for help in an emergency. At this inspection this had improved. All people who required an alarm to call for assistance were given one.

Maintenance, cleanliness and infection control

The ward was clean and well maintained and cleaning equipment was stored in an appropriate manner.

Nursing staff and maintenance staff identified if maintenance work required urgent completion due to risks to people or staff. Outside of weekday working hours, a member of the maintenance team was on-call to respond to urgent maintenance requests. Ninety-five per cent of maintenance requests were completed within 24 hours.

Staff had access to sufficient personal protective equipment to minimise the risk of cross-infection and to enable them to follow current national guidance in respect of COVID-19. The procedure for correct handwashing was clearly visible beside each sink unit for both people and staff to adhere to. Hand hygiene audits were undertaken on the wards. The ward had an infection prevention and control champion.

Clinical waste was removed to a secure area in the car park from where it was collected by an external company.

People had easy-read documents explaining why and how they could be vaccinated for COVID-19. All people subsequently received their vaccinations.

Seclusion room

There was no seclusion room on the ward.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

The automated external defibrillator was checked daily. A clinic room audit was undertaken weekly, including resuscitation equipment and emergency medicines. Equipment such as weighing scales and the glucometer were serviced and calibrated regularly. All clinical equipment was kept clean.

Safe staffing

Nursing staff

The service had enough nursing and support staff to keep people safe. The service had low vacancy rates.

During the last inspection in March 2021 we identified that there were not enough nursing staff working to safely meet the needs of people. At this inspection we identified that this had improved, and there were now enough staff working on each shift to safely meet the needs of people. The staffing matrix had been reviewed by the provider, resulting in an additional registered nurse working during each night shift. When people required continuous observation, additional staff worked on shifts. A designated security nurse on each shift also helped ensure staff were clear about their individual responsibilities and to maintain safety.

During the last inspection in March 2021 we identified that there were a number of support worker vacancies. This meant that agency and bank staff who were not always familiar with each person's individual needs were working on most shifts. At this inspection this had improved. Training for agency and bank staff had been provided and the safety and quality of care being delivered to people had also improved as a result.

All existing registered nurse vacancies had been recruited to at the time of the inspection. Two registered nurse posts had been recruited to but the successful candidates were yet to start in their new posts.

After the last inspection in March 2021, an additional 15.9 WTE support worker posts had been created to provide consistent staffing for people requiring continuous observations. Two of these posts had been filled and a further four staff had been recruited. These staff were awaiting recruitment checks before starting in their posts.

The ward managers could adjust daily staffing levels. For example, during the inspection additional nursing staff worked during the daytime so that most people could go on leave from the ward for a few hours whilst noisy environmental works were carried out.

Requires Improvement

Wards for people with learning disabilities or autism

We did not identify any examples of activities or leave needing to be cancelled because of staffing issues. People could have regular one to one time with their named nurse.

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.

A temporary consultant psychiatrist specialising in general psychiatry worked on the ward and had been in post for one month at the time of the inspection. They were supported by a ward doctor. A new consultant psychiatrist in learning disabilities had been appointed and was undergoing recruitment checks.

Emergency medical assistance could be obtained by staff out-of-hours, and a consultant psychiatrist was always available on call.

Therapy staff

An occupational therapist and occupational therapy assistant worked on the ward. An assistant psychologist also worked on the ward. There was a vacant psychology post on the ward. However, a counselling psychologist had been appointed to his post and was undergoing recruitment checks.

Mandatory training

The majority of staff had completed and kept up-to-date with their mandatory training.

Staff were required to undertake a range of mandatory training dependent on their roles and most staff were up to date with this training. However, only 65% of staff had completed their Basic Life Support and Automated External Defibrillator training. Managers explained that they were working hard to ensure all staff could access this training following difficulties in arranging face-to-face training during the pandemic. This had led to a backlog of staff requiring training. Over 75% of nursing staff had undertaken all other types of mandatory training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Each person had a risk assessment completed by staff on admission and this was reviewed regularly, including after any incident.

Staff completed an initial risk assessment of people on admission. This risk assessment used information gathered during initial nursing and medical assessments and from historic risk information. These risk assessments were routinely updated following multidisciplinary team ward round meetings. Daily risk assessments were also reviewed and completed by staff identifying any changes in peoples' risks.

Management of patient risk

Staff knew about any risks to each person and acted to prevent or reduce risks.

If people were at risk of pressure ulcers, the physical health lead assessed the patient using the Waterlow tool and commenced interventions, such as regular turning, if required. The physical health lead also undertook a falls assessment and provided guidance to staff, if required.

At nursing handover meetings, each person was discussed in detail in terms of their individual risks and how staff should manage these risks. Details about how staff should manage each identified patient risk were included in peoples' care plans.

The ward manager and hospital quality assurance assistant systematically reviewed CCTV footage following any significant incident involving restraints or safeguarding concerns.

Each person had a detailed positive behavioural support plan in place. These plans detailed peoples' likes, dislikes, communication needs and techniques staff should use to manage risk behaviours and avoid triggers. Positive behaviour support plans fed into traffic light summaries for each person. These summarised how each person presented whilst in the 'green, red and amber' zones, which were closely aligned to the person's mood. Instructions were provided to staff about how they should tailor their support to each person to move them from the red and amber zones. For example, one person was only able to be de-escalated from the 'red' zone if one staff member, rather than a group of staff, approached them for a conversation with a specific tone of voice.

Staff were now working to safely manage two people who had an identified risk of choking. Staff were working to safely manage these risks. This followed two incidents where people had choked on food during April and May 2021. Since these two incidents, all staff had attended dysphagia (choking and swallowing) training and diet and mealtime plans were now in place for both people. Staff discussed how to safely mitigate the risk of choking, for example, by sitting whilst eating and being accompanied by a staff member. Staff also knew how to test foods to ensure they conformed to the level 6 soft and bite-sized diet plans for these people.

The provider had policies for the observation of people. When people were to be intermittently observed by staff, staff were to observe people four times per hour. A serious incident occurred shortly after our inspection visit to the ward. The investigation of this incident identified that the intermittent observations of a person had been documented but had not taken place.

A number of blanket practices had been changed as part of the relaunch of the least restrictive practice programme. However, some blanket practices remained due to the potential risks posed to people. Plastic bags were not allowed on the wards and certain items were 'restricted' and only to be used with staff supervision.

At the time of the inspection all people were detained under the Mental Health Act 1983.

Use of restrictive interventions

Levels of restrictive interventions were reducing. For example, in the first two weeks of April 2021 there had been five restraints of people on Hansa Ward. In the first two weeks of June 2021 there had been two restraints.

During the last inspection in March 2021 we identified that staff did not always use the correct, safe techniques when restraining people. At this inspection this had improved. All staff working on the ward had recently completed training in Prevention and Management of Violence and Aggression. No staff member, whether permanent, bank or agency, could work on the ward without having completed this training.

Managers reviewed CCTV footage of incidents to assure themselves that staff used the correct restraint techniques following every incident of restraint. Staff also reflected on correct restraint techniques using this footage.

Staff recognised the importance of using verbal de-escalation to prevent incidents and the need to restrain people. Staff now knew how to tailor their approach to verbally de-escalate each person. These positive behavioural support plans considered the person's sensory and communication needs. The number of restraints of people had reduced from 12 during the two-week period 3 – 19 March to two restraints during the two-week period 29 May – 11 June.

Staff also reported that the need to observe people at arms-length had reduced because staff were adhering closely to people's positive behavioural support plans and by developing relational security. Relational security focuses on staff knowledge and understanding of each person and their needs in relation to the environment. Staff reported that a reduction in the use of agency staff and the use of regular bank and agency staff had enabled improvements in relational security.

There were no examples of seclusion being required for any people on Hansa Ward. However, there had been one brief incident of de-facto seclusion since the inspection in March 2021. Managers had used the CCTV footage of this incident to identify with staff how the incident could have been better managed.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff were trained in safeguarding and knew what types of incidents to escalate as a safeguarding concern. Staff provided examples of recent incidents that had been raised as safeguarding issues and explained the actions taken to keep people safe from potential abuse. This included plans to prevent verbal abuse between some people. Staff were able to discuss learning from safeguarding incidents at regular safeguarding workshops.

A safeguarding flow chart was readily accessible for staff to refer to. This detailed how staff should identify and escalate safeguarding concerns, how to implement a safeguarding care plan to protect the person and who to notify of the concern. Leaders used a safeguarding dashboard to track each open safeguarding referral.

The ward had a designated safeguarding champion. They could be contacted by any staff member for support with the safeguarding process or to understand whether incidents met the safeguarding threshold.

Staff access to essential information

People's notes were comprehensive and all staff could access them easily.

All information needed to deliver people's care was accessible to all staff, including bank and agency staff. Staff recorded information on the care records system and there were no difficulties with staff entering or accessing the information they needed to deliver people's care.

Some summary information was also stored in paper format for ease of reference. This included a new 'traffic light' folder, which was a one-page summary for each person about how to manage the persons' needs dependent on their mood, in line with their positive behavioural support plan.

Medicines management

Requires Improvement

Wards for people with learning disabilities or autism

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff followed good practice in medicines management. People received the correct medicines at the right time. Medicines were regularly reviewed to monitor the effects on patients' health and wellbeing.

Prescribers used the 'STOMP' principles (stopping over-medication of people with a learning disability, autism or both). However, although there had been a historic drive to increase awareness of STOMP, at this inspection some clinical staff, including staff who prescribed medicines, were unable to explain their understanding of the STOMP guidelines. This meant they were unaware of how to ensure minimal prescribing of psychotropic medicines.

A pharmacist also visited the wards weekly, auditing prescriptions and providing feedback and advice regarding medicines management. The pharmacist also provided training on medicines every six months.

Track record on safety

The service had an improving track record on safety.

One serious incident took place shortly after the inspection site visit. This incident involved a staff member falsifying observation records. Managers dealt with this appropriately with the staff member concerned. They had also taken immediate action to ensure all staff were aware of the importance of completing enhanced patient observations in line with the provider's observation and engagement policy.

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.

Staff knew what incidents to report and how to report them using the provider's incident reporting system. Staff business meetings included a review of incidents and learning from them. Staff were able to feedback and contribute to changes following incidents. Incidents and learning were also reviewed and discussed in detail in hospital governance meetings. Staff also highlighted recent incidents and learning during nursing handovers.

For example, following three recent incidents where people had choked, all staff had attended dysphagia training. Clear plans to manage the two peoples' dietary needs were developed and shared with staff to help prevent similar choking incidents re-occurring.

Senior managers conducted debriefs with staff when there had been serious incidents. People also had a debrief following incidents when they consented to this. The purpose of such debriefs was to more fully understand the incident and identify learning to reduce repetition.

Staff also learnt from incidents external to the service. For example, recent learning about ligature anchor points that had been used by patients in similar services both within the provider and at other organisations was shared with staff. This learning fed into a review of the current ward ligature risk assessment.

Requires Improvement

Wards for people with learning disabilities or autism

Are Wards for people with learning disabilities or autism effective?

Good

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of people. They worked with people to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

We reviewed the care and treatment records of four people.

Each person had undergone a thorough assessment of their needs on admission. This included an assessment of their mental state, nursing and physical health needs. Historic clinical information from previous hospital admissions and information from patients' GPs was used to assess the needs of people.

Staff developed individualised, holistic and recovery-oriented care plans. These included the full breadth of each person's needs including managing risk issues, dietary needs and physical health conditions.

Best practice in treatment and care

People using the service were provided with a range of suitable care and treatment interventions. These involved psychological and occupational therapy interventions that were specific to peoples' needs.

A range of therapeutic activities were available to people. These included social groups, yoga, cookery, goal setting, developing skills for discharge, mindfulness, jewellery making, arts, crafts and social skills. The occupational therapy team also met with people on an individual basis to develop tailored goals. For example, one person was being supported to take part in activities in the local area involving animal care. Another person was interested in becoming a paramedic, so occupational therapy staff had sourced first aid training for the person to attend.

People had good access to physical healthcare including specialists when needed. For example, staff were supporting a person to access specialist dental surgery. A care plan around how staff should meet the person's dental needs was in place.

Staff supported people to lead a healthy lifestyle. Group exercise activities such as yoga and gym sessions were available. A group smoking cessation class was also run for people.

Staff were working to meet peoples' dietary needs, and nutrition and hydration were assessed when people were admitted. Two people were on level 6 diets, requiring soft and bite size food in order to minimise the risk of choking. One person had a specific plan around their hydration.

Observation scales were used to monitor peoples' outcomes. For example, occupational therapy staff used the Model of Human Occupation Screening Tool (MOHOST) and Activities of Daily Living (ADL) assessments to monitor each person's progress. A separate speech and language therapy focused ratings scale was used to assess peoples' communication needs at regular intervals.

Requires Improvement

Wards for people with learning disabilities or autism

Skilled staff to deliver care

The team included the full range of specialists required to meet the needs of people, including nurses, doctors, occupational therapists, psychologists, social workers and other therapists.

Staff were skilled and qualified and had the right skills and experience to meet the needs of the group of people. Most registered nurses working at the service were registered learning disability nurses, the remaining nurses were registered mental health nurses with experience and training in caring for people living with learning disabilities and/or autistic people.

However, the locum Consultant Psychiatrist was a general psychiatrist and not a specialist in learning disabilities psychiatry. The psychiatrist did not routinely speak with other psychiatrists working in similar learning disability or autism services.

The speech and language therapist had left their post before this inspection. Managers were working to recruit to this post. In the meantime, a senior speech and language therapist working for the provider was available to assess people.

Following the inspection in March 2021, we told the provider nursing staff had to attend skills-based training specific to the group of people on the ward where they worked. This included regular and long-term bank and agency staff. At this inspection, all staff had attended this training. Staff training included communicating with people with learning disabilities and autism, dysphagia (choking and swallowing), and seizure management.

Staff received an induction before they started working on the ward. This induction included an overview of each person, their positive behavioural support needs and orientation to the ward environment. This included a review of the ligature risk heat map and instructions about how to safely manage environmental risks.

All staff on the ward received regular supervision. Eighty-eight per cent of staff had an appraisal at the time of the inspection.

Managers addressed poor staff performance promptly and effectively. They provided examples of how they had supported staff through regular supervision with achievable goals to improve their performance.

Multidisciplinary and inter-agency teamwork

Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. The ward team had effective working relationships with staff from services that would provide aftercare following peoples' discharge.

Staff held regular multidisciplinary ward round meetings where each person was reviewed in detail every three weeks. Some staff reported that these meetings had recently improved and that their views and opinions were more welcome than previously. They reported that, overall, the multidisciplinary team members were working better together.

Effective nursing and multidisciplinary handover meetings took place where staff discussed people in detail including risk issues.

Requires Improvement

Wards for people with learning disabilities or autism

The ward team had effective working relationships with teams outside the organisation. For example, staff kept in close contact with a specialist epilepsy service that one person used regularly. Staff also worked closely with colleagues in services that people were preparing to be discharged to, sharing clinical information and facilitating visits to help prepare people for discharge.

Adherence to the Mental Health Act and 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 people' rights to them.

Eighty-nine per cent of staff on the ward had completed training in Mental Health Act (MHA) awareness.

Staff knew how to access support with the application of the MHA via the hospital's MHA administrator. Staff could access policies and procedures relating to the MHA, including the code of practice. Each person was detained under the MHA and had their capacity to consent to treatment assessed. Where people lacked capacity, the appropriate MHA consent to treatment documents were in place.

People had easy access to information about MHA advocacy and staff explained peoples' rights under the MHA regularly and in a way they could understand.

People could take their leave under Section 17 of the MHA when this had been granted, and additional staff were rostered to work on shift, if necessary, to ensure this could be facilitated.

A notice was displayed outlining informal peoples' right to leave the ward when they chose to, although there were no informal patients at the time of the inspection.

The MHA administrator conducted regular audits of the MHA and sent emails alerting staff to the need to consider renewing the relevant person's detention under the MHA if this was nearing expiry.

Good practice in applying the Mental Capacity Act

People were able to make decisions on their care for themselves, supported by staff. Staff understood the providers' policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity.

Eighty-nine per cent of staff on Hansa Ward had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

Staff had a good understanding of the MCA and supported people to make their own decisions about their care, such as when to receive medicines to fit in with individual routines. There were examples where staff had followed the best-interest decision process, such as deciding on a specific diet plan for a person at risk of choking on certain types of food.

There were no Deprivation of Liberty Safeguards applications made in the 12 months before the inspection.

Requires Improvement

Wards for people with learning disabilities or autism

Are Wards for people with learning disabilities or autism caring?

Good

Kindness, privacy, dignity, respect, compassion and support

People were treated by staff with compassion and kindness. They respected peoples' privacy and dignity. They understood the individual needs of people and supported people to understand and manage their care, treatment or condition.

We observed positive interactions between people and staff, and people reported that they got on well with most staff. Staff provided emotional support and advice. For example, we observed staff sensitively encouraging people to maintain their personal hygiene. However, three people reported that although most staff knew them well and were supportive, some staff did not fully understand how to meet their needs.

People could make choices about their care and treatment, supported by staff. People had access to information about their medicines and this information was in an easy-read format where required. We saw examples where people had discussed changes to the time of their medicines with nursing staff. This resulted in adjusting the time of medicines to suit individual people's routines.

People's needs, aspirations, likes and dislikes were understood by staff. For example, one person had been supported to contribute to the patient newsletter and another person was supported to physically experiment with foods that they enjoyed the texture of.

People's information was kept confidential by staff. For example, a summary board containing key information about people was not visible from communal areas of the ward.

Involvement in care

Involvement of patients

People were involved in their own care planning and risk assessment. Staff ensured that people had easy access to independent advocates.

People were orientated to the ward when they were first admitted, to reduce peoples' anxiety.

People's individual communication needs were met effectively by staff. For example, staff used symbols and gestures to obtain a person's opinions about aspects of their care and treatment. Information about how to communicate using Makaton sign language was available for people and staff and tailored to specific scenarios such as managing mealtimes or how to ask various questions.

Peoples' attendance at weekly community meetings was poor. Staff hoped that this would start to improve since moving the meeting time to a Monday. The community meeting was the main forum for people to provide feedback about the service, including housekeeping, maintenance and groups and activities.

Requires Improvement

Wards for people with learning disabilities or autism

People had access to a ward advocate, who also attended ward rounds and encouraged people to participate.

Involvement of families and carers

Further work was required to involve families and carers in peoples' care.

During the last inspection in March 2021, we identified that relatives and carers were not always involved in peoples' care and treatment. At this inspection we identified that further work was needed to embed the involvement of peoples' relatives and carers. We received mixed feedback from relatives about how staff involved them in people's care. Three relatives reported that staff did not maintain regular contact with them about their relative's care and that they were not routinely invited to meetings. Two relatives felt that staff did keep in touch with them appropriately and that they were able to attend meetings such as ward rounds if they wanted to.

Managers acknowledged that they needed to improve the involvement of families and carers by inviting them to more meetings such as care programme approach meetings. They also acknowledged that they were currently reliant on relatives contacting the ward for updates, unless there had been a significant incident involving a person, in which case staff would proactively contact the person's relatives.

Some relatives and staff also reported that families and carers were not invited to provide feedback. However, a monthly carers newsletter was produced by the hospital which encouraged carers to provide their opinion about the service. Monthly family and friends' meetings were also available via video link for carers and families to get support with their care role and listen to guest speakers.

Are Wards for people with learning disabilities or autism responsive?

Requires Improvement

Access and discharge

Bed management

Changes had been made to the referral process so that the ward could better achieve its' aims.

The provider had changed the referral criteria for the ward and the way referrals were managed. A decision had been made to stop crisis admissions to the service and for senior staff working on the ward to assess the suitability of referrals. Previously, a staff member working for the provider, but external to the ward, assessed people. Staff explained that this would enable them to consider the current mix of people and ward dynamics when accepting new referrals. Staff also reported that in the absence of new crisis admissions to the ward they were able to focus more on the rehabilitation of existing people and the ward felt more settled.

Discharge and transfers of care

The service had a low number of delayed discharges, which mangers actively monitored.

One current person's discharge was delayed. However, this was due to reasons outside of the control of staff in the hospital.

Peoples' discharge from the service was carefully planned and staff worked closely with colleagues in services people were being discharged to. For example, one person was on a period of extended leave to a supported living placement they would finally be discharged to. This extended leave aimed to ensure their transition between services was smooth and successful.

People were supported by staff when they needed to be transferred to other services, such as the local acute hospital. A member of staff would remain with any person who required a transfer to an acute hospital.

Facilities that promote comfort, dignity and privacy

The ward environment was sterile and sparse. There was a general lack of furniture and pictures or displays, despite some recent efforts to display artwork by people.

A sensory room was available for people, but staff reported that this was underused because it was at the end of a long corridor away from the centre of the ward. Also, during both our site visits during May and June 2021 the equipment in the sensory room was not in working order.

The ward was noisy and bustling. The corridors were long and bare and sounds echoed and carried to other parts of the ward. We observed that staff spoke loudly, and their voices echoed. In addition, emergency alarms were very loud and were activated at various points throughout the day.

There were plans to redesign the ward. This included improving the ward garden area and repositioning rooms, including the sensory room, to encourage people to make better use of them. People had access to a range of rooms including an activities room and occupational therapy kitchen.

Separate rooms were available off the ward for people to meet with family members or conduct private telephone conversations. People also had unrestricted access to the ward garden and could make hot drinks and snacks at any time of day with support from staff.

Patients' engagement with the wider community

Peoples' engagement with the community had been affected by the COVID-19 pandemic.

Although there were no specific examples of current engagement with the wider community because of the ongoing pandemic, there were many historic examples of relationships staff had developed with organisations in the local community. Staff wanted to re-establish these links as the pandemic situation improved. For example, it was hoped that people would soon be able to attend a local 'sports for confidence' programme, help maintain a local community garden and undergo training to assist at a local library.

The occupational therapist undertook transport and community assessments for people and supported them to function in the wider community, for example, through using transport and planning for trips to local shops.

People were supported to maintain contact with family members through face-to-face meetings where possible. Staff provided support to people for this to happen, where required.

Requires Improvement

Wards for people with learning disabilities or autism

Meeting the needs of all people who use the service

Peoples' communication, cultural and spiritual needs were supported by staff. However, more work was needed to ensure people were fully informed about their care.

People with specific needs were supported by staff. Most information on the ward was in a format that was accessible to people, such as easy-read. Instructions for staff about how to communicate in Makaton were available. Pictorial aids were also present throughout the ward to support people to identify items and specific rooms. However, peoples' care plans were not yet available in a format suitable for peoples' individual communication needs. People did not, therefore, have copies of their own care plans. Staff reported that they planned to implement easy-read care plans in the future.

Peoples' individual needs around disability, religion and gender identity were supported by staff. For example, one person had been supported to develop a prayer routine in line with their religious beliefs. Another person had been supported to observe a kosher diet in line with their religious needs.

Staff reported that they could access interpreters as needed for people who did not have English as a first language.

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.

Complaints were logged appropriately and reviewed weekly to monitor progress. The administrator sent an acknowledgement to the complainant within three days. The aim was to complete a complaint investigation and send a response within 20 working days. When this was not possible, because the complaint was more complex for example, a holding letter was sent. One complaint response was overdue at the time of the inspection. This was because information was needed from an external source who was slow to respond to requests.

Between January and the end of May 2021, 13 complaints in total had been received across the hospital. Seven of these had been received in March around the time of our last inspection. Two of these complaints took more than 20 working days to complete. Neither were upheld. Of the 13 complaints, three were upheld, two were partially upheld and seven were not upheld. One complaint was being investigated at the time of the inspection.

The most frequently complained about issue was lost property.

All complaints were discussed with the registered manager and were reviewed at the monthly clinical governance meeting. Complaints were displayed on a dashboard.

Information was displayed on the wards about how to complain.

On Hansa Ward, peoples could access information about how to make a complaint in easy-read format. Staff supported people to make complaints in a way that best suited them, such as verbally or in writing. Staff also encouraged feedback about the service from people during the weekly community meeting.

Requires Improvement

Wards for people with learning disabilities or autism

Are Wards for people with learning disabilities or autism well-led?

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 people and staff.

During the last inspection in March 2021 we identified that leaders, including ward managers, service managers and clinical practice leads, could not readily access appropriate leadership development training. At this inspection this had improved. Ward managers had attended training including how to undertake successful staff supervision sessions, conducting investigations and managing grievances. Newer managers were provided with additional supervision sessions with their line managers to receive the necessary support they needed as they settled into their roles. Also, external 'world leaders' training had been accessed by some ward leaders.

Staff reported that managers were approachable and senior leaders were also visible on the ward.

Vision and strategy

The hospital was recovering from a difficult phase during the COVID-19 pandemic. A number of staff and people had had COVID-19 and the services had been severely disrupted.

The hospital senior management team took part in workshops to refocus staff on the vision and values of the service. This included sessions with new staff during their induction.

Culture

Staff felt respected, supported and valued. They could raise any concerns without fear.

During the last inspection in March 2021, we identified that staff did not always feel confident to speak up when needed. At this inspection this had improved. All staff we spoke with stated that they felt confident speaking up if something was wrong and that their feedback would be welcomed. All staff had attended a workshop on the role of the Freedom to Speak Up Guardian and the provider had improved the visibility of their role. Posters were displayed guiding staff how to speak up. Computer screensavers now provided details of how to contact the speak up service and managers said they continually told staff in team meetings to speak up if something does not feel right.

Staff had recently attended 'minds and cultures' training which helped them understand different backgrounds, ways of thinking and methods of communication with one another. A team awayday had recently taken place. Staff reported that this had enabled them to get to know each others' personalities, develop self-awareness and discuss things such as how to manage stress at work.

Managers proactively supported staff through periods of poor performance and had recently attended training in performance management. Leaders discussed agreeing achievable goals with staff members who were under performing. This process had helped highlight issues such as health conditions that they could then proactively support staff members with.

Requires Improvement

Wards for people with learning disabilities or autism

The provider recognised staff successes. An employee of the month display was located on the main ward corridor. Managers also reported that they made efforts to recognise positive staff contributions during regular staff meetings.

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**.**

There was a comprehensive governance system for the hospital and for each of the wards. Important areas, such as risk, safeguarding, staffing, incidents and complaints were analysed in detail. Regular reporting processes were in place and benchmarking against similar services took place. There were a wide range of regular audits to monitor standards.

There were standard agendas for ward business meetings, including incidents, safeguarding and complaints. The hospital governance meeting included a wide range of detailed data concerning all areas of the service and included staffing and recruitment, training and a range of performance measures. The hospital governance meeting had a particular focus on learning from incidents, safeguarding issues, complaints and feedback.

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.

The hospital had a risk register, and a copy of the risk register was also displayed on the ward. Items on the risk register reflected current risk and staff could escalate risk issues to managers, including senior managers.

The hospital had well-developed plans for any further COVID-19 outbreaks.

Blind spots on the CCTV system had been identified. During the inspection cabling work was taking place for a new CCTV system. The new system will provide CCTV coverage of known blind spots and improve the CCTV system overall. This work was due to be completed later in 2021.

Information management

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

Staff had access to the information technology systems they required and the collection of data to monitor risk, performance and quality was not overburdensome for clinical staff. Ward and hospital managers had access to the information they needed regarding performance, staffing levels, risks and quality of care.

There were issues with information technology and wi-fi connectivity and plans were in place for additional capacity to resolve these problems.

Information on information governance was displayed in staff areas and any breaches of peoples' confidentiality were reported as incidents and investigated. People had their own login details to access the internet so that their activity could be monitored for unsuitable content.

Requires Improvement

Wards for people with learning disabilities or autism

Managers in the hospital made notifications to the CQC when required and the social work lead made safeguarding referrals to the local authority.

Engagement

Managers in the service engaged with people, families and carers, and staff in a range of ways.

People were encouraged to attend a weekly community meeting to give feedback about the service, although attendance at this meeting had been poor.

The hospital had a friends and family engagement strategy for 2020-2022. The strategy listed eight priorities for action, ranging from improved engagement, staff training and measurable outcomes, to service improvement and learning from carers' experience and feedback.

Peoples' relatives and carers were sent a two monthly newsletter and had opportunities to feedback about the service. Relatives and carers had a support group and there were a range of ways that they could be involved with decisions about the service. However, four out of five relatives we spoke with about involvement and feedback did not feel involved in the service or know how to give feedback.

Since our inspection in March 2021, there was a renewed focus on staff engagement. Staff representatives attended a staff group with the management team and the hospital manager had a monthly breakfast meeting with new staff. The hospital management team acted on feedback from staff. However, some of these actions involved environmental work which would take several months to complete.

The provider's senior managers visited the hospital frequently. During these visits they visited the wards and were accessible to staff and people.

Ward staff took part in discussions about the service, particularly in relation to planned environmental improvements. Staff reported they had been consulted about plans for the improved ward garden space.

Learning, continuous improvement and innovation

Following our March 2021 inspection, the management team had focused on safety, standards and culture.

An overarching quality improvement plan had been implemented by senior staff and ward staff were encouraged to ensure the actions set out were met. For example, one primary driver identified was the need to improve team cohesion. Actions included implementing a morning meeting with a rotating chairperson, improving the handover document, ensuring all staff were able to participate in MDT ward round discussions and encouraging all staff to attend reflective practice sessions.

Although the plan was described as a quality improvement plan it did not follow the quality improvement methodology and process. Actions were primarily developed by managers rather than staff and measurement of progress required further work.

Good

Personality disorder services

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

Are Personality disorder services safe?

Requires Improvement

Safe and clean environment

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

New Dawn Ward was separated into two areas reflecting patients' progress in treatment. Both areas were accessible to patients and staff were deployed to both areas of the ward. Convex mirrors were in place on New Dawn and Upping Wards to enable staff to see blind spots on the wards.

Both wards had environmental adaptations to remove ligature anchor points. Ligature risk assessments had been undertaken for both wards in 2021 and staff were aware of ligature risks. Actions were in place to minimise the risk from ligature points and staff had access to information, including photographs of ligature anchor points. Specific areas of wards, such as the roof garden fence on New Dawn Ward were checked regularly by staff. Two types of ligature cutters were available for staff to use, if required.

Patients had easy access to call alarms in their bedrooms. Staff wore alarms which were tested before the start of each shift.

Maintenance, cleanliness and infection control

All patient areas were visibly clean, comfortable, well furnished, and well-maintained at the time of our inspection.

Nursing staff and maintenance staff identified if maintenance work required urgent completion due to risks to patients or staff. Outside of weekday working hours, a member of the maintenance team was on-call to respond to urgent maintenance requests. Ninety-five per cent of maintenance requests were completed within 24 hours.

Staff had access to sufficient personal protective equipment to minimise the risk of cross infection and to enable them to follow current national guidance in respect of COVID-19. Hand sanitisation stations were in place outside the entrance to each ward. Both wards had an infection prevention and control champion.

Staff followed clearly defined processes to manage the admission, testing and discharge of patients following national COVID-19 guidelines. All staff and patients on the wards had been offered a COVID-19 vaccine. All patients on New Dawn and Upping Wards, except one, had received a COVID-19 vaccination.

Hand hygiene audits were undertaken on the wards and individual staff members, where appropriate, were provided with feedback on how to improve their handwashing technique. Individual staff also attended 'meetings of concern' when managers reviewed CCTV and identified staff members not wearing masks correctly.

Clinical waste was removed to a secure area in the car park from where it was collected by an external company.

Seclusion room

There was no seclusion room on the ward.

Clinic room and equipment

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

New Dawn Ward had two clinic rooms, one for each ward area. Upping Ward had one clinic room. A sign on each the clinic room door indicated that resuscitation equipment was inside.

The automated external defibrillator was checked daily. A clinic room audit was undertaken weekly, including resuscitation equipment and emergency medicines. Equipment such as weighing scales and the glucometer were serviced and calibrated regularly.

Cleaning records recorded equipment being cleaned regularly and stickers were applied to equipment after cleaning. Clinical waste bags and sharps bins were in place and disposable medical items were within their expiry dates. The quality and compliance lead for the hospital monitored clinic room standards.

Safe staffing

Nursing staff

The service had reducing vacancy rates. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

At our inspection in March 2021, we told the provider they must ensure enough registered nurses and support workers were directly employed to improve the quality and safety of care provided to patients. Since then, there had been a significant recruitment drive, and most registered nurse posts on New Dawn and Upping Wards had been recruited to.

On New Dawn Ward there was one vacancy for a clinical practice lead and 6.2 WTE registered nurse vacancies. This meant there was a 49% vacancy rate for registered nurses. However, all of these posts had been recruited to with new staff awaiting recruitment checks. There were 29.6 WTE support worker vacancies, of which six had been recruited to. Twenty-four of the support worker vacancies were new posts to promote consistency when patients required continuous observation. The support worker vacancy rate was 50%.

On Upping Ward there was one vacancy for a clinical practice lead and 4.8WTE registered nurse vacancies, resulting in a 49% vacancy rate. However, three of the registered nurse posts had been recruited to. Of the 35.8 WTE support worker posts, 15.8 WTE were vacancies. This included the additional 14 support worker posts for observations. The overall vacancy rate for support workers was 44%.

Following our March 2021 inspection, we told the provider it must review and approve a new staffing matrix to ensure there were sufficient staff working to safely meet the needs of the patients. At this inspection, we found that staffing levels had been reviewed and changed. When a patient required continuous observation at night, an additional staff member was booked to work. This change meant there were always at least three staff available for patients on the wards all of the time at night. However, two patients on each ward said they did not feel safe on the ward at times, due to a lack of staff at night. Two patients on New Dawn Ward said they activated their bedroom wall alarms as this was the only way they could get staff attention.

New Dawn and Upping wards had two new practice development nurse posts. These were new posts to support new staff and to develop nursing practice on the wards.

Both wards continued to use bank and agency staff to fill vacant posts and for additional support for patients requiring continuous observation. Long-term agency staff were used wherever possible to provide consistency of care to patients. Since our inspection in March 2021, the use of agency staff on New Dawn and Upping wards had decreased by approximately 50%. This was due to a range of factors, such as new staff being recruited and a reduction in the number of patients requiring continuous observation on Upping Ward.

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.

Both wards had a ward doctor working five days per week, with part-time consultant psychiatrists for each ward. Outside of weekday working hours, an on-call doctor was available to visit the hospital.

Therapy staff

Both wards had an occupational therapist and occupational therapy assistant. Due to Hooper Ward being closed, New Dawn Ward had an additional occupational therapy assistant at the time of the inspection. On New Dawn Ward, activities took place six days a week including evening groups.

New Dawn Ward had a cognitive and dialectical behaviour therapist and a part-time assistant psychologist. The clinical psychologist post was vacant but had been recruited to at the time of the inspection. Upping Ward had a counselling psychologist and assistant psychologist.

We reviewed the human resources records of three staff. Appropriate checks were carried out before new staff started work. This included references from previous employers, an enhanced disclosure and barring service check (police check) and where relevant, checks on professional registration and right to work in the UK. A recruitment agency carried out all necessary checks on overseas staff, including a local police check from their home country.

Mandatory training

Most staff had completed and kept up-to-date with their mandatory training.

Staff were required to undertake a range of mandatory training dependent upon their roles. On New Dawn Ward, 73% of staff had undertaken basic life support. On Upping Ward, 57% of staff had undertaken intermediate life support and medicines management. Over 75% of nursing staff on both wards had undertaken all other types of mandatory training.

Assessing and managing risk

Assessment of patient risk

Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident.

We reviewed three patient records on each ward. All of the patients had a risk assessment when admitted to the hospital. A range of potential risks were assessed and recorded. Patients' risk assessments were updated following incidents. Patients consistently had a daily risk assessment review and staff identified and recorded any changes in patient risks.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

If patients were at risk of pressure ulcers, the physical health lead assessed the patient using the Waterlow tool and commenced interventions, such as regular turning, if required. The physical health lead also undertook a falls assessment and provided guidance to staff, if required.

All patients had a risk assessment before they had leave from the hospital and following their return from leave.

The provider had policies for the searching of patients and their property and for the observation of patients. When patients were required to be intermittently observed by staff, the policy stated that staff were to observe patients four times per hour. This observation was to be undertaken at unpredictable times. However, on New Dawn Ward, three patients' observation records showed that staff observed them at exactly the same time each hour for four or five hours consecutively. On five other occasions, for two patients, the times staff observed patients were the same for two consecutive hours. This meant that patients could predict what time staff would be observing them and plan to harm themselves in between times. The observation records on Upping Ward showed staff observed patients at unpredictable times. Two patients on New Dawn Ward also said that nursing staff at night did not always undertake intermittent observations.

A number of blanket practices had been changed as part of the relaunch of the least restrictive practice programme. However, some blanket practices remained due to the risks posed to patients. Plastic bags were not allowed on the wards and certain items were 'restricted' and only to be used with staff supervision.

The hospital had a no smoking policy. Patients could access smoking cessation support and nicotine replacement treatment. Patients could also use vapes on the wards.

Various simulated emergencies were undertaken on each ward each month, such as a patient overdose or cardiac arrest. These unannounced simulations had a facilitator who produced a report including any areas for improvement and actions to be taken. For cardiac arrest scenarios, the physical health lead facilitated the scenario.

Use of restrictive interventions

Levels of restrictive interventions were low and reducing. For example, seven patients had required continuous observation by staff in April 2021. In June 2021, three people required continuous observation by staff.

During the last inspection in March 2021, we identified that staff did not always use the correct, safe techniques when restraining patients. At this inspection this had improved. All staff working on the ward had recently completed training in Prevention and Management of Violence and Aggression. No staff member, whether permanent, bank or agency, could work on the ward without having completed this training.

In the three months before the inspection there had been a relaunch of the least restrictive practice programme. During this time there had been nine restraints of patients on New Dawn Ward. One of these restraints involved a patient being in the prone position to administer rapid tranquilisation. There had been six restraints on Upping Ward, none of which were in the prone position. CCTV recordings showed that staff spent considerable time de-escalating patients in distress or who were angry. If restraint of the patient was necessary, staff used the least restrictive techniques for the minimum time possible. The service monitored how long patients were restrained. The main reason for staff restraining patients was due to them self-harming. Two staff members were restrictive practice leads for the hospital.

A review of patient observations on Upping Ward, involving clinicians not working on the ward, had led to a reduction in the number of patients requiring continuous observation. This had reduced from seven patients requiring continuous observation in March 2021 to three patients at the time of the inspection. This meant the privacy and dignity of patients was affected only when necessary.

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.

Over 85% of staff on New Dawn and Upping Wards had completed safeguarding adults level 3 training.

All the staff we spoke with knew how to identify a range of safeguarding issues involving potential abuse or neglect. Staff knew what action to take when they had identified safeguarding issues. Each ward had a safeguarding champion and safeguarding flow charts were displayed in staff offices and areas. There were also posters reminding staff of their duty to report all instances of the abuse of patients.

The hospital safeguarding lead reviewed all reports of safeguarding issues and ensured sufficient information was available to decide on actions to be taken.

A visiting room specifically for child visitors was located outside of the wards. Staff followed specific procedures regarding children visiting. This included making referrals to the local authority safeguarding team when appropriate.

Good

Personality disorder services

Staff access to essential information

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

All information needed to deliver patient care was accessible to all staff, including temporary staff. Staff recorded information on the care records system and there were no difficulties with staff entering or accessing the information they needed to deliver patient care.

Medicines management

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Medicines were stored safely. Medicine refrigerator and clinic room temperatures were checked and recorded to ensure medicines were stored at a temperature where they remined effective. All of the medicines we checked were within their expiry dates.

Medicine charts were fully completed and included patients' allergies when this applied. Patients receiving the medicine clozapine had regular blood tests. Patients had an electrocardiogram (ECG) prior to antipsychotic medicines being prescribed. This followed best practice guidance.

A pharmacist also visited the wards weekly, auditing prescriptions and providing feedback and advice regarding medicines management. The pharmacist also provided training on medicines every six months.

Track record on safety

The service had an improving track record on safety.

In the three months before this inspection there had been no serious incidents on New Dawn Ward and three serious incidents on Upping Ward. One of these serious incidents involved an allegation of organisational/institutional abuse.

Incidents on both wards were predominantly related to patients self-harming. Patients self-harmed in a number of ways including head banging, inserting objects into wounds, cutting and using a ligature.

Reporting incidents and learning 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.

Staff knew which incidents required reporting and did so using the provider's incident reporting software. Recent workshops for staff had led to an improvement in the level of detail recorded in incident records. There had also been an increase in the number of reported incidents, reflecting previous under-reporting of incidents.

Staff understood the duty of candour and the need to be open and honest when mistakes were made. The hospital social work lead ensured that duty of candour responsibilities were carried out correctly.

Good

Personality disorder services

The hospital published a 'learning from incidents' document for staff which was displayed in the nursing offices. This included learning from a range of incidents related to positive behavioural support plans, incident reporting, leadership during incidents and raising concerns. Staff also learnt of incidents through training and workshops.

Following three choking incidents a new choking protocol had been developed which had reduced the number of incidents. Incidents involving illicit drugs and sharp objects being brought on to wards in a takeaway food container had resulted in a working group to establish safety protocols around takeaways. These incidents were also discussed in staff business meetings. Patients self-harming whilst being continuously observed by staff had led to workshops for staff to ensure they understood the intensity required for such observations. Observation and engagement audits were also undertaken to monitor improvements and there had been a reduction in such incidents.

Staff business meetings included a review of incidents and learning from them. Staff were able to feedback and contribute to changes following incidents. Incidents and learning were also reviewed and discussed in detail in hospital governance meetings. Staff also highlighted recent incidents and learning during nursing handovers.

Staff also learnt about incidents in other services. These included ligature risk incidents and an incident involving anti-ligature clothing.

In the previous three months, all serious incidents on Upping Ward led to a post-incident debrief amongst staff. Part of this debrief focused on immediate learning from the incident. Where patients consented, a post-incident debrief was also undertaken with the patient.

Are Personality disorder services effective?

Good

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of patients who would benefit. They worked with patients to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

We reviewed six patients' care and treatment records.

Patient records showed that staff completed a comprehensive assessment when patients were admitted to the wards. These included an assessment of patients' physical and mental health.

Staff had a good knowledge of the care and support needs of patients. Patients' care plans were individualised, person-centred and addressed all of the patients' identified needs.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives.

Good

Personality disorder services

Staff provided a range of care and treatment interventions to patients. Patients were prescribed medicines for their physical and mental health needs.

On New Dawn Ward, patients had dialectical behavioural therapy (DBT) and mentalisation-based therapy (MBT). The ward consultant facilitated a weekly mindfulness group for patients. The occupational therapist undertook a sensory assessment and provided sensory integration, with each patient having an individualised sensory ladder and self-soothe boxes.

On Upping Ward, mixed psychological interventions were used, reflecting the patient population. In addition to DBT and MBT, patients also had exposure narrative therapy. Patients also had eye movement desensitisation and reprocessing (EMDR) for post-traumatic stress disorder.

All of the psychological interventions used to treat patients followed best practice guidance.

Occupational therapy staff provided a range of activities for patients, including crafts, a movie afternoon, gym, cooking and a 'quit, stop' café for smoking cessation. On Upping Ward an evening relaxation group was facilitated by nursing staff. However, this did not always take place as scheduled.

The hospital had a recovery college, Patients co-produced training for staff, they could apply for and undertake vocational roles and could be supported regarding employment skills. Patients could also undertake educational programmes, such as gardening and driving test theory.

As COVID-19 restrictions relaxed, there had recently been an increase in activities outside of the hospital. These included a visit to a local city farm.

Patients' physical health needs were monitored closely. Patients had an ECG on admission and annually. If patients were unable to tolerate a standard ECG, a 2-lead ECG was available which provided the patient's QTC interval (an important measurement of heart functioning). Patients' weight was recorded regularly and, where indicated, their blood glucose level.

Following our inspection in November 2019, we told the provider they must ensure details concerning patients' physical health were recorded accurately and any decision not to escalate concerns was clearly recorded. At this inspection, patients' physical health was monitored by the National Early Warning Score 2 (NEWS2). If a patient's NEWS2 indicated an elevated score, this was escalated to medical staff.

If patients were at risk of pressure ulcers, this was assessed using an appropriate tool and interventions took place if needed. All patients had an annual health check with the GP and were registered with a dentist. Other areas of focus included stress incontinence, seizures, mammograms and falls. Choking risk screens had been introduced to be undertaken every six months for all patients, and a well women group operated on New Dawn Ward.

The physical health lead for the hospital worked closely with GP specialist nurses concerning well women checks and a service level agreement had recently been agreed with a chiropodist to provide foot care and treatment.

The physical health lead also disseminated health alerts relevant to patients. During the inspection, this included an alert concerning heatstroke for people wearing personal protective equipment. Practical advice was provided to avoid patients experiencing this regarding fluid intake and ice lollies.

Staff used recognised rating scales to monitor patient outcomes. Occupational therapy outcomes were monitored using the Model of Human Occupation Screening Tool (MOHOST) and the Canadian Model of Occupational Performance (CMOP). Psychology rating scales included the System Checklist 90 – revised (SCL90-R) for DBT and the Goal Attainment Scale (GAS). Treatment interventions were audited.

The two wards at Cygnet Hospital Beckton were benchmarked against some of the provider's other personality disorder wards. In the area of care planning, New Dawn and Upping Wards were achieving more than the wards in other hospitals.

A quarterly physical health audit was undertaken. This was undertaken to ensure patients' physical health was being monitored appropriately and any specific physical health needs were addressed.

Skilled staff to deliver care

Staff teams on both wards included nurses, doctors, clinical psychologists, and occupational therapists. The hospital social workers were also available to assist patients.

Following the inspection in March 2021, we told the provider nursing staff had to attend skills-based training specific to the patient group on the ward they worked. This included regular and long-term bank and agency staff. At this inspection, all staff had attended this training. In addition, staff had attended training on epilepsy and seizures and NEWS2. An increasing number of registered nurses were trained to perform 12 lead ECGs, and foot care, Waterlow tool and Malnutrition Universal Screening Tool (MUST) training was due to take place in the coming months.

New permanent, agency and bank staff had an induction when they started working on the wards. The induction for new permanent staff had been extended and new staff now spent two weeks on the ward observing staff and meeting patients, rather than one week. In addition, the induction included mandatory training and workshops to discuss the culture and ethos of the hospital.

All staff had regular supervision with their manager. Staff also had access to monthly reflective practice, to review and discuss challenges when working with patients.

All staff attended twice monthly ward business meetings. These meetings reviewed incidents, safeguarding referrals and complaints. They also focused on improvements to the ward and the care and treatment of patients.

All of the nursing staff on Upping Ward had an appraisal. On New Dawn Ward, 88% of nursing staff had an appraisal, the same rate as other clinical staff, such as psychologists and occupational therapists.

A training needs analysis for staff had not been undertaken at the time of the inspection. However, staff did undertake training specific to their work. The occupational therapist for New Dawn Ward had undertaken sensory integration training. Nursing staff had undertaken training on DBT and personality disorder.

Managers addressed poor performance with staff. Managers met with individual staff following incidents which had raised performance concerns. Following CCTV reviews, if staff members were not wearing PPE correctly, managers arranged 'meetings of concern' with the relevant staff member.

Multidisciplinary 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 staff from services that would provide aftercare following the patient's discharge.

Nursing and multidisciplinary handovers were detailed and informative. Each patient was discussed in detail including their recent and current mental state, physical health, and any forthcoming appointments or other events.

A range of multidisciplinary meetings were held on each ward. In addition to business meetings, multidisciplinary handovers and ward rounds, case consultation meetings were held. These meetings provided the time and space for the whole team to focus in detail on the needs of individual patients. Reflective practice groups were facilitated by psychology staff from different wards to support staff working with patients. Staff were very positive regarding multidisciplinary team working on both wards.

Staff worked well with other agencies. The social work lead had developed effective relationships with the local authority safeguarding team and local clinical commissioning group. A commissioning team had reported very positively on the communication from staff at the hospital. The physical health lead had developed productive and effective relationships with the local mental health trust and a range of physical health providers.

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.

The hospital had a robust system to ensure the requirements of the Mental Health Act were monitored and followed for each patient.

Patients had certificates for consent (T2) or a second opinion (T3), when required, which included the medicines they were prescribed. Staff provided information to patients concerning their rights monthly. Compliance with T2 and T3 requirements and patients' rights were 100%.

Patients had regular access to Independent Mental Health Advocates (IMHA). The IMHAs had been providing a remote service to patients during the COVID-19 pandemic. However, by the time of this inspection, they had recommenced on-site visits.

Good practice in applying the Mental Capacity Act

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

Over 90% of staff on the wards had undertaken Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Staff understood how to assess patients' capacity and patients' capacity for specific decisions was documented clearly in patients' care and treatment records.

There were no Deprivation of Liberty Safeguards applications made in the 12 months before the inspection.

Good

Personality disorder services

Are Personality disorder services caring?

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.

We observed staff speaking with patients in a relaxed, friendly and calm manner. Staff were respectful and responsive and anticipated when patients may need support. Staff demonstrated a non-judgmental attitude towards patients and spoke about patients knowledgeably and with compassion and respect.

Staff supported patients to understand their mental health problems in a variety of ways. This ranged from informal day to day support to structured psychological meetings.

We spoke with seven patients on New Dawn and Upping wards. Patients on New Dawn Ward were generally positive regarding staff and the support they provided to patients. However, two patients said that nursing staff on nights were rude. All of the patients said that the ward manager did not welcome complaints and concerns they raised were not acted upon. The advocate said that when they raised concerns on behalf of patients there was a long delay in responding.

On Upping Ward, two of the three patients were very positive regarding staff supporting them with dignity and respect. One patient did not want to be in hospital and was negative about all aspects of the ward, including staff. The advocate reported that the ward manager and staff were very responsive when concerns were raised with them.

Involvement in care

Involvement of patients

Staff involved patients in care planning and risk assessment. They ensured that patients had easy access to independent advocates.

Patients had a welcome pack when they were admitted to orientate them to the ward and staff. Following a complaint, the Upping Ward pack was being revised so that it included details of the restrictions on the ward.

Staff involved patients in their care plans and risk assessments. The six care and treatment records we looked at showed they included patients' views about their care and there was patient involvement in care plans and treatment.

Patients were supported to undertake recognised courses in facilitating and presenting, which enabled them to facilitate groups, such as the community meetings, which were held weekly on each ward. Some patients had also received training on interview skills and were on recruitment panels for new staff.

Patients on each ward elected a representative to attend the monthly people's council. The people's council was a forum to discuss patients' concerns and to generate new ideas to improve patients' experience in hospital. A small group of patients were also part of the provider's service user awards events planning team.

The patient activity programme was reviewed jointly by occupational therapy staff and patients every 12 weeks. In addition, 'the press gang' was published a few times per year. This was a publication produced by patients for patients and included news, jokes, quizzes and poetry.

Posters on the wards advertised the advocates who attended the wards weekly.

A patient survey had been undertaken the month before the inspection. The results were not available at the time of the inspection.

Staff maintained confidentiality of information about patients. For example, a summary board containing key patient information was not visible from communal areas of the ward.

Involvement of families and carers

Further work was required to involve families and carers in patients' care.

Following the March 2021 inspection, we told the provider that patients' relatives and carers should be fully involved in patients' care and treatment. There had been some improvements at this inspection. However, more work was needed to ensure that relatives and carers were involved in patients' care and treatment, including being told when patients had been involved in incidents. If a patient did not consent to their relatives or carers being told about their care and treatment this needed to be clearly communicated to the relatives and carers.

We spoke with four relatives of patients on New Dawn and Upping wards. Three relatives said that staff did not involve them in patients' care and treatment. They did not receive any updates on treatment changes or incidents and relied on their relative telling them.

However, one of the relatives of a patient on Upping Ward described staff as very approachable and kind. Staff provided the relative with updates and they had no worries or concerns about their relative's care and treatment.

The service had a well-established newsletter, produced every two months, for patients' family, friends and carers. The newsletters were posted to patients' relatives and included updates on events, how to give feedback about the service and mental health promotion. The newsletter advertised carers week and provided information about obtaining a carers assessment.

A six monthly 'friends and family' meeting took place. During the COVID-19 pandemic this took place by videoconference.

Occupational therapy staff and carers had recently co-produced and presented at the national conference for the British and Irish group for the study of personality disorder. There were also recovery college workshops for family and friends. A detailed family and friends welcome pack, local places to visit and a jargon and abbreviation help sheet were also produced for carers, relatives and friends.

In December 2020, the hospital undertook a carer survey to understand family and friends' preferred ways of being supported. This showed that friends and family had a preference for weekday support with a mixed response regarding whether this was face to face or online.

Good

Personality disorder services

Although visitors had not been able to come into the service staff had arranged for patients to meet relatives and friends outside.

In three patients' care and treatment records there were records of relative/carer involvement with patients' care.

Are Personality disorder services responsive?

Good

Access and discharge

Discharge and transfers of care

The service had no delayed discharges in the past year.

Patient discharges were planned carefully with patients. Occupational therapy staff facilitated matching patients to placements on discharge. A discharge tracker was used and occupational therapists focused on skills each patient needed to support a successful discharge and sustainable placement.

Facilities that promote comfort, dignity and privacy

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.

Patients on both wards had their own bedrooms which they could personalise. A small locker was available for patients to store their belongings. When patients requested, the fixed bedside locker next to their bed was moved to the other side of the bed.

Each ward had a range of rooms, including clinic rooms, activity rooms, lounges and a dining room.

Patients were able to keep and use their own mobile phones. Patients were also given their own passwords to be able to access the internet in the ward activity rooms.

Patients had access to outside space using the ward roof gardens. Patient access to the roof garden had previously been restricted. However, as part of reducing restrictive practice, doors to the gardens were now open all day.

Patients had a choice of food at mealtimes. Food choices were designed to offer 'comfort food' and nutritional options. Catering staff attended ward community meetings for feedback and suggestions regarding food.

Patients were able to make drinks and snacks anytime of the day and night.

Patients' engagement with the wider community

Patients' engagement with the community had been affected by the COVID-19 pandemic.

The occupational therapy team supported patients to engage in activities outside the service although this had been severely limited during the pandemic. The service was about to resume participation in sports for confidence sessions and swimming in local community venues.

Occupational therapists had maintained a social group virtually during COVID-19. This involved patients from the hospital and two of the provider's other local hospitals.

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 and cultural and spiritual support.

The wards were accessible to people with a physical disability, including wheelchair users.

A range of information was displayed on the notice boards on each ward. This included information on how to complain, the activity timetable and a 'you said, we did' poster on how patient feedback led to action. There was also information on advocacy, 'five ways to wellbeing' and the ARK award. The ARK award was a monthly award of a £10 gift voucher for a patient. The patient was nominated by another patient for 'random acts of kindness'. Posters regarding the Mental Health Act and code of practice were in a pictorial, easy-read format.

At the time of this inspection, all patients were able to speak and understand English. However, the wards had used interpreters in the past and could access them if required.

Patient meals routinely included a vegetarian option. If patients required specific meals for health or religious reasons these were arranged.

Patients had access to spiritual support. Posters on the wards outlined the pastoral support available and staff contacted different faith leaders as required.

Listening to and learning from 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.

Complaints were logged appropriately and reviewed weekly to monitor progress. The administrator sent an acknowledgement to the complainant within three days. The aim was to complete a complaint investigation and send a response within 20 working days. When this was not possible, because the complaint was more complex for example, a holding letter was sent. One complaint response was overdue at the time of the inspection. This was because information was needed from an external source who was slow to respond to requests.

Between January and the end of May 2021, 13 complaints in total had been received by the service (all wards). Seven of these had been received in March around the time of our last inspection. Two of these complaints took more than 20 working days to complete. Neither were upheld. Of the 13 complaints, three were upheld, seven were not upheld and two were partially upheld. One complaint was being investigated at the time of the inspection.

The most frequently complained about issue was lost property.

Good

Personality disorder services

Learning from complaints was recorded and used to make improvements in the service. For example, learning from complaints had led to a review of blanket restrictions in place on New Dawn.

All complaints were discussed with the registered manager and were reviewed at the monthly clinical governance meeting. Complaints were displayed on a dashboard. However, patients on New Dawn Ward said that the ward manager did not welcome complaints and concerns they raised were not acted upon.

Information was displayed on the wards about how to complain.

Are Personality disorder services well-led?

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.

During the last inspection in March 2021, we identified that leaders including ward managers, service managers and clinical practice leads could not access appropriate leadership development training. At this inspection, all ward managers, service managers and clinical practice leads had undertaken leadership training. This training was continuing with 'master classes'. Leadership training focused on operational issues such as performance managing staff, human resources and whistleblowing.

The hospital leadership team were experienced and knowledgeable and had the skills needed to perform their roles. This applied equally to the leads for psychology, occupational therapy, social work and physical health. The knowledge and skills of ward managers varied. However, the leadership training was planned to address this variation.

Managers in the hospital and on the wards could explain how they worked to provide high quality care. They were visible and accessible to patients and staff.

Vision and strategy

The hospital was recovering from a difficult phase during the COVID-19 pandemic. A number of staff and patients had had COVID-19 and the services had been severely disrupted.

The hospital senior management team took part in workshops to refocus staff on the vision and values of the service. This included sessions with new staff during their induction.

Culture

Staff felt respected, supported, and valued. They could raise any concerns without fear.

Good

Personality disorder services

There had been three incidents of unprofessional practice and patient abuse before our March 2021 inspection. Since that time, staff had attended 'Minds and culture' training focusing on standards and the purpose of the service. These workshops had been held successfully in other services operated by the provider.

Staff morale had been affected by the consequences of the COVID-19 pandemic and staff shortages. With additional training for all staff, including long-term bank and agency staff, and clear guidance, staff morale had begun to improve.

Following the inspection in March 2021, we told the provider that all staff, including bank and agency staff working on short and long-term contracts, must attend a workshop facilitated by the provider's freedom to speak up guardian. At this inspection, all staff had attended these workshops. All the staff we spoke with were confident they could raise concerns about unprofessional behaviour or abuse by staff. Staff had raised concerns with managers regarding colleagues' behaviour since the March 2021 inspection.

Managers dealt with poor staff performance in a range of ways, depending on the seriousness of the performance issues.

The different teams in the hospital worked well together. There were strong relationships between different professional groups, who shared the same goals and aspirations for the care and treatment of patients.

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.

There was a comprehensive governance system for the hospital and for each of the wards. Important areas, such as risk, safeguarding, staffing, incidents and complaints were analysed in detail. Regular reporting processes were in place and benchmarking against similar services took place. There were a wide range of regular audits to monitor standards.

There were standard agendas for ward business meetings, including incidents, safeguarding and complaints. The hospital governance meeting included a wide range of detailed data concerning all areas of the service and included staffing and recruitment, training and a range of performance measures. The hospital governance meeting had a particular focus on learning from incidents, safeguarding issues, complaints and feedback.

Management of risks, issues and performance

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

The hospital had a risk register and a copy of the risk register was also displayed on all of the wards. Items on the risk register reflected current risk and staff could escalate risk issues to managers, including senior managers.

The hospital had well-developed plans for any further COVID-19 outbreaks.

Blind spots on the CCTV system had been identified. During the inspection cabling work was taking place for a new CCTV system. A new system will provide CCTV coverage of known blind spots and improve the CCTV system overall. This work was due to be completed later in 2021.

Good

Personality disorder services

Information management

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

Staff had access to the information technology systems they required and the collection of data to monitor risk, performance and quality was not overburdensome for clinical staff. Ward and hospital managers had access to the information they needed regarding performance, staffing levels, risks and quality of care.

There were issues with information technology and wi-fi connectivity and plans were in place for additional capacity to resolve these problems.

Information on information governance was displayed in staff areas and any breaches of patient confidentiality were reported as incidents and investigated. Patients had their own login details to access the internet so that their activity could be monitored for unsuitable content.

Managers in the hospital made notifications to the CQC when required and the social work lead made safeguarding referrals to the local authority.

Engagement

Managers in the service engaged with patients, families and carers, and staff in a range of ways.

The hospital had a friends and family engagement strategy for 2020-2022. The strategy listed eight priorities for action, ranging from improved engagement, staff training and measurable outcomes, to service improvement and learning from carers' experience and feedback.

Patients' relatives and carers were sent a two monthly newsletter and had opportunities to feedback about the service. Relatives and carers had a support group and there was a range of ways that they could be involved with decisions about the service.

Since our inspection in March 2021, there was a renewed focus on staff engagement. Staff representatives attended a staff group with the management team and the hospital manager had a monthly breakfast meeting with new staff. The hospital management team acted on feedback from staff. However, some of these actions involved environmental work which would take several months to complete.

The provider's senior managers visited the hospital frequently. During these visits they visited the wards and were accessible to staff and patients.

Learning, continuous improvement and innovation

The hospital management team were committed to continuous improvement and acting on feedback to improve the quality and safety of care and treatment provided to patients.

Following our March 2021 inspection, the management team had focused on safety, standards and culture. However, prior to this, wards were, or in the process of, being accredited by outside bodies.

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
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider did not ensure care and treatment of service users met their needs and did not make reasonable adjustments to enable the service user to receive their care or treatment. Service users' care plans were not in an easy-read format. Regulation 9(1)(b)(h)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to mitigate risks. Intermittent observations of service users were not always completed at irregular frequencies. Regulation 12(2)(b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Premises used by the service provider were not suitable for the purpose for which they were being used and were not properly used. The environment on Hansa Ward was not therapeutic. Regulation 15(1)(c)(d)