Cygnet Clifton Limited

Cygnet Acer Clinic

Inspection report

Blackshale and Silkstone House
Worksop Road
Chesterfield
S43 3DN
Tel: 01246386090
www.cygnethealth.co.uk/

Date of inspection visit: 21 April 2021 to 22 April 2021
Date of publication: 03/06/2021

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

Ratings

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

Summary of findings

Overall summary

Cygnet Acer Clinic provides care and treatment to female patients. Most patients have a diagnosis of emotionally unstable personality disorder and present with challenging behaviours including self-harm.

Cygnet Acer clinic was placed into special measures by the CQC Chief Inspector of Hospitals in August 2019. This followed findings of significant concerns about the safety and leadership of the service. Since then the CQC has continued to monitor the service closely through inspection and engagement meetings and has found sustained improvement in the safety of the service. We have judged that enough improvement has been made to remove the provider from special measures.

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

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed ligature risk as well as other risks including the proper use of fire registers. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. The service uses the global assessment of progress and daily living skills observation scale. Staff used a model of care called 'Enabling environments' which has five principles for the patients to achieve successful discharge. This is used within the Cygnet hospital group.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those community teams who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a model of mental health rehabilitation specific for patients with emotionally unstable personality disorders. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However

- Staff reported that there was a lack of dedicated, non-bedroom space, available to facilitate de-escalation of a patient in distress.
- When speaking with carers they have found staff didn't communicate with them as often as they would like.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	Please see overall summary for more information.

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Acer Clinic

Cygnet Acer Clinic provides care and treatment for 28 female patients. Most patients have a diagnosis of emotionally unstable personality disorder and present with challenging behaviours including self-harm. Patients may also have a learning disability and some patients are detained under the Mental Health Act 1983.

The hospital provided 14 beds at Upper House and 14 beds at Lower House.

When we inspected the hospital, it had 18 patients, four patients at Upper House and 14 patients at Lower House.

Cygnet Acer Clinic is registered to provide:

• Assessment or treatment for persons detained under the Mental Health Act 1983

• Treatment of disease, disorder or injury.

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

This service has been inspected by CQC seven times since 2015. Following the inspection in August 2019 the hospital was placed into special measures in response to serious safety concerns. Both safe and well led domains were rated as inadequate. A follow up comprehensive inspection then took place in October 2019 which then saw the well led rating change to Requires Improvement.

Following a death on site there was a further focused inspection in November 2020 that issued requirement notices but did not change ratings. After that inspection we told the provider they must comply with requirements to complete the hospital's fire register and review actions to prevent the reoccurrence of incidents, improving the management of incidents at the hospital. We also told them they must ensure staff monitor progress against safety improvement plans and take appropriate action where progress was not achieved.

The hospital has been closely monitored jointly by the CQC and Derbyshire Care Commissioning Group (CCG) throughout the period of special measures. These meetings continued regularly throughout the period of the COVID pandemic.

What people who use the service say

Patients told us that they felt safe at the hospital and that staff, and the multidisciplinary team support the patients to understand their risk-taking behaviours.

Patients also told us staff were kind, caring and very supportive. They said staff respected their wishes and valued them.

However, some patients told us that sometimes they felt not listened to by staff. The patients told us that they understood how to make complaints and to raise issues.

Carers told us that they were supported to communicate with their relatives through phone and video calls during the Covid-19 pandemic.

Summary of this inspection

Carers told us that questionnaires are sent by the hospital to gather feedback.

However, some carers felt that they aren't fully aware or given enough updates on their relatives to know if their relative were safe or not. The registered manager told us that this was due to staff respecting patients not giving consent to share information.

How we carried out this inspection

We carried out this unannounced inspection of Cygnet Acer Clinic as part of our continual checks on the safety and quality of health care services. As the service was in special measures it was a priority for the CQC to revisit as the restrictions around the COVID 19 Pandemic reduced.

This was a comprehensive inspection looking at all five domains.

To carry out this inspection two inspectors were on site on 21 April 2021 and on 22 April 2021 an inspector and an inspection manager were on site. A specialist advisor was also on site for both dates.

An expert by experience made phone calls remotely to patients and carers on 22 and 23 April 2021.

We spoke to 11 members of staff during our site visit.

We spoke to six patients and four carers.

We reviewed four patient care records, we also reviewed all medicine charts and records for all patients currently at the hospital.

We reviewed a range of policies, procedures and documents on the running of the hospital.

We attended a ward round meeting, a multidisciplinary team meeting, a patient's morning meeting and nursing staff handovers for both Upper House and Lower House.

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

Areas for improvement

Action the service SHOULD take to improve:

- The service should consider a dedicated space to support patients who are in distress that is not their own bedroom space. Although the service has a quiet space in Upper House the service should consider another space also.
- The service should consider new ways to improve communication with carers.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Good

Our rating of safe improved. We rated it as good.

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. There were monthly health and safety audits.

Staff could observe patients in all parts of the wards.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. We previously had concerns about the management of ligature risk in this service and found improvements on this occasion. Staff used a 'ligature hot spot tool' to identify any potential ligature points throughout the hospital, this information was accessible to all staff. The provider had undertaken a ligature risk assessment of the whole hospital. We found that ligature risks were mentioned in handovers and during patient review meetings and any individual risks were recorded in patient's care plans.

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

The service had addressed previous concerns about fire safety and there was a system in place for patients, staff and visitors to sign in and out of each house to maintain an accurate fire register.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Daily maintenance checks were carried out by the maintenance team.

Staff made sure cleaning records were up-to-date and the premises were clean. We observed domestic staff working throughout the hospital performing cleaning tasks safely and using the correct equipment to do so.

Staff followed infection control policy, including handwashing. Staff used correct PPE (Personal Protective Equipment). We reviewed evidence how enhanced cleaning and procedures were put in place during their most current outbreak where two patients were affected.

Clinic room and equipment

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

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The service had enough staff on each shift to carry out any physical interventions safely.

The ward manager could adjust staffing levels according to the needs of the patients. This was calculated throughout the day and extra staff could be utilised if needed.

Patients had regular one to one session with their named nurse. Patients told us that they can also speak to other staff when they needed to.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

Staff shared key information to keep patients safe when handing over their care to others. We saw that handovers for each shift were detailed and shared risk information about the patients for the past 24hrs.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to attend to the hospital quickly in an emergency. The service has two responsible clinicians (consultant psychiatrists) in place at the time of our inspection.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff. The provider trained staff in personality disorder and autism.

Long stay or rehabilitation mental health wards for working age adults

Good

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff used daily risk assessments for each patient as well as the main risk assessments found in patients care plans. They used the 'Short Term Assessment of Risk and Treatability (START)' risk assessment tool.

Management of patient risk

Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed. We saw that the service would offer supportive de-escalation techniques for instance the use of fidget toys and fragranced oils. Patients confirmed that if restraint was used it was used as a last resort and they were debriefed after, however some patients said that this could be rushed.

Staff followed NICE guidance when using rapid tranquilisation. The medical staff would debrief the patient after the use of rapid tranquilisation and completed patient's physical health observations.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff told us the training received was useful and effective and they understood how to report abuse.

Staff knew how to recognise adults at risk of or suffering harm and worked with other agencies to protect them. The service had a good working relationship with the local safeguarding team and regularly met with them.

Staff followed clear procedures to keep children visiting the hospital safe. Visiting areas were safe for children and had suitable equipment and toys for them.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff access to essential information

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

Patient notes were comprehensive, and all staff could access them easily. We found that the service uses electronic notes.

Records were stored securely. We found notes were electronically stored and password protected.

Medicines Management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We found on our clinic room checks that this was being done.

Staff reviewed patients' medicines regularly and provided specific advice to patients however, carers told us that they were not aware about their relative's medicines.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. We found that during the multidisciplinary patient meetings patients medicines were also reviewed.

Track record on safety

The service had improved its management of patient safety incidents. 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.

Previous inspections had found that the service had not managed serious ligature incidents resulting in severe harm to patients or death. In the last six months there had been no serious incidents involving ligatures. We found in this inspection the service had improved in the management and prevention of serious incidents.

Managers debriefed and supported staff after any serious incident. We were told by staff that the service offers reflective practice sessions as a de brief.

Managers investigated incidents thoroughly. Feedback from investigations of incidents was given to patients, carers and staff. Management provided detail into investigations to both CQC and the CCG's involved.

There was evidence that changes had been made as a result of feedback. Management have introduced the ligature hot spot document as a result of ligature incidents. The service had instituted regular cardiopulmonary resuscitation (CPR) drills to ensure the ongoing effectiveness of staff response to any ligature event, learning from experience of serious incidents on site.

Long stay or rehabilitation mental health wards for working age adults

Good

Learning from internal and external incidents was shared at the governance meeting and with ward teams. We saw that the Cygnet corporate lessons learnt bulleting was circulated alongside information and alerts from the NHS and other local providers.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Following their own principal model of care this would be done within 0-3 hours of a patient's admission into the hospital.

All patients had their physical health assessed soon after admission by nursing staff and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. They were personalised, holistic and recovery orientated. Patients were given opportunities to input into their care plans. These were regularly reviewed by staff and updated when patients' needs changed.

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. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment and activities suitable for the patients in the service.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. The service has made good relationships with the local GP practice and the service was working with the GP for the roll out of COVID-19 vaccinations for the patients.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. In the hospital's activities of daily living kitchens there were information boards on healthy eating.

Long stay or rehabilitation mental health wards for working age adults

Good

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

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the patients on the ward. Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. They gave each new member of staff a full induction to the service before they started work. Managers supported placements for medical staff in training.

Managers supported staff through regular, constructive appraisals of their work. They made sure staff attended regular team meetings or gave information from those they could not attend.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Staff held daily multidisciplinary meetings to discuss patients and improve their care that were informative and holistic.

Staff shared clear information about patients and any changes in their care, including during handover meetings. There was a clear structure in how the information was presented.

Ward teams had effective working relationships with other teams in the organisation.

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.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support. The had access to them on site.

Patients had easy access to information about independent mental health advocacy.

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

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. This was discussed at patient review meetings and recorded in patients care plans.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with, training in the Mental Capacity Act. Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

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

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

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

Are Long stay or rehabilitation mental health wards for working age adults caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

Long stay or rehabilitation mental health wards for working age adults

Good

Staff were discreet, respectful, and responsive when caring for patients. We saw staff interactions with patients that were respectful and showed an understanding of each individual. Staff addressed patients using their chosen pronouns. Patients said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient. If needs changed this was communicated well throughout the team. Staff followed policy to keep patient information confidential.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff valued and respected patients' conditions and gave help, emotional support and advice when they needed it. They supported patients to understand and manage their own care treatment or condition. They offered alternative ways to reduce anxiety or stress. Patients were kept up to date with their treatment through patient review meetings. They could ask staff any questions about their care or request to speak to their Doctor.

Involvement in care

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

Involvement of patients

Staff involved patients in their care. They introduced patients to the ward and the services as part of their admission. Patients had access to their care planning and risk assessments throughout their care at the hospital. Staff supported patients to make advanced decisions on their care. Patients told us that the service was forward thinking in their care.

Staff involved patients in decisions about the service, when appropriate. The service held community meetings chaired by a patient and peoples council meetings. Patients could give feedback on the service and their treatment and staff supported them to do this. Staff made sure patients could access advocacy services and the advocate was available to patients regularly.

Involvement of families and carers

Staff supported, informed and involved families or carers and helped families to give feedback on the service. However, some of the carers we spoke to hadn't been given all the information they requested. The manager explained this was because individual patients had requested that only limited information be shared. Staff gave carers information on how to find the carers assessment.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Long stay or rehabilitation mental health wards for working age adults

Good

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The multidisciplinary team discuss length of stay in patient review meetings and patients told us that they explain the next steps and how they can achieve them. Although the service did have some patients out of area, they liaised with the patient's local home team enabling positive discharges. Staff did not move or discharge patients at night or very early in the morning.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. The registered manager informed us that patients had been moved from different bedrooms to allow for construction work. Patients told us they were informed the reason why. However, this did cause some distress for some.

Discharge and transfers of care

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff supported patients when they were referred or transferred between services. We were told that communication is continued with the new provider this allowed for a supported transition for the patient.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. We saw specific areas in patients' bedrooms that they were able to draw on and that posters and pictures were put up. Patients had storage for their belongings in their bedroom and in storage areas elsewhere in the hospital. Staff used a full range of rooms and equipment to support treatment and care. On Upper House we saw there was a quiet area and on both Upper House and Lower House there were specific visiting rooms where patients could meet with visitors in private. However, staff told us that a further safe space could be beneficial in supporting patients in distress extra to the quiet room.

Patients also had supported access to laundry's and to the daily living skill kitchen found on both Upper and Lower Houses. Patients could then prepare their own food as part of their rehabilitation.

The service offered a variety of good quality food. Patients told us that the food was good and that dietary needs were considered.

Both houses had access to secure outside garden areas. Patients were supervised in these outdoor spaces to offer any therapeutic support if needed, the outside spaces had adequate seating areas and a smoking area. We saw patients utilising these areas well and was accessible.

Patients' engagement with the wider community

Long stay or rehabilitation mental health wards for working age adults

Good

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

The provider offered a therapeutic earnings scheme for patients at the hospital and staff encouraged patients to continue with any studies they may have.

Staff helped patients to stay in contact with families and carers. Patients had access to their own phones and if they didn't have their own then patients were able to use the hospital phone. During COVID-19 where visiting restrictions have been in place staff have supported patients to use information technology to stay in touch.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Both patients and staff had access to a lift that went from each house. We saw that the corridors and communal areas were spacious and allowed easy movement for people with physical disabilities. Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). We saw the use of easy read documentation.

Staff made sure patients could access information on treatment, local service, their rights and how to complain and is discussed at patient review meetings.

Patients felt staff understood and allowed patients to be confident to express and explore their gender or sexuality.

Listening to and learning from concerns and complaints

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

Patients confirmed that they knew how to make complaints. With the patient representative in place feedback was given in peoples council meetings and community meetings. Carers told us they knew how to complain and when they have complained they received communication from management.

The Cygnet hospital group had worked with experts by experience and patients to create a user-friendly compliments and complaints document. It sets out the process and timescales to inform and empower their patients and family members and carers.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

Long stay or rehabilitation mental health wards for working age adults

Good

Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed and it followed a recognised model for rehabilitation care. Patients and staff knew who they were and could approach them with any concerns.

Both staff and patients told us that management were visible in the service and approachable for patients and staff. Their office was accessible, and we saw patients being able to discuss matters with them.

Leadership development opportunities were available, including opportunities for staff below team manager level. The service welcomed preceptorship nurses and offered supported nursing placements.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. They were able to demonstrate this with their support of patients and the patients we spoke to consistently told us how the staff worked with them.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

Staff felt respected, supported and valued they spoke highly of the management team, they felt proud and positive about working for the provider and their team. They felt able to raise concerns without fear of retribution and knew how to use the whistle-blowing process and about the role of the speak up guardian.

Staff demonstrated the understanding and commitment in supporting the wellbeing of this patient group.

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 clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The service has provided comprehensive audit information to both CQC and commissioners involved.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients this is shown by recent positive discharges.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. This was shown in their lessons learnt documentation.

The service produces monthly 'themes and trends' audits which look at incidents. The patient representative is also in attendance in these meetings so that the viewpoint of the patient is acknowledged.

Long stay or rehabilitation mental health wards for working age adults

Good

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 service has been transparent and clear with their performance and has communicated this to commissioners involved. They have provided robust documentation of quality plans and assurances. The service has shown improvement in its reporting and creating of documentation of how they manage risk for example the production of a ligature hot spot map of the whole hospital.

The service had plans for emergencies – for example, adverse weather or a flu outbreak. The service had a COVID -19 plan in place to keep staff and patients safe.

Information management

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

Information governance systems included confidentiality of patient records. Storage of confidential material where managed well. Lessons have been learnt from recent incidents to make the system better.

Staff made notifications to external bodies as needed.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership. Managers had delivered training on personality disorders to emergency department staff at the local acute hospital with the aim of improving patient experience and staff understanding of self-harming behaviours.

The registered manager was part of the Cygnet hospitals personality disorder steering group.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, bulletins, newsletters and so on. However, carers we spoke to feel this could be improved as sometimes they feel they don't enough information.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.