

Cygnnet Heathers

Quality Report

Grout Street
West Bromwich
West Midlands
B70 0HD
Tel: 0800 902 0733
Website: www.cygnnethealth.co.uk

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

Ratings

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Our rating of Cygnet Heathers stayed the same. 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 risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. On our previous inspection we had told the service that they should ensure all clinic equipment is calibrated to manufacturers standard, out of date medicines are disposed of promptly and staff should ensure the monitoring of vital signs post intramuscular rapid tranquilisation is accurately documented. On this inspection we found that the provider had met all of the shoulds requested.
- 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 best practice guidance. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.
- 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 recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cygnet Heathers	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	25
Areas for improvement	25

Good



Cygnnet Heathers

Services we looked at

Services for people with acquired brain injury;

Summary of this inspection

Background to Cygnet Heathers

Cygnet Heathers provides twenty rehabilitation beds to men with acquired brain injury. The unit has two floors with communal areas and offices on the ground floor and patient bedrooms on the first floor.

Patients admitted to the service have a diagnosis of established or suspected acquired brain injury, alcohol related brain injury, Korsakoff's syndrome, Huntington's disease, early onset dementia with rehabilitation potential and may have been detained under the Mental Health Act.

Patients may present with challenging behaviour, comorbid psychiatric disorders including forensic history

or substance misuse, moderate to severe cognitive impairment, organic psychiatric disorder or organic personality change, dysphasia or other communication problems and abnormal movements or restricted mobility but will not typically be wheelchair dependent.

The CQC last inspected Cygnet Heathers on 8 August 2016, when it was registered as Cambian Heathers. At that time, it was rated good in all five key questions.

The most recent Mental Health Act review took place on 30 July 2018. This was a scheduled, unannounced inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors and one specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with five carers
- spoke with the registered manager
- spoke with 10 other staff members; including doctors, nurses and occupational therapist
- attended and observed one hand-over meetings and one patient review meeting
- looked at 10 care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

What people who use the service say

Patients spoke highly of staff, they said staff treated them with respect, dignity and they felt safe. Patients said there was always enough staff on hand to speak to. All patients said the hospital environment was nice and there was a lot of activities to do. Patients were all aware of their rights under the Mental Health Act and in relation to prescribed medication.

All carers we spoke with told us Cygnet Heathers was a safe and clean place. They reported that staff were visible and communication good. Carers told us they felt the patients made progress at Cygnet Heathers.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- The unit was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and 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 and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. 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.

Good



Are services effective?

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

Good



Summary of this inspection

- 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 the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients 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.
- The team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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 team had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early on in the patient's admission to plan discharge.
- 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 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.

Are services caring?

Our rating of Caring stayed the same. We rated it as good because:

Good



Summary of this inspection

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Patients' views were incorporated, even when they differed from the clinical team's. Staff ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Are services responsive?

Our rating of Responsive stayed the same. We rated it as good because:

- 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.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite 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.
- The ward met the needs of all people who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Are services well-led?

Our rating of Well led stayed the same. We rated it as good because:

Good



Summary of this inspection

- Leaders had a good understanding of the service they managed and adhered to a recognised model of rehabilitation care. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Training records indicated that 95% of staff had received training in the Mental Health Act. Staff showed awareness of the different needs of clients with a diagnosis of learning disability, personality disorder, psychosis and autistic spectrum disorder, in relation to an acquired brain injury. Staff told us that they were able to access guidance and advice about the Mental Health Act as the regional Mental Health Act administrator was based at Cygnet Heathers. They aimed to promote good practice in Mental Health Act matters and make use of resources

such as an on-line Mental Health Act practice forum and Cygnets legal advisor when necessary. We saw evidence of regular Mental Health Act audits to ensure the Mental Health Act was being applied correctly and there was evidence of learning from these audits. Staff had put posters on the ward informing people of the advocacy service as well as details of when they were next due to visit the unit. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed. Patients knew about the advocacy service and knew what to do if they wanted to speak to the service at other times.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed 95% of staff had received training in the Mental Capacity Act (MCA). Staff we spoke to were aware of the policy on the Mental Capacity Act and demonstrated an understanding of the Mental Capacity Act and could apply the five statutory principles.

The majority of assessments of capacity were documented well. At the time of inspection, the unit had one patient referred to the local authority for a deprivation of liberty safeguard (DoLS).

The provider had a Mental Capacity Act policy in place and this was available via the intranet for staff to access for guidance.

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Good 

Safe and clean environment

Safety of the ward layout

- Staff undertook regular risk assessments of the care environment. On inspection we reviewed an up to date ligature risk assessment, management plan, building and fire risk assessment. Staff had completed identified actions.
- The ward layout did not allow staff to observe all parts of the ward. The hospital was a rehabilitation unit and was divided into zones. Staff monitored the safety of the environment using observations, individual patient risk assessment and management plans. We observed staff allocating and carrying out the role of observations throughout the inspection. Staff understood the importance of being able to observe patients who might be at risk. The hospital had two nurses' stations based on separate floors. Closed-circuit television (CCTV) was used to observe patient areas. We saw notices placed on patient notice boards reminding patients the hospital used CCTV.
- Staff had identified ligature points and managed these risks according to the ligature risk assessment and individual patient risk assessment. Management of these risks included, care planning, staff awareness, individual risk assessment, observation and relational security. All staff we spoke with were aware of blind

spots and ligature risks both throughout the ward and garden area. (A ligature point is a fixed point which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation).

- Staff knew where the emergency lifesaving equipment and ligature cutters was kept.
- The hospital complied with guidance on eliminating mixed sex accommodation.
- Staff had easy access to alarms and patients had easy access to nurse call systems in all bedroom, bathroom and communal areas. The receptionist gave staff a personal alarm at the beginning of each shift. The receptionist ensured they were in working order before allocation. Each alarm was linked to a system which enabled others to identify their location within the building. This ensured staff could call and respond to an alert for support.
- All bedroom doors opened in two directions. This meant patients were unable to barricade themselves in and staff could gain ease of access in an emergency if locked by the patient. Bedroom doors had viewing panels to allow staff to undertake discreet observations if needed. Patients could close these from the inside.

Maintenance, cleanliness and infection control

- All ward areas were clean, had good furnishings and were well maintained. Cygnet Heathers had two full time maintenance staff who dealt with repairs and maintenance efficiently. They had access to the necessary tools and work area to carry out tasks on site. This meant the building and furnishings were kept in good working order.
- Cygnet Heathers was visibly clean throughout. We observed housekeeping staff carrying out cleaning

Services for people with acquired brain injury

duties and they had access to appropriate tools and products in order to undertake daily tasks. Staff ensured any substances hazardous to health i.e. cleaning products were stored securely.

- Staff adhered to infection control principles, including hand washing. We saw from staff training records that the service provided training to staff in infection prevention and control. There were guidelines available to staff about working with infectious or communicable diseases. Hand sanitiser was available for patients, staff and visitors to use.
- Cygnet Heathers had been inspected by the Food Standards agency and awarded five stars, which meant it had very good food hygiene standards.

Clinic room and equipment

- Clinic rooms were fully equipped, visibly clean and organised. The Heathers had two clinic rooms in use. Staff stored and administered medicines in one and used the other for physical examinations. Registered nurses held the keys and kept both rooms locked. Staff had access to a blood pressure recording machine, electronic thermometer, weighing scales and a pulse oximeter. Staff recorded when they had checked/maintained equipment. We reviewed these records and saw staff had recorded they had carried out daily / weekly checks where necessary. Staff had placed stickers on plugs to record the date of electrical testing and when the next test was due.

Safe staffing

Nursing staff

- Minimum nursing staffing levels had been previously agreed by the provider when the service was set up. The manager had authority to increase staffing levels if necessary to meet patient need.
- The hospital had two shifts a day, which covered 24 hours, seven days a week. The minimum nurse staffing establishment was one registered nurse with six support workers during the day shift, and one registered nurse with five support workers during a night shift. The registered nursing staff included both registered mental health nurses and registered learning disability nurses. The registered manager and head of care (also registered mental health nurses) worked 9am – 5pm Monday to Friday.

- The hospital manager told us it was rare for staffing levels to be at the minimum and they often worked on two registered nurses and eight support workers during the day and two registered nurses and five support workers during the night. On inspection we reviewed the last three months of nursing rotas which showed this was the case. All staff we spoke with said there was always enough staff to provide safe care and treatment.
- At the time of inspection there were two registered nurse vacancies due to recent promotions within the service. There were no support worker vacancies.
- Data shared by the provider showed there were no shifts left unfilled. Cygnet Heathers had not used any agency staff in the last twelve months. The manager was able to maintain safe staffing levels by using the provider's bank staff. Cygnet's bank pool co-ordinator was based at the Heathers who co-ordinated their own bank staff for all of the local services. This ensured all staff had received up to date mandatory training and were familiar with Cygnet Heathers policies and procedures. It also reduced the risk of care being compromised as the patient group were familiar with and recognised bank staff. Between July 2018 and October 2018, 247 shifts had been filled by bank staff to cover absence.
- Throughout the inspection, we saw staff to be present in all the communal areas of the hospital. Staff told us this was usual practice.
- Staffing levels allowed patients to have regular one to one time with their named nurse and care records we reviewed reflected this. Staff told us activities and escorted leave were rarely cancelled.
- Staff told us and records confirmed there were enough staff to carry out physical interventions, for example, observations and restraint safely. All staff were trained in managing violence and aggression, including administration and housekeeping staff.

Medical Staff

- There was adequate medical cover day and night and a doctor could attend quickly if needed. Cygnet Heathers had two full time doctors; one consultant neuropsychiatrist and one specialist registrar with a specialist interest in acquired brain injuries. The consultant provided on call cover out of hours.

Mandatory Training

- Staff were compliant with all mandatory training. The manager monitored compliance and ensured staff kept

Services for people with acquired brain injury

up to date. Mandatory training was comprehensive and a mixture of face to face and e learning. It included topics such as Managing Actual and Potential Aggression; foundation and advanced, Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, basic life support, epilepsy, diabetes, suicide risk, fire marshal, report writing and record keeping, dealing with concerns, infection control, health and safety, equality and diversity, and food safety.

Assessing and managing risk to patients and staff

Assessment of patient risk

- Staff completed a risk assessment for every patient on admission and updated these regularly, including after incidents.
- During our inspection we reviewed 10 records relating to the care and treatment of patients. We found in all records staff had completed a risk assessment for each patient, using the nationally recognised short-term assessment of risk and treatability (START). If indicated, staff also completed the standardised Historical Clinical Risk Management assessment (HCR20). All risk assessments we reviewed were up to date.
- Cygnet Heathers staff understood and implemented positive risk taking where appropriate. Positive risk taking is where by staff and patients balance the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether. One example of this was open access to the kitchen, where patients had access to items which may put themselves or others at risk. Staff undertook individual patient risk assessments to ensure patients' safety whilst promoting independent living skills. We saw multidisciplinary risk assessments related to patients accessing the therapy kitchens and laundry rooms without staff assistance.

Management of patient risk

- Staff were aware of and dealt with any specific risk issues, such as falls or pressure ulcers. We saw examples of this in care records and discussed. The occupational therapist undertook falls assessments and kitchen access risk assessments.
- Staff identified and responded to changing risks to, or posed by, patients. For example, staff would identify issues between patients and increased observations or

provided mediation. Staff were aware of potential environmental and mobility risks for each patient and sought to reduce risks, for example, by completing individual mobility or sensory needs assessments and management plans.

- Staff had access to, understood and followed the providers therapeutic engagement and observation policy. Staff identified one member of staff to undertake observations every hour. Staff discussed each patient's observation levels at the morning meeting and changes were noted and recorded. Staff kept accurate patient observation records.
- Staff applied blanket restrictions on patients' freedom only when justified. Staff individually risk assessed and care planned any restrictions if needed.

Use of restrictive Interventions

- Cygnet Heathers did not have a seclusion room and staff reported they had not used seclusion or long-term segregation.
- Between July 2018 and October 2018 there had been 32 incidents of restraint on seven different patients. One restraint was prone, where by, the patient had thrown himself on the floor face down. The provider reported there had been no restraints in that period that had led to intra muscular rapid tranquilisation.
- Staff told us they only used restraint after repeated de-escalation and diversional techniques had failed. The staff involved and methods of de-escalation used prior to restraint were recorded to indicate it was only used after all other methods had been unsuccessful, however this was not present in all records viewed.
- Staff completed an analysis of every incident of challenging behaviour or self-harm. Staff completed an ABC chart to record information about a particular behaviour. The aim was to use this information to gain a better understanding of what the behaviour was communicating, in order to reduce the number of incidents that occurred. Following any incident of physical restraint, staff completed the relevant documentation, including an incident form and specific restraint form. This was then reviewed by the hospital manager in daily clinical meetings. Staff received a de-brief and any lessons learned were shared with the whole team. Senior staff reviewed the number of restraints in line with company policy in weekly key performance indicators reports. The use and number of restraints was also reviewed at monthly clinical

Services for people with acquired brain injury

governance meetings and then fed back to regional clinical governance meetings. Each patient had an individualised Positive Behaviour Support plan and daily risk assessment, which detailed specific approaches and de-escalation techniques to reduce the use of physical interventions.

- Cygnet Heathers was guided by the providers reducing restrictive practice policy. They had a designated reducing restrictive practice champion to take the lead on the implementation of the policy. The regional Cygnet reducing restrictive practice lead shared information with Cygnet Heathers to continue to review processes and ensure least restrictive approaches were used across the hospital. Staff we spoke to told us in the last year they had changed the process of monitoring the patient use of the internet. They now reviewed the use of the internet on an individualised basis and information technology equipment was not manned continuously.
- All staff had up to date training in the use of certified restraint techniques to an approved level for their role. The provider used accredited Management of Actual and Potential Aggression (MAPA) training for staff. This focused on least restrictive approach and restraint being used as a last resort. The neuropsychologist delivered an annual training course to equip staff with an understanding of how to manage behavioural challenges from patients with an acquired brain injury. Staff recorded the type of restraint used, the duration of the restraint and which staff had been involved, including who had been responsible for each body part of the patient. Patients and staff were offered access to support following restraint being used. Staff compliance rate for Management of Actual and Potential Aggression training was 97%.
- On inspection in 2016 we found staff had not always recorded the monitoring of vital signs after administering intra-muscular rapid tranquilisation in line with National Institute of Health and Care Excellence guidelines [NG10] on Violence and aggression: short term management in mental health, health and community settings. On this inspection we reviewed care records of patients who had received rapid tranquilisation and found staff had recorded observations as per provider policy and national guidance.

Safeguarding

- All staff were trained in safeguarding, knew how to make a safeguarding alert and did when appropriate. Staff had received safeguarding vulnerable adults training. The training records showed 97% of staff had completed the training and were up to date. Cygnet Heathers had raised 27 safeguarding alerts within the 12 months prior to inspection. These had been investigated and closed with no ongoing concerns. Staff were aware of the actions needed to be taken to safeguard patients.
- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
- Staff worked in partnership with other agencies to identify and protect adults and children at risk of, or suffering, significant harm.
- Visitors and patients had access to a visiting room off the ward. Staff had access to an up to date visiting policy. The policy covered guidance which included visits from children.

Staff access to essential information

- Staff used a combination of paper and electronic patient records. Staff were able to access the different formats easily; the notes were organised and it was easy to find the relevant information.
- Staff had access to all information needed to deliver patient care when they needed and it was in an accessible form.

Medicines management

- Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal And use of covert medication) in line with national guidance.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute of Health and Care Excellence guidance. We saw evidence of this in the care records and through discussions with staff.
- On inspection we reviewed five prescription charts. They were all fully completed, signed and dated.
- Cygnet Heathers had a clear patient self-medication programme in place. Staff were guided by the policy and they supported patients with a four step, self-medicating programme. At the time of inspection three patients were on the self-medicating programme.

Track record on safety

Services for people with acquired brain injury

- In the last twelve months prior to inspection there had been one serious incident. The manager at the time reported this to relevant agencies in a timely manner. The provider completed a serious incident investigation and actioned lessons learnt.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew what incidents to report and how.
- Staff completed incident reporting forms following incidents where patients had injured themselves intentionally or become verbally or physically aggressive. Staff kept a copy of these forms in the patient care records. As well as completing an incident form, staff completed an 'ABC' form. This is an observational tool staff used to record information about challenging behaviours, which can then be used by the staff and patients to better understand what the behaviour is communicating.
- Staff discussed learning from incidents in a variety of settings. These included supervision, staff reflection groups, morning handover and clinical governance meetings.
- The provider cascaded lessons learnt from a national level through regional governance groups, emails and newsletters.
- Following a serious incident last year an internal review recommended the unit had two defibrillators. Staff now had access to a defibrillator on each floor.
- All staff we spoke to confirmed they undertook a debrief and received support following any serious incident.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission. We reviewed ten patient care records

and we found each patient had a full and comprehensive assessment, which included medical, nursing, occupational therapy, psychology and physiotherapy.

- Each patient had two sets of care plans. One for the professional to follow and another for the patient. Care plans were easy read and accessible to meet the individual needs of the patients. Care plans contained the patients' perspective. Staff used a care planning tool called 'My shared pathway'. This is recovery focussed tool to enable the patient and clinical team to work together, share responsibility, use everyday language, set realistic, measurable goals and aims and reduce length of stay needed, by ensuring care plans are discharge focussed.
- Care plans were very personalised and specific to each patient's rehabilitation goals. It was very clear the patient was involved with the care planning and setting of goals.
- Staff assessed patients' basic physical health needs on and throughout admission.
- In all patient care records, we reviewed, we saw evidence of other physical health assessments completed by staff, for example the Malnutrition Universal Screening Tool. All patients were registered with a GP who was responsible for prescribing medication linked to physical health conditions. The hospital had an allocated nurse who was the lead clinician for physical health care.
- All care records contained a positive behaviour support plan. Positive behaviour support (PBS) is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. A range of patient needs had been identified including communication needs, support needs, sensory needs and individualised strategies staff could use to provide practical and emotional support if the patient became distressed.
- Each patient had a personal emergency plan for evacuation of the unit.
- Each patient had a grab sheet for staff to use for effective communication strategies, these were person centred to support individual needs.
- On inspection we observed a multidisciplinary patient review meeting. We saw patients' care plans and progress was reviewed in detail and updated. Staff told us they updated plans as necessary and following significant events.

Services for people with acquired brain injury

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute of Health and Care Excellence. For example, for patients who experienced seizures, doctors prescribed Buccal midazolam instead of rectal diazepam. Buccal midazolam is a medication that has a calming effect on the brain and can stop a seizure. Buccal midazolam is given to the patient via their mouth. Rectal diazepam is given rectally. Buccal midazolam is easier to administer and is less invasive for the patient than rectal diazepam.
- We observed staff talking to a patient who had requested PRN medicine. The nurse discussed other options the patient could utilise, which they undertook successfully without the need for the prn medicine.
- Staff ensured patients had good access to physical healthcare, including specialists when needed. A neuro physiotherapist worked at the unit two days a week providing specialist physical therapy. All patients were registered with the local GP and dentist and supported to make and keep appointments as necessary.
- Staff assessed and met patients' needs for food and drink and specialist nutrition and hydration.
- Staff supported people to live healthier lives. For example, smoking cessation support and access to a gym.
- Staff used recognised rating scales to assess and record severity and outcomes. These included the Health of the Nation Outcome scales for Acquired Brain Injury and the Global Assessment of functioning of progress for Acquired Brain Injury services. We saw completed forms in all care records we reviewed.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives. These included care record, infection control and Mental Health Act audits.

Skilled staff to deliver care

- The team included a full range of specialists required to meet the needs of the patients. The unit had two doctors, registered learning disability nurses and registered mental health nurses, occupational therapists, psychologists and a speech and language

therapist. The unit also employed an activity coordinator and activity worker as well as numerous support workers. The unit had access to a dietician and specialist physiotherapist.

- All staff we spoke with were experienced, qualified and had the right skills and knowledge to meet the needs of the patient group. Some nursing staff had additional training in phlebotomy and electro cardiograms. Support workers had access to associate nurse training. This is a national two-year training programme that provides a route into nurse training.
- Managers provided new staff with appropriate induction. We spoke with two new staff during inspection and both confirmed they had received a thorough induction to their role and the unit. They had felt fully supported by other staff and were aware of standards they needed to reach to pass their probation period.
- Managers provided staff with supervision to discuss case management, to reflect on and learn from practice, and for personal support and professional development. The percentage of staff that received regular supervision was 94%. This was above the providers target rate of 85%.
- All staff had completed an annual appraisal or had one booked in. The percentage of staff who received an appraisal in the 12 months prior to inspection was 100%.
- Managers identified the learning needs of staff through supervision and team meetings. Staff had access to weekly in-house training. This included topics such as dysphagia and staff/ patient dynamics.
- Staff had access to and could request specialist training as needed.
- The manager told us poor staff performance was dealt with promptly and effectively. At the time of inspection there were no staff under performance reviews.

Multidisciplinary and inter-agency team work

- Staff held regular and effective multidisciplinary meetings, these ranged from business and governance meetings to patient reviews and handovers.
- Each morning all staff attended a daily meeting. This was attended by the hospital manager, the consultant psychiatrist, specialty doctor and representatives from each professional discipline, including the chef for the service and the maintenance team. This meeting included a review of the service for the previous 24

Services for people with acquired brain injury

hours, CQC notifications, incident reports, changes in patient observation levels and complaints and compliments received. All patients who were risk rated as red were reviewed by the team and a formulation of their needs completed and updated. We observed this meeting during inspection. We found it was run efficiently, relevant information was shared between staff and tasks were allocated. This meant the whole team knew the plans for the day, were aware of any risks and management plans and were aware of their responsibilities. It covered mental state, risks, behaviours, achievements and staff also reviewed patients leave.

- We observed staff making phone calls to patient's local community services to review discharge plan and section 17 leave, we heard them liaise with GP'S regarding medications and arrange CPA reviews.
- The multidisciplinary team provided specialist training for staff, for example the neuropsychiatrist provided training on Huntington's Disease, acquired brain injury and epilepsy. The multidisciplinary team facilitated a weekly training session for staff relating to the management of patient behaviours and various mental illness. The hospital employed registered nurses qualified in mental health and learning disabilities.

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

- Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. Data shared by the provider showed 95% of staff had completed training in the Mental Health Act.
- Staff had on site access to administrative support and legal advice on the implementation of the Mental Health Act and its Code of Practice. The Mental Health Act administrative lead for the Cygnet region was based on site at Cygnet Heathers.
- Staff could access relevant and up to date Mental Health Act policies and procedures to guide practice.
- Patients had easy access to information about independent mental health advocacy.
- Staff explained to patients their rights under the Mental Health Act in a way they could understand it, repeated it and recorded they had done it. Staff told us they explained rights to patients every month and the head of care completed monthly audits following a Mental Health Act review in July 2018.

- Staff and patients told us they were able to take their section 17 leave (permission to leave hospital) when granted.
- Staff told us they requested an opinion from a second opinion appointed doctor (SOAD) when necessary.
- Staff stored copies of patients' detention papers and associated records correctly and they were available to all staff that needed access to them.
- The provider's locked door policy was placed on all patient notice boards and written in easy read language.
- Care plans we reviewed referred to identified section 117 aftercare services to be provided for those who had been subject to section 3 or equivalent Part 3 powers authorising admission for treatment (if applicable).
- Staff completed Mental Health Act audits every six months. Staff undertook actions to address any issues found.

Good practice in applying the Mental Capacity Act

- Staff had a good understanding in the Mental Capacity Act and the five statutory principles. 95% of staff had completed training.
- There had been one deprivation of liberty safeguards applications made in the 12 months prior to inspection.
- The provider had a Mental Capacity Act policy in place including deprivation of liberty safeguards. Staff were aware of the policy and knew how to access it.
- Staff told us they knew how to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards.
- Through discussion with staff and a review of notes we were assured that staff gave patients every possible assistance to make a specific decision for themselves before they assumed
- the patient lacked capacity to make it.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision specific basis with regard to significant decisions. Mental capacity assessments we saw were detailed and decision specific. We looked at three mental capacity assessments relating to consent to treatment and one best interest decision assessment relating to managing finances. All assessments contained detailed narrative of the assessment documenting the patient's ability to

Services for people with acquired brain injury

retain, weigh up, understand and communicate their decision. The recorded assessment used the patient's everyday language and contained the patient's perspective.

- The service completed six monthly deprivation of liberty safeguards and Mental Capacity Act audits.

Are services for people with acquired brain injury caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.
- Care records we reviewed confirmed staff supported patients to understand and manage their care and treatment. We saw patients had care plans and recovery goals that were presented to them in a format they could understand and follow. There were patients that were being supported to self-medicate and to eventually live in the community. Staff had developed a system for one patient, whereby he could communicate his mood and privacy needs with staff by using a red, green or yellow sticker for his bedroom door.
- Staff directed patients to other services when appropriate. For example, patients were registered with a local dentist and GP. Staff supported patients to access a variety of community facilities.
- All patients we spoke with told us staff treated them well and behaved appropriately towards them.
- It was clear through discussions with staff, observation of the morning meeting, patient review meeting and from care records, that staff understood the individual needs of the patients. This included their personal, cultural, social and religious needs.
- Staff told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

- Staff were knowledgeable in the need to maintain confidentiality. Any paper documentation or care records were locked away. Staff were mindful not to disclose information other than on a need to know basis.

Involvement in care

Involvement of patients

- Staff orientated patients to the building on admission. This included an introduction to the staff team, other patients, facilities and treatments/ recovery opportunities available.
- Patients were actively involved in their multidisciplinary clinical reviews, care planning, risk assessments and care programme approach meetings. The multidisciplinary team took into consideration the views of families when planning care and treatment. We saw numerous examples of this in care records. All patients had or had been offered their own care plan.
- Staff communicated with patients so they understood their care and treatment needs, including finding effective ways to communicate with patients with communication difficulties. The speech and language therapist took the lead with this. They undertook individualised assessments and provided each patient with communication grab sheets.
- Staff involved patients when appropriate in decisions about the service, for example patients were asked to give feedback on staff probation reviews. They were also involved in recruitment and given options to assist with any redecorating choices.
- Staff enabled patients to give feedback on the service they received. All staff and patients were encouraged to attend a weekly community group. Community group minutes reviewed showed both staff and patients attended. The agenda included activities available, reducing restrictive practice, positive and negative patient comments. The minute taker had documented action points and we saw from minutes these were addressed at the following meeting. Cygnet Heathers undertook an annual patient survey.
- Staff had placed suggestion boxes around the building. Staff and patients discussed comments posted in the community meetings.

Services for people with acquired brain injury

- Patients had access to advocacy. Posters were available with contact information, should patients or carers wish to contact the advocates. Advocates visited the unit every week and attended patients reviews at the patients request.

Involvement of families and carers

- Staff informed and involved families and carers appropriately and provided them with support when needed. Staff and carers told us that the consultant held regular meetings with carers to ensure they understood the needs of the relatives.
- Staff enabled families and carers to give feedback on the service they received. Staff undertook an annual relative / carer survey. We reviewed the latest survey for 2018. All respondents were positive about staff and the environment. One respondent commented on the lack of variety of trips available to their relative, however, was extremely happy that the service was able to facilitate monthly home visits. The review had an action plan to address and review diversity for trips available.
- Staff provided carers with information about how to access a carers assessment.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

Bed management

- Cygnet Heathers had a national catchment area and the average length of stay varied between 18 months and two years. The average bed occupancy twelve months prior to inspection was 90%.
- There was always a bed available when a patient returned from leave.
- Patients were not moved from the unit during admission unless it was justified on clinical grounds and was in the interest of the patient.
- When patients were discharged or moved, this was planned and happened at an appropriate time of day for that patient.

Discharge and transfers of care

- In the six months prior to inspection there had been no delayed discharges.
- Cygnet Heathers had good relationships with commissioners from authorities that placed patients in their unit to ensure patients were successfully supported with their discharge plans. Commissioners were invited to care programme approach meetings. Discharge plans were discussed with patients at admission and were discussed in their care programme approach meetings.
- Cygnet Heathers offered a defined community pathway for patients and had access to step down units to further support and promote patients' independence in the community. Outcome measures completed by the staff, showed 90% of patients had been discharged to the 'step down' unit or community living.
- Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital or temporary transfer to an acute unit. Whilst on inspection staff reported that they were having daily contact and visits to a patient who had been admitted to an acute hospital. Both nursing staff and doctors had visited the patient and spoken with the medical team treating the patient.

The facilities promote recovery, comfort, dignity and confidentiality

- Cygnet Heathers had a mixture of ground floor and first floor accommodation. All patients bed rooms were en-suite which included a shower, sink and toilet and could be personalised.
- We noted most patients could access their rooms freely. Dependent on the outcome of a risk assessment, staff gave patients keys to their bedrooms. All bedrooms had a lockable cupboard which patients could use to store valuables.
- There were a range of rooms for vocational and educational activities, this included an activities room with a pool table, a computer room and a gym with exercise machines. A physiotherapist carried out risk assessments for the use of the equipment in the gym.
- Patients had access to lounges, quiet areas and dining rooms. Patients could choose where they wanted to eat their meals.

Services for people with acquired brain injury

- All patients were encouraged to undertake their own laundry independently or with support. Staff assessed individual patients' suitability to have key access to laundry rooms.
- All patients had access to two therapy kitchens where they could prepare hot drinks, snacks and meals independently or with support. Patients could keep their own food and drink supplies in the kitchens and access as and when needed.
- Patients had access to their own mobile phones and the internet. In patient records we read, we saw patients signed the provider's mobile phone and internet policy. This policy was translated into easy read/pictorial language in one patient's notes. Staff said mobile phone and internet restrictions were imposed on some patients following a multi-disciplinary team risk assessment. Patients had access to a payphone based in its own room.
- Patients had access to well-maintained outside space.
- The patients told us the food was of a good quality.
- Cygnet Heathers was accessible to people with reduced mobility. This included an access ramp, lift and handrails and two adapted bathrooms which included space for a hoist if needed and a bath. Staff said they could order any mobility or assistive equipment if needed to support patient's individual needs and independence.
- Cygnet Heathers had a good provision of accessible information throughout the unit. This took the form of easy read posters and leaflets and visual/easy read room signage. At the time of inspection, Cygnet had admitted a patient who did not speak English as a first language. The staff had made signs for all rooms in the patient's native language, to assist in his orientation of the unit.
- The unit had numerous communication boards for patients sharing information on patients' rights, advocacy, local support groups and activities.
- Staff and patients had easy access to interpreters and or signers.
- Patients had a choice of food to meet the dietary requirements of religious and ethnic groups.

Patients' engagement with the wider community

- Patients had access to a variety of education and work opportunities. One patient was accessing a plumbing course and another a wood work course. Volunteer opportunities were also available as well as educational courses. For example, volunteer jobs at a local farm. Staff supported patients to apply and attend courses in the community to aid recovery.
- Staff supported patients to maintain contact with their families or carers. Some patients lived a long way from the unit and carers told us staff supported patients transport needs to visit their homes. Staff encouraged the use of phones and information technology to keep in touch with family and friends.
- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within services and the wider community. One example of this was monthly outings to a local nightclub, provided by a local voluntary group. Another, was supporting patients to access community spiritual support.

Meeting the needs of all people who use the service

- Patients had access to a multi faith room onsite and staff supported patients to access spiritual support in the community as needed.

Listening to and learning from concerns and complaints

- Data shared by the provider showed that Cygnet Heathers had received a total of five complaints in the 12 months prior to inspection. One complaint had been upheld. None had been referred to the ombudsman.
- Patients we spoke with told us they knew how to make a complaint if needed. Patients told us and we could see from community meeting minutes that when patients raised concerns, staff gave feedback and actions taken to address.
- Staff we spoke with were aware of how to handle complaints according to the providers complaint policy.
- Staff received feedback on the outcome of investigations of complaints and acted upon findings. An example given by staff was the introduction of an allocated point of contact for each family or carer to aid communication.

Services for people with acquired brain injury

Are services for people with acquired brain injury well-led?

Good 

Leadership

- A month prior to inspection, internal promotions had resulted in a change of registered manager and clinical lead roles. The new registered manager and clinical lead had the skills, knowledge and experience to perform their roles.
- The senior leadership team at Cygnet Heathers had a very good understanding of the service they managed. They were proud of their service and could explain how they were working to provide high quality care. The leadership team gave the inspection team a presentation on how the service was progressing, how they compared to other services and how they assured quality.
- All staff we spoke to told us the senior leadership team were always available and very supportive. Regional operational leaders visited Cygnet Heathers regularly and staff knew who they were and stated they were all very approachable.
- Staff had access to leadership development opportunities within the Cygnet group. This included training and mentoring.

Vision and strategy

- The providers vision and values had been agreed following staff consultation and were "Helpful, Responsible, Empathetic, Respectful and Honest". The mission statement was "To provide superior quality healthcare that service users recommend to family and friends; clinicians prefer for those in their care; purchasers select for their clients; and employees are proud of."
- The providers vision and values were displayed around the unit. Managers told us they are discussed in staff supervisions, staff meetings, debriefs, in house training and lessons learnt. New staff also have specific training related to the values in their induction.
- Staff had opportunities to contribute to discussions about the strategy for their services within business meetings.

- Staff could explain how they were working to deliver high quality care within the budgets available and could talk us through projects and improvements they were involved with.

Culture

- All staff we spoke to told us they felt valued and supported. Three staff were able to give specific examples of this. One member of staff told us a colleague gave them a compliment in a meeting for managing a particular task well. Staff really supported and valued each other's roles. All staff we spoke to were proud to work at Cygnet Heathers and were passionate about their roles to support the patients and deliver high quality care.
- Staff we spoke with said they were aware of the whistleblowing process and felt able to raise concerns without fear of retribution.
- The registered manager monitored staff performance and had taken appropriate steps to improve performance where required, including using the providers sickness and attendance management policies. At the time of inspection, there were no outstanding issues.
- Data shared by the provider and staff files we reviewed confirmed all staff received a yearly appraisal. Appraisals included conversations about career development and support.
- The service's staff sickness and absence rates for the twelve months prior to inspection was 3.6%.
- Staff had free access to an employee assistance programme. The programme offered financial, legal and wellbeing support.
- The provider recognised staff success at a local and national level. Staff at the Heathers kept a compliments log to ensure all staff could acknowledge feedback received. We reviewed the compliment logs for 2018, 19 official compliments had been received from a variety of external professionals and carers, 14 of which were complimenting the quality of care staff gave.

Governance

- There was a clear framework of what must be discussed at team meetings to ensure essential information, such as learning from incidents and complaints, was shared and discussed. We observed this at the daily morning meeting. Staff discussed lessons learnt from another

Services for people with acquired brain injury

location and reflected upon incidents at their own location. We reviewed governance meeting and staff meeting minutes which reflected discussion and action from learning.

- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on results when needed. Staff followed an audit schedule. On completion of audits, staff submitted results to the registered manager and the regional quality assurance manager. Audits ranged from monthly Health and safety audits to quarterly infection control audits, six monthly Mental Health Act and Mental Capacity Act audit to yearly environment audits.
- Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of patients. Staff were able to share many examples of this from working closely with acute services to meetings with commissioners and the local authority.

Management of risk, issues and performance

- Cygnet Heathers risk register fed directly into the providers regional risk register. Staff knew how to access this and how to escalate concerns if needed.
- At the time of inspection Cygnet Heathers did not have any items on the regional risk register.
- The provider had contingency plans for emergencies.

Information management

- The service used systems to collect data that were not over burdensome for staff.
- Staff had access to equipment and information technology needed to do their work. The systems worked well and helped improve the quality of care.
- Information governance systems included confidentiality of patient records.
- Managers had access to information to support them with their management roles. This included information on the performance of the service, staffing and patient care. Information was in an accessible format and was completed in a timely manner.
- Staff made notifications to external bodies as needed. These included the CQC, local authority and other agencies.

Engagement

- Staff, patients, carers and professional had access to an up to date website which shared information about the provider and Cygnet Heathers.
- Cygnet Heathers had a patient welcome book which was regularly updated.
- Patients and carers had the opportunity to give feedback on the service they received in manner that reflected their individual needs. Staff at Cygnet Heathers produced an annual report from patient and carer surveys. We reviewed the 2018 action plan produced from the 2018 patient survey. We saw evidence on inspection that changes had been made. For example, notices reminding people to close doors quietly and patients participating in audits.
- We saw evidence in minutes and heard from staff and patients how the service had made improvements following patient feedback.
- Patients and staff had opportunities to meet with the senior leadership team and give feedback. The registered manager and senior medical staff were visible on the unit and attended community meetings. The consultant regularly contacted relatives to provide support, information and give carers the opportunity to feedback.

Learning, continuous improvement and innovation

- Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. There was a quality improvement schedule in place. This was reviewed at the local governance meeting and actions and updates added on a regular basis. We reviewed the schedule and could see staff and patients had identified 15 current projects. Seven projects had been completed whilst others were ongoing. Projects included training for staff and patients, increasing patient involvement for examples in audits and teaching and development of rehabilitation groups.
- Cygnet Heathers participated in other external quality reviews such as reviews from clinical commissioning groups and NHS Wales 'Three Q's' award, whereby it was recently awarded Three Q's.
- The team had presented papers at National Neuropsychiatry conferences and worked alongside the Department of Health in development of a head injury

Services for people with acquired brain injury

care pathway. The responsible clinician was a member of the Neuropsychiatry Faculty of Royal College of Psychiatrists and was the Research and Development Lead for Cygnet.

- Cygnet Healthcare and Cygnet Heathers worked in partnership with a local University to introduce nurse associate apprenticeships into the independent sector.

Outstanding practice and areas for improvement

Outstanding practice

Staff at Cygnet Heathers supported patients who did not speak English as a first language by making signs for all rooms in the patient's native language, to assist in their orientation of the unit.

Areas for improvement

Action the provider **MUST** take to improve

None noted

Action the provider **SHOULD** take to improve

None noted