Cygnet NW Limited

Cygnet Lodge Salford

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated this location as requires improvement because:

The service did not provide safe care. Some staff were not following government guidance in relation to infection control and use of PPE. Some staff including bank and agency staff did not receive a thorough induction into the service.

The service was not well led; the governance processes were not effective as they did not identify that staff had not received a thorough service induction. Managers had not ensured that staff were following government guidance in relation to infection control and use of PPE. Areas for improvement identified by the manager had not been fully embedded.

However:

The ward environments were safe and clean. The ward 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.

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 service included the full range of specialists required to meet the needs of patients in the service. Managers ensured that these staff received training 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 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.

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	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Cygnet Lodge Salford

Cygnet Lodge Salford was registered with CQC on 13 January 2020 for the regulated activities:

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

There was a registered manager and a controlled drugs accountable officer at the service.

The service is a High Dependency Rehabilitation Unit for women with mental health needs. The service has 24 beds including two flats to enable women to develop their independence.

This is the first inspection of the service.

What people who use the service say

We spoke with 11 patients and six relatives.

Patients told us it was the best placement they had been in. They enjoyed the activities that were available including art, the moving on group and cooking. They said staff were respectful and the food was good. Four patients knew how to complain, one did not. Two patients said they had been given copies of their plans and two did not. Three people said their families were involved in their review meetings.

Relatives told us that staff were nice and polite and encouraged their family member to pursue activities. They felt the service was better than other places that their relative had been in. However, staff did not update relatives on their family members progress and relatives did not feel involved in the service. Relatives told us they missed important meetings regarding their family member because they were not told when the meetings were. Relatives did not know how to complain and give feedback about the service. Three relatives said their family member had experienced significant weight gain due to medicines and the service were not supporting them with healthy lifestyles.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- Visited the service and observed how staff were caring for people.
- Toured the service and clinic room.
- Spoke with 11 patients and completed a short observation framework for inspection (SOFI) observation tool which is a structured way of observing staff interaction with people using the service.
- Spoke with six relatives.
- Received feedback from an independent advocate and five care coordinators.
- Spoke with 11 staff including administrator, chef, domestic, nurses, occupational therapist, consultant psychiatrist, psychologist and support workers.
- Spoke with the registered manager and head of care.

Summary of this inspection

- Observed a skills for life group, community meeting and a care programme approach review meeting.
- Looked at 11 care and treatment records of people and 10 prescription cards.
- Looked at a range of policies, procedures and other documents relating to the running of the service including rotas and observation records.

This inspection was unannounced.

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

Action the service MUST take to improve:

- The service must ensure that staff receive an induction to the service, including expectations of their role and how best to support the patients at the service. (Regulation 18 (1) (2))
- The service must ensure that staff receive regular supervision in line with the supervision policy. (Regulation 18 (1) (2))
- The service must ensure that staff are following government guidance in relation to the use of PPE. (Regulation 12 (1) (2) (h))
- The service must ensure there are processes in place to improve the quality and safety of the services provided, including oversight of staff induction and supervision. (Regulation 17 (1) (2) (a) (b))

Action the service SHOULD take to improve:

- The service should ensure that relatives are involved in the service including how to give feedback and provide updates on their family members care and progress, where consent allows.
- The service should ensure patients and relatives know how to give feedback to the service including how to complain.
- The service should ensure that staff are aware of individual patient needs and consider updating the handover record to include specific safeguarding needs of patients.
- The service should ensure patients from different ethnic and cultural backgrounds have care plans which reflect their specific ethnic and cultural needs and preferences.
- The service should ensure the restrictions on access to certain areas of the hospital are regularly reviewed to ensure they are least restrictive.
- The service should consider the introduction of one page profiles, providing staff with the information of how best to support people in a brief accessible document.
- The service should consider enhancing the access to podiatry and chiropody services for the patients at the service.
- The service should consider reviewing their communication with external professionals regarding patient meetings to increase attendance.
- The service should consider reviewing the patient information guide to reflect the current staff team and review the accessibility of the document.

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	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

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

Requires Improvement

We rated safe as requires improvement.

Safe and clean care environments

The service was safe, clean and well equipped. The downstairs lounge however, was not 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.

Staff could observe patients in all parts of the wards. All doors had viewing panels in to ensure observations without disrupting patients.

The ward complied with guidance and there was no mixed sex accommodation. The service was a female only service.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The ligature audit was last completed on 25 February 2021 and included risks within the grounds of the hospital too.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff and visitors had alarms. Patients had call buttons within their rooms.

Maintenance, cleanliness and infection control

Ward areas apart from the downstairs lounge were clean, well maintained, well-furnished and fit for purpose. The downstairs lounge had stained carpet and settees, patients told us they had complained about them, but they had not been replaced. Records showed these maintenance issues had been escalated in June 2021, the replacement flooring had been booked to be installed on 13 and 14 September 2021. Following the inspection photographs confirmed the new flooring had been laid.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The settees in the downstairs lounge had stained arms, these had been moved from the upstairs lounge as the usual furniture was being recovered. Following the inspection photographs confirmed the furniture had been re-covered. The service had plans to deep clean the stained settees.

The internal gardens were overgrown. Following our feedback, the grass had been cut on the second day of inspection. The maintenance operative was escalating this with gardeners that the hospital had a contract with as they should have been regularly cutting the grass.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff did not follow the infection control policy; current guidance was that staff working in healthcare settings should wear a facemask. We observed 12 occasions where staff were not following this guidance; staff had masks under their noses, under their chins, hanging off their ears and one staff member did not have a mask on when CQC entered the lounge area, they then reappeared with a mask on. This meant staff were not doing all they could to stop the spread of infection.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency medicines that staff checked regularly. We reviewed medicines and the emergency bags and found there were sufficient supplies of equipment including oxygen which was in date.

Staff checked, maintained, and cleaned equipment. Records showed that staff should check the fridge temperature of the medicine's fridge in the clinic rooms daily. In June there was one day where staff had not checked the temperature, in July there were eight days, in August there were five days and in September there had been two days where staff had not checked the temperature. This had been added to the organisational action plan in July 2021. We discussed this with the head of care who was aware of the issue and had planned to introduce a different system of recording including moving the records to a more accessible place as staff had had difficulty locating the records.

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.

The service had low and reducing vacancy rates.

The service had fluctuating rates of bank and agency staff. The average usage for the previous 12 months was 3% bank and 19% agency use.

Managers did not limit their use of bank and agency staff. We reviewed the agency staff file and there were 49 agency staff profiles for staff that had worked at the hospital. The registered manager told us they planned to reduce the number of agency staff working in the service to try to provide consistency to the patients and support to the staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Managers did not make sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed the agency staff records and found building induction checklists completed for three out of 49 staff. This meant staff may not be familiar with the service and the building to ensure they kept patients safe and understood their role.

Permanent staff should have had a building induction. Of the five personnel files we reviewed, two had the completed building induction checklist in their records. This meant managers could not be assured that staff were confident and competent in the working environment and were not assured that they understood their role fully. This did not comply with the providers learning development and induction policy dated July 2020 which states, "All new employees will receive orientation to the Group and their workplace and will undertake an Induction. They will be assigned a buddy to support them through the induction period…... The induction must be fully completed and signed off by the line manager to ensure that a successful induction programme has taken place."

The service had reducing turnover rates. The average for the previous 12 months was 37%. The highest turnover month was December 2020 with 45%, this reduced to 32% in August 2021.

Managers supported staff who needed time off for ill health. Records confirmed this and showed that return to work interviews took place and for staff with several absences managers followed the sickness absence policy.

Levels of sickness were low. The average for the previous 12 months was 4%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. There was a staffing matrix in place which showed the numbers of staff required dependent on the numbers of patients in the hospital. Staffing numbers matched the matrix for the days of the inspection.

The ward manager could adjust staffing levels according to the needs of the patients. When acuity increased, managers could authorise additional staffing.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients told us that timings may change, however leave usually took place. We observed patients going out on leave during the inspection.

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

Staff shared key information to keep patients safe when handing over their care to others. Records showed staff handed over information regarding patient's mental health, observations, presentation and risks. However, for one patient who required specific observations as part of their safeguarding plan, this was not included in the handover record. This meant that if staff were new to the service, they would not be aware of this.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There was a full-time consultant psychiatrist at the service and a speciality doctor who worked four days per week. There was an on-call rota for out of hours support and cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Records showed overall compliance at 93% for permanent and bank staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training included responding to emergencies, basic life support, values, dealing with concerns, ligature rescue, Mental Capacity Act, Mental Health Act, infection prevention control, observation and engagement, safeguarding, self-harm and suicide awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training was recorded on their staff electronic record system which showed compliance overall for the service and for specific roles.

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 in order 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.

Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 11 care records. All the records reviewed had up to date Short-Term Assessment of Risk and Treatability risk assessments completed which were reviewed regularly.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risks were documented within the handover documentation. Risk management plans were separate to the risk assessment documentation. These two documents did not always relate to each other.

Staff identified and responded to any changes in risks to, or posed by, patients. Each morning Monday to Friday the full multidisciplinary team including a member of the nursing team met to discuss the patients and plan for the days. Topics included incidents, safeguarding, observations, discharge planning, admission planning and Mental Health Act requirements.

Staff could observe patients in all areas. Rooms had windows and viewing panels on doors to assist with observations.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Patients knew which items were restricted in the service and accepted that staff needed to ensure they were not bringing those items onto the unit. Patients waited in the reception area for this check to take place prior to returning onto the unit. Where concerns were identified, targeted room searches took place and screening tests for patients in relation to drug use. This information was included in the patient information booklet.

Use of restrictive interventions

Levels of restrictive interventions were low. Patients were aware of the restricted items in the service. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Physical intervention was used rarely; within the 12 months prior to the inspection, there were 17 restraints on nine different patients. One of those was a prone (face down) restraint. There was one use of rapid tranquillisation in the service in the 12 months prior to the inspection.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The registered manager attended the restrictive practice meetings and closed cultures meetings, minutes showed the actions that were being implemented within the service.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Patients were not secluded or nursed in long term segregation within the service.

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. All staff completed safeguarding individuals at risk eLearning with 72% compliance. Registered nurses, doctors, managers, occupational therapists and psychologists completed the Safeguarding Adult's level 3 training with 88% compliance.

Staff kept up to date with their safeguarding training. The electronic system showed when staff were due for refresher training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Connections had been made with the safeguarding team to improve the working relationship and information sharing. One patient had a safeguarding plan in place involving safeguarding and the police, regarding how best to keep them safe whilst still promoting their independence.

Staff followed clear procedures to keep children visiting the ward safe. There was a family visitors' room off the ward where children could come to visit their relative in a safe space whilst protecting their confidentiality.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The head of care has the responsibility to oversee safeguarding alerts and notifications. Records showed alerts being made to the local authority. These were also discussed at the morning meetings to ensure the full multidisciplinary team were aware of the concerns and agreed action.

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. Computers were available in all offices to enable staff to access patient records and update them accordingly. Handover records were available to staff. The registered manager told us the psychology team were reviewing the possibility of introducing one page profiles/easy read information about patients and their needs and how best to support them to provide staff with the essential information and improve consistency of support. This would mean that staff would not have to rely on the handover documentation for a brief summary of each patients' needs.

Records were stored securely on the electronic record. If documents were printed, for example allocation records for staff, patient initials were used to protect their confidentiality.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Medicines management

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

We reviewed 10 prescription cards and associated care records regarding medicines management and physical health needs of patients.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Mental health capacity assessments were completed and legal documentation for treatment was present where needed for patients. The service carried out necessary monitoring of patients taking certain medicines to ensure they were safe and effective.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Medicines were reviewed at ward rounds on a monthly basis.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Review of the clinic rooms showed medicines were stored safely and records tallied with stock levels.

Staff followed current national practice to check patients had the correct medicines. Nurses completed physical observations weekly and more often as required. A pharmacist visited every two weeks and records showed their involvement in notes on prescription charts and actions sent to the manager.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The pharmacist provided updates on safety alerts and there were provider medicine management meetings which the consultant attended.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. The speciality doctor and consultant worked closely together to provide professional challenge. Medicines were also discussed in ward rounds and at complex case meetings with peers.

Staff reviewed the effects of each patient's medicine on their physical health according to NICE guidance. Patients had had specific medicines side effect scales completed regularly. A tailored monitoring form was in place for each patient and the findings discussed in individual ward rounds.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Records showed incidents being reported. Incidents were discussed in the morning meetings and also within patients ward rounds.

The service had no never events, serious incidents or deaths in the 12 months prior to the inspection.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff understood the duty of candour. However there had not been any incidents that met the threshold of duty of candour within the service.

Managers debriefed and supported staff after any serious incident. Staff told us the psychology team were very supportive following incidents.

Staff met to discuss the feedback and look at improvements to patient care. Learning from incidents was discussed at the clinical governance meetings which involved the multidisciplinary team and manager and the team meetings which included support staff and nursing staff.

Managers shared learning with their staff about incidents that happened elsewhere. Minutes showed they were discussed at the local clinical governance meetings.

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

Good

We rated effective 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. Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed 11 care records, all had assessments and care plans in place that were personalised, holistic and recovery orientated. However, we noted for patients with different ethnic and cultural backgrounds, there were no care plans in place regarding this to support staff to meet any specific needs they may have.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. All records we reviewed included full physical health examination on admission and ongoing physical health care.

Staff regularly reviewed and updated care plans when patients' needs changed. These were reviewed within ward rounds. Records reviewed were current and regularly reviewed.

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.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff provided a range of care and treatment suitable for the patients in the service. The psychology team offered cognitive behavioural therapy and dialectal behavioural therapy in both group sessions and individual sessions. Topics of groups included anger management, anxiety, emotional regulation and substance misuse. Eye Movement Desensitization and Reprocessing Therapy was also available to patients at the service.

Staff delivered care in line with best practice and national guidance. (from relevant bodies e.g. NICE) There was a service model of care in place with four stages of a patient's admission; stage one assessment and engagement, stage two recovery, stage three consolidation and stage four transition. The occupational therapy department focused on the initial information gathering and assessment of patient's skills using the model of human occupation screening tool and then skills development followed by consolidation and the final stage of discharge. The approach of the multidisciplinary team followed the guidance "Rehabilitation for adults with complex psychosis NICE guideline [NG181]."

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. However, two patients and a staff member told us it had been difficult for them to access podiatry and chiropody services resulting in discomfort for patients. One patient had been waiting for an appointment and the inspection team raised this as a concern following the inspection. The service then ensured the patient had an appointment shortly after.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Records showed a balanced menu of food choices for patients, patients told us, and we observed healthy options were available. Vegetarian options were available at each meal and special diets could be catered for.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The occupational therapy timetable included activities to promote healthier lives such as; shop and cook, a walking group, life skills and exercise. We observed the walking group taking place and the life skills group which explored sexual health.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Care records showed that medical staff had developed physical health monitoring forms to ensure that specific physical health tests for patients were completed at the required intervals, including blood tests and electrocardiograms. There were good arrangements in place for monitoring high risk medicines, including clozapine and lithium. Psychology staff used outcome measures including the Clinical Outcomes in Routine Evaluation 10 for psychological distress, distress tolerance scales and process of recovery questionnaires.

Staff used technology to support patients. There was an internet suite with access to computers and the internet however most patients accessed the internet via their mobile phones. Relatives and care coordinators joined meetings for patients including ward rounds and care programme approach reviews via remote meeting applications, virtual attendees could be viewed via camera.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Quality reviews took place from an internal team at Cygnet. Audits were completed for global assessment of progress (GAP) compliance, care plan compliance, level of meaningful activity and achieving goals of care plans. Clinical audits completed monthly were health and safety, observation engagement and CCTV and hand hygiene.

Managers used results from audits to make improvements. Minutes showed that therapeutic activity and progress with care plans had increased following a review of the audit findings.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Skilled staff to deliver care

The ward 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 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 a full range of specialists to meet the needs of the patients on the ward. The staff team included a consultant psychiatrist, speciality doctor, occupational therapists, activity coordinators, psychologist and assistant psychologist, nurses, support workers, chef, domestics and administrators.

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. Mandatory training included responding to emergencies, basic life support, values, dealing with concerns, ligature rescue, Mental Capacity Act, Mental Health Act, infection prevention control, observation and engagement, safeguarding, self harm and suicide awareness. Records showed overall compliance at 93% for permanent and bank staff.

Managers did not give each new member of staff a full induction to the service before they started work. Staff told us they had had an induction to the building and the building checklist showed the topics covered as part of the induction including fire safety, call systems, locations of the ligature cutters however, there was no evidence of role specific induction where the role and expectations were explained to staff.

Managers supported staff through regular, constructive appraisals of their work. Records for staff eligible for an appraisal showed 16 out of 20 nursing and support staff had had their appraisal, equating to 80%. Three out of four therapy staff had had their appraisal equating to 75%.

Managers recently supported non-medical staff through regular, constructive clinical supervision of their work. The providers employee supervision policy dated August 2021 stated that staff should have monthly clinical supervision and three monthly managerial supervision. Staff accessed monthly reflective practice for their clinical supervision. We reviewed five personnel files. Only one of the staff whose file we reviewed had received managerial supervision on average every three months. This meant staff were not receiving supervision in line with the providers policy. An audit completed by the registered manager also showed that staff had not been receiving supervision in line with the providers policy. However, since they had started in post, they ensured all staff had had a management supervision.

Managers supported medical staff through regular, constructive clinical supervision of their work. The consultant psychiatrist attended monthly peer group networks and continuous professional development sessions. They received clinical supervision from a peer and managerial supervision from the hospital manager.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. In the 12 months prior to the inspection there had been six team meetings, the first five had low attendance with a maximum of seven staff attending however, the most recent team meeting in July 2021 had higher attendance with 16 staff present. There was a standard agenda including lessons learnt, policies, procedures and feedback from other meetings.

Managers made sure staff received any specialist training for their role. Staff attended training in supporting autistic people, incident management, observation and engagement, self harm and suicide awareness and safeguarding individuals at risk.

Managers recognised poor performance, could identify the reasons and dealt with these. Records showed managers following the providers policy and procedures in relation to absence. Managers took disciplinary action where staff conduct warranted.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. 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 regular multidisciplinary meetings to discuss patients and improve their care. Daily meetings took place Monday to Friday to discuss patient risk, deterioration, incidents and any action required, minutes showed these meetings were attended by the full multidisciplinary team.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Records shows staff handed over information regarding patient's mental health, observations, presentation and risks including how the patient presented at the previous shift.

The service had effective working relationships with other teams in the organisation. Staff attended meetings with colleagues from other services in the region including the regional operational governance meeting, regional clinical governance meeting and regional safeguarding meeting.

Ward teams had effective working relationships with external teams and organisations. Care coordinators spoke positively of the service, their approachability, responsiveness and the person-centred approach of the service. However, one told us they had been informed about meetings regarding patients at short notice which meant they were not always available to attend. They also told us the sharing of information and reports following the meetings could be improved.

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. Staff compliance with Mental Health Act training was 98%.

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. There was a full time Mental Health Act administrator who had recently joined the service. They attended the patient meetings and were available for staff to approach for advice and guidance in relation to the Mental Health Act.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We saw posters on display advertising the advocacy service, when they visited and how to contact them. We received feedback from the advocate who told us they provided two days of advocacy input per week, one of which was the days for the ward rounds so they could support the patients through the process. They found the service responsive to issues they raised on behalf of patients.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We saw patients taking their leave during the inspection and patients and staff told us they can access their leave.

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The Mental Health Act reviewer during their visit, examined the Mental Health Act detention documentation for five patients and the medicine folders for five patients. They found them all to be in order.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. A Mental Health Act reviewer visit took place on 2 August 2021. The Mental Health Act reviewer was satisfied that the service applied the Mental Health Act correctly.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff compliance with Mental Capacity training was 96%.

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

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Information was available for staff and there was a Mental Health Act administrator full time at the service who could provide support and information to staff regarding 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. A local mental health charity provided the independent mental health advocacy service and staff knew how to refer patients to this service.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Records showed that capacity was routinely assessed as part of the ward rounds.

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. Prior to the inspection, during engagement we were given examples of best interest decisions in relation to visiting arrangements for a patient who was contacting people online and staff had concerns regarding their vulnerability should one of the people visit the service. Staff had ensured there was an Independent Mental Capacity Advocate involved. Another patient had a capacity assessment and best interest decision in relation to diabetes and high sugar food intake.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

Good

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. We saw staff guiding patients to a private area if they wanted to discuss confidential topics.

Staff gave patients help, emotional support and advice when they needed it. We observed staff supporting patients with their delivery of online clothes shopping and shared in the enjoyment with the patient.

Staff supported patients to understand and manage their own care treatment or condition. Within the care programme approach review that we observed, discussions took place with the patient regarding their current presentation and what may improve their mental health whilst staff listened to and validated the patient's views.

Staff directed patients to other services and supported them to access those services if they needed help. Patients told us and records confirmed that staff had supported patients to access other services including physical health services.

Patients said staff treated them well and behaved kindly. Patients told us staff were respectful, friendly and approachable.

Staff understood and respected the individual needs of each patient. Staff could tell us the needs of patients, and the progress that they had made. Handover records included mental health, observations, presentation, medicines, risks and physical health.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us they felt they could raise concerns and the registered manager had been promoting a positive culture with that aim that staff were able to have those difficult conversations with colleagues for the benefit of patients.

Staff followed policy to keep patient information confidential. Confidential discussions regarding patients took place in the nurse's office. The boundaries in the workplace document that staff signed at the beginning of their role stated that staff should never discuss patient information in non-private areas.

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.**

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients were given a patient information guide when they arrived at the service to explain the service and their expectations. However, this had not been updated to include the current registered manager and was mainly words which would not be assessible for people with literacy difficulties.

Staff involved patients and gave them access to their care planning and risk assessments. Care plans and risk assessments were reviewed as part of the ward round process. Patients told us they were involved in the process, two patients said they had been given copies of their plans and two did not. Others did not want copies of their care plans.

Staff made sure patients understood their care and treatment. Within the care programme approach meeting we observed, the multidisciplinary team explained to the patient their current care and treatment, explaining the variations in presentation at different times of their illness and explored what improved the situation. Staff explained which part of the model of care and recovery journey the patient was in and this was recorded in care records too. This meant patients could see the progress they were making.

Staff involved patients in decisions about the service, when appropriate. Weekly community meetings took place. We observed a community meeting and saw patients agreeing what to make at the cooking group and sharing ideas for where to go on the out and about group.

Patients co-produced psychology newsletters with the psychology department to raise patient's awareness of topics and interviewed staff to provide an insight into staff's roles and interests. Topics of the newsletters included gender, sexuality and race. All patients were given a copy of the newsletter and we saw a laminated copy in the communal area for people to access. Patients talked positively about the newsletter and being involved in the development of this.

Patients could give feedback on the service and their treatment and staff supported them to do this. The advocate was at the service twice a week and supported people to give feedback about the service and voice their views and opinions within meetings.

Annual patient feedback questionnaires took place. The last survey completed showed positive feedback regarding Cygnet Lodge Salford.

Staff supported patients to make decisions on their care. These discussions took place at care programme review meetings and ward rounds with the full multidisciplinary team. Patients also had one to one sessions with individual members of the multidisciplinary team to explore their recovery and engage in treatment and skill development.

Staff made sure patients could access advocacy services. There was a poster on display in the communal area with contact details for the advocate. The advocate visited the service twice a week. The advocate provided monthly reports to the hospital manager to show the level of support provided to patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We spoke with six relatives. Relatives told us that staff were nice and polite and encouraged their family member to pursue activities. They felt the service was better than other

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

places that their relative had been in. However, four relatives said staff did not update them on their family members progress and relatives did not feel involved in the service. Relatives told us they missed important meetings regarding their family member because they were not told when the meetings were. Two relatives did not know how to complain and give feedback about the service.

Patients told us and records confirmed that relatives did attend meetings for some patients at the service.

Staff helped families to give feedback on the service. A family friends and carers survey was completed in September 2020. However, this was not filtered down to the service and it provided feedback on a variety of Cygnet services.

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

Good

We rated responsive as 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.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. This was discussed at individual ward rounds and patients' length of admission was dependant on how they progressed through the model of care stages.

The service had low out-of-area placements. Of the 24 patients, all were from Greater Manchester, Lancashire and Merseyside except one person who was from the Isle of Man.

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

When patients went on leave there was always a bed available when they returned. Patients and staff told us of gradual introductions for future placements for patients.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. From the service, most patients were discharged to community placements or supported living services. Following inspection, a patient whose mental state had deteriorated was transferred to a psychiatric intensive care unit (PICU) but this was a very rare occurrence.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had a low number of delayed discharges in the past year. Where patients were ready for discharge, the barrier was finding an appropriate move on placement. Patients and staff told us how they had referred to several places and had assessments for services then the service said they didn't think they could meet their needs. Members of the multidisciplinary team liaised with services about how they could support the transition to ensure future services could meet the needs of patients.

Managers monitored the number of delayed discharges. Discharges were discussed at the morning meetings and actions were agreed to assist in the discharge process.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Minutes of the morning meetings showed that visitors were coming into the service to assess patients for possible future placements.

Staff supported patients when they were referred or transferred between services. Staff supported patients for introductions to their future services and during the inspection a staff member had taken a patient for overnight leave for their future placement.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality however patients could not make hot drinks and snacks without staff providing access to the kitchen. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. Patients showed us their rooms that they had personalised and had their personal belongings in there too.

Patients had a secure place to store personal possessions. Each room had lockable storage.

Staff used a full range of rooms and equipment to support treatment and care. Within the service there was a beauty salon where patients could have their hair done, manicures and other beauty treatments. There was an activity room which was well resourced for art and craft activities. There was a downstairs lounge which was mainly used as a through fair for accessing the garden area to smoke. Upstairs there was a quiet room with bean bags, a quiet lounge and an internet room which also had the tuck shop in there which a patient opened several times a week.

The service had quiet areas and a room where patients could meet with visitors in private. There was a quiet room upstairs with bean bags in for patients to relax, however this room was locked and there was no clear reason for this. There was also a quiet lounge upstairs that patients could access. Off the ward in the reception area there was a visitor's room which was used for patients to see relatives and other visitors.

Patients could make phone calls in private. The majority of patients had their own mobile phones and there was a phone in the service for their use too.

The service had an outside space that patients could access easily. There was a large garden for patients to access and this had a gazebo in place for outside visits where restrictions dictated, or patients preferred. There had recently been a festival of fun in the garden which patients spoke positively about. Another outside space off the lounge was used primarily as a smoking area. For patients in the flats there was an internal garden for their use. This was very overgrown with grass on the first day of inspection however, had been cut on the second day of inspection.

There was a kitchen that was used primarily by the occupational therapy department to assist patients with skill development and cooking sessions. However, if patients wanted a drink, they had to use the same kitchen which had to

be supervised and at times would be difficult to access due to its small size and other activities that were taking place in there. During the inspection we could see that work was in progress to make a drinks area off the main communal area to enable patients to make their own drinks and snacks. They were waiting for a suitable door for the room, following the inspection there was photographic evidence that this had been completed.

The service offered a variety of good quality food. We viewed the menus which were varied and offered a balanced diet. Patients told us the food was nice and we observed the meals looked appetising. There were two patients that required Halal diets which were catered for. The chef consulted with patients when developing the menu for the next season and welcomed their feedback.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. This had not happened recently due to the restrictions in place due to COVID19 although staff told us this happened in the past.

Staff helped patients to stay in contact with families and carers. Visitors were welcome to the service, with a dedicated visitor's room inside and a gazebo for outside visiting. Where section 17 leave allowed, patients went out with relatives. Relatives told us that they had regular contact with their family member via the phone.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Expectations were discussed as part of the community meeting. At the community meeting we observed a discussion took place regarding patients not sharing items with each other. Patients were spending time with other patients and some patients were spending time in their rooms. Records showed that staff supported patients where there were safeguarding concerns for example with online communication with people and associated risks.

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. The hospital was accessible with the majority of the service on the ground floor and access to the upstairs via lift. The occupational therapy team had assisted one patient to progress with their mobility and reduce their dependence on a wheelchair.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There was a notice board in the communal area with a variety of resources including activity timetables, advocacy support, psychology newsletters and how to complain. There was a suggestion box however, the bottom was open on it and it wasn't very robust.

The service had information leaflets available in languages spoken by the patients and local community. Information on display was in English, all patients at the service spoke English.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Patients had access to spiritual, religious and cultural support. This could be arranged if patients wanted to access this.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers did not know how to complain or raise concerns. However, they did feel able to approach staff to give feedback.

The service clearly displayed information about how to raise a concern in patient areas. This was on the notice board.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We reviewed complaints records and found there was a low number of complaints; two in the 12 months prior to the inspection. Records showed that the complaints had been investigated and the findings shared.

Managers shared feedback from complaints with staff and learning was used to improve the service. Lessons learnt were discussed at team meetings, clinical governance meetings and regional operational governance meetings.

The service used compliments to learn, celebrate success and improve the quality of care. The service had had 67 compliments in the 12 months prior to the inspection. These were also discussed in the clinical governance meetings.

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

Requires Improvement

We rated well-led as requires improvement.

Leadership

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

The registered manager joined the service in May 2021, they moved from another hospital due to a restructure within Cygnet. The manager had spent time reviewing the service and identified actions to ensure the service was following policies and procedures, areas identified included ensuring staff had had recent supervision and team building activities. Although these actions had been identified they had not been fully implemented. The registered manager had provided opportunities for staff to give feedback on the changes in the service including human resource drop ins, sessions with the freedom to speak up guardian and drop ins with leaders from other parts of the organisation.

The head of care started at the hospital in June 2021 and was developing their role, familiarising themselves with the hospital and taking more of a lead. They prepared the information for the morning meetings, completed the statutory notifications and took the lead in oversight of safeguarding.

The registered manager received a compliment from black and minority ethnic staff via the multicultural network regional lead to say how staff felt valued, respected and as part of the team.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Vision and strategy

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

The providers overarching values were integrity, trust, empower, respect and care.

Now that restrictions were easing in relation to COVID19 staff were keen to support patients to become more involved in the local community.

Patients were encouraged to develop their skills and manage and maintain their own bedroom.

During the recent transition of new management, the senior staff displayed integrity with addressing concerns that had been raised and had started to work through the concerns with the aim of developing a cohesive team.

Culture

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

We spoke with 11 staff during the inspection and had received anonymous whistleblowing's regarding the service prior to the inspection. We reviewed the concerns raised as part of the whistleblowing's and found they were unsubstantiated.

Staff we spoke with acknowledged that the change in management had been a difficult transition. However, staff acknowledged that since the new leadership team there had been some positive changes including staff recognition and transparency of information.

Staff talked about cliques within the team, and not feeling supported by colleagues on occasion. Two staff felt they could not raise concerns with leaders of the service. The registered manager had identified areas of poor practice and started to address these. A rumble room had been introduced for staff to have difficult conversations in private. Human resources and the freedom to speak up guardian held drop ins at the service. A cultural review had been commissioned for the service.

The registered manager was part of the providers open culture working group. The aim of the group is, "To improve current methods and measures for assessing and identifying a poor culture at all levels across Cygnet Health Care in order to promote an open culture where those that work in the organisation feel able, supported and empowered to raise a concern through clear, robust mechanisms without fear of retribution."

A staff survey took place in March 2021 however, there were 61 responses out of 55, it was difficult to know how valid and accurate the findings were. The lowest scoring question was, "The leadership of Cygnet is committed to providing high quality care to our service users" with 72% positive response then, "Considering my duties and responsibilities, I am satisfied with my pay" with 80% positive response. All other responses were over 90% positive responses.

There had been five grievances since February 2021. One had been unsubstantiated, one had been partly substantiated and the other three were ongoing.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Governance

Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level and that performance and risk were not managed well.

Managers had not identified that staff were not following the guidance in relation to infection control and use of PPE.

Although the new registered manager had identified several areas for improvement and had implemented change, improvements were not fully embedded including regular staff supervision and a thorough service induction for staff.

Daily morning meetings took place to review the patients and priorities for the multidisciplinary team in relation to patient progress. Incidents, safeguarding concerns, staffing, statutory notifications and Mental Health Act requirements were discussed at these meetings with clear oversight and actions in place.

Local clinical governance meetings took place monthly with the full multidisciplinary team. The agenda included safety, training and education, effectiveness (clinical effectiveness), experience (Patient and Carer), leadership and lessons learnt.

Members of the multidisciplinary team attended the regional operations meeting, regional clinical and regional safeguarding meetings. This meant information was shared between local services and learning brought back to the service.

Management of risk, issues and performance

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

Staff had access to patient records, daily handovers and information regarding their role on shift as part of allocations.

Priorities were identified for the day at the morning meeting. These were shared with the nursing team as a nurse was present in the meeting.

Although the registered manager told us that they attended the restrictive practice meeting, we requested the last two meeting minutes and they were unable to provide the minutes to the meeting within the timeframe of the inspection activity.

The manager had some oversight of risks in the service. The service had a risk register with two risks; impact of COVID19 and the implementation of policies and procedures, clear actions and progress were recorded in the risk register with improvements made. There was an overarching local action plan in place which collated actions from audits, reviews and feedback about the service. The manager oversaw this and provided updates on progress at the regional meetings they attended. This meant there was a central system for risk oversight in place.

Information management

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

All patients had a global assessment of progress (GAP) in place. These were monitored at the clinical governance meetings.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff training compliance was reviewed at the clinical governance meetings and regional operational meetings.

Clinical governance feedback for the service was presented to the regional clinical meeting.

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.

The registered manager attended the co-production steering group with representatives from other Cygnet services and self-advocates. A self-advocate chaired the meeting.

Care coordinators were invited to the ward rounds and reviews for patients, discussions took place from early in the admission regarding future placements for patients and the service engaged with future placements with the aim of a smooth transition for patients.

The head of care had a meeting planned with the safeguarding lead to discuss safeguarding incidents and raise the safeguarding teams understanding of the service.

Learning, continuous improvement and innovation

The service offered student nurses, occupational therapists and psychologists placements at the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff were not following government guidance in relation to the use of PPE.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Managers had not developed processes to improve the quality and safety of the services provided, including oversight of staff induction and supervision.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff did not receive an induction to the service, including expectations of their role and how best to support the patients at the service. Staff did not receive regular supervision in line with the supervision policy.