# Cygnet Hospital Sheffield

## Quality Report

83 East Bank Road
Sheffield
S2 3PX
Tel: 0114 279 3350
Website: www.cygnethospitals.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

### 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.

## Overall summary

We inspected Cygnet Hospital Sheffield in February 2015 and issued five requirement notices because it was failing to meet regulatory standards within the safe domain. At this re-inspection we reviewed the provider's action plan relating to the five requirement notices.

- At the last inspection in February 2015 we found that the seclusion rooms were not clean and did not allow for patients to be treated with privacy and dignity. The provider was asked to provide an interim solution and add an addendum to their seclusion policy to support this. The provider was also asked to provide a longer term solution to ensure this requirement was being met. At re-inspection we found there had been an addendum added to the seclusion policy for staff to provide strong blankets to patient's in seclusion to support their privacy and dignity. All seclusion rooms were clean. We saw a plan of works agreed to decommission two seclusion rooms and completely refurbish the remaining two rooms. This was due to commence on 22 February 2016.
- At the last inspection in February 2015 we found that incidence of seclusion were not being recorded and stored in line with the Mental Health Act code of practice and hospital policy. We also found that there were blanket restrictions on the child and adolescent mental health wards that were excessive. At re-inspection we found that seclusion paperwork was stored with patient's records and completed in accordance with the Mental Health Act code of practice and hospital policy. We found that blanket

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restrictions on Peak View had been reviewed and many had been removed completely. On Haven restrictions were reviewed on a regular basis depending on clinical risk.

- At the last inspection in February 2015 we found that the blood pressure monitor was broken and there were no checking mechanisms for medical devices on the CAMHS wards. On re-inspection we found that medical equipment was present and in good working order on all wards.
- At the last inspection in February 2015 we found that three fridges used to store medication were unlocked. At re-inspection we found all medication fridges that were storing medication were locked.
- At the last inspection in February 2015 we found that the risk register had not been updated since November 2014 and many of the risks needed urgent review. At re-inspection we found the risk register was reviewed and updated at least monthly at governance meetings.

The inspection team were assured that the CQC action plan resulting from the inspection in February 2015 had been completed.

There had also been an increase in incidents being reported to CQC and anonymous concerns received relating to the child and adolescent mental health wards. We reviewed policy and procedure regarding medicines management, the use of agency staff, mandatory training compliance and restrictions placed on young people not detained under the Mental Health Act.

- Mandatory training compliance was above 75% in all areas. Overall the records showed 88% compliance for staff having completed mandatory training.
- The service provided safe staffing levels, with the use of contracted agency staff to provide consistency where there were difficulties recruiting into vacancies.

However;

- We completed a review of medicines management and found that hospital policy was not being followed in several areas; leave and discharge medication was not being dispensed in accordance with hospital policy on Haven Ward. There had been a medication error reported on Spencer Ward which had not been written into the patient's notes and a cupboard storing medication had been left unlocked on Spencer Ward.
- The audit process for checking the environment within the seclusion rooms was not being adhered to and issues were not being addressed promptly.
- There were two locked doors on Peak View ward which did not allow informal young people to leave the ward at will. We visited the hospital two weeks after the inspection and found that appropriate capacity assessments and signage informing young people how to ask to leave the ward were in place. This was an interim measure to support the process for non-detained patients until there could be changes made to the environment.

The hospital has recently been acquired by another provider, Cygnet Hospitals NW Limited. It was acknowledged that there have been ongoing issues within the child and adolescent mental health services which have been highlighted by the CQC and NHS England, who are the commissioners of the service. In response to this the provider had commissioned an external independent review of the child and adolescent wards which took place in December 2015. The purpose of the review was to enable a clear and robust understanding of the current clinical practice in order to take immediate action to mitigate concerns, build on good practice and develop a plan for long term sustained improvements. The results of this review will be presented back to the senior team at the hospital on 4th March 2016 together with recommendations for future improvements. Initial feedback had highlighted issues around specialist CAMHS training and the environment. The CQC have asked for a copy of this report once finalised.

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**Services we looked at**
Long stay/rehabilitation mental health wards for working-age adults; Child and adolescent mental health wards;

# Summary of this inspection

## Background to Cygnet Hospital Sheffield

Cygnet Sheffield is an independent hospital situated near the centre of Sheffield.

The hospital provides a wide range of specialist adult mental health services for women in two wards;

- Spencer Ward is a low secure environment with 15 beds
- Shepherd is a locked rehabilitation ward with 13 beds

It also provides child and adolescent mental health services (CAMHS) Tier 4 services to young people aged between 11 and 18. Tier 4 inpatient services deliver specialist care to children and young people who have severe and/or complex mental health needs that cannot be adequately treated and managed safely by community CAMHS. Some of the young people present behaviour that challenges and may present a risk to themselves or others.

- Peak View is a general child and adolescent mental health ward with 15 beds
- Haven ward is a child and adolescent mental health Psychiatric Intensive Care Unit (PICU) with 12 beds

There is a registered manager at this location

The regulated activities provided are:

- Treatment of disease, disorder or injury
- Nursing care
- Diagnostic and screening procedures
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

The provider was inspected by CQC in February 2015. Five requirement notices were issued to the hospital following this inspection linked to the following regulations:

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

We reviewed the providers' action plan which was issued in response to all five requirement notices. The inspection team were assured that the action plane had been implemented.

We also reviewed policy and procedure regarding medicines management, the use of agency staff, mandatory training compliance and restrictions placed on young people not detained under the Mental Health Act.

## Our inspection team

Team leader: Janet Dodsworth Care Quality Commission

The team that inspected the service comprised a CQC inspection manager, two CQC inspectors, a CQC Mental Health Act reviewer and a CQC pharmacist.

## Why we carried out this inspection

We inspected Cygnet Hospital Sheffield in February 2015 and issued five requirement notices because it was failing to meet regulatory standards within the safe domain. The provider did not receive a rating following the inspection in February 2015 and no rating was issued at this re-inspection. The provider produced an action plan to demonstrate how it was now meeting the requirements. This was a focused re-inspection to ensure the action plan had been implemented. There had also been an increase in incidents being reported to CQC and

# Summary of this inspection

anonymous concerns received relating to the child and adolescent mental health wards which also related to the safe domain. Therefore only aspects of the safe domain were re-inspected.

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location and sought information from the commissioners of the child and adolescent mental health wards.

During the inspection visit, the inspection team:

- Visited all four wards at the hospital and looked at the clinic rooms, seclusion rooms and the ward environment.
- Completed a seclusion review.
- Completed a review of medication management.
- Spoke with 17 patients who were using the service.
- Spoke with the hospital director, the medical director, ward managers or acting managers for each of the wards.
- Spoke with 14 other staff members; including doctors, nurses, occupational therapist, education lead, a pharmacist, housekeeper and support workers.
- Received feedback about the service from a commissioner of the CAMHS service.
- Spoke with an independent advocate.
- Looked at 18 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.

## What people who use the service say

We spoke with eight young people on Peak view who spoke positively about the service. They felt involved in decision making and care planning. They listed a range of activities that take place including weekends.

Haven ward is a Psychiatric Intensive Care Unit (PICU) for young people in a more acute phase of their illness. At times young people present behaviour that challenges and may present a risk to themselves or others. We spoke with eight young people on Haven who told us they felt less involved in their care. Whilst they all had care plans, they did not feel involved in developing plans. They reported the ward can be noisy with lots of arguments at times. They reported having limited space to go to when they wanted to avoid an incident or an unsettled time on the ward.

We spoke with a patient on Spencer ward about their seclusion experience. She was offered the use of a blanket when using the toilet facility and had been offered refreshment. The room was warm and there was a clock in place.

# 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?

We did not rate this key question, however we found the following issues that need to improve:

- There was a drug error that was not written into the patients' notes.
- Leave medication was not always being dispensed in accordance with hospital policy.
- The medication storage cupboard on Spencer ward was left open.
- The audit process to support the addendum to the seclusion policy was not being adhered to.
- There were two locked doors on Peak View ward which did not allow informal young people to leave the ward at will. On our return visit two weeks later, we found that appropriate capacity assessments and arrangements were in place to support this process, for none detained patients. This was an interim measure until changes could be made to the environment.

We found the following areas of good practice:

- At the inspection in February 2015 we found that the seclusion rooms were not clean and did not allow for patients to be treated with privacy and dignity. The provider was asked to provide an interim solution and add an addendum to their seclusion policy to support this. The provider was also asked to provide a longer term solution to ensure this requirement was being met. On re-inspection we found there had been an addendum added to the seclusion policy for staff to provide strong blankets to patient's in seclusion to support their privacy and dignity. All seclusion rooms were clean. We saw a plan of works agreed to decommission two seclusion rooms and completely refurbish the remaining two rooms. This was due to commence on 22 February 2016.
- At the inspection in February 2015 we found that incidence of seclusion were not being recorded and stored in line with the Mental Health Act code of practice and hospital policy. We also found that there were blanket restrictions on the child and adolescent mental health wards that were excessive. On re-inspection we found that seclusion paperwork was stored with patient's records and completed in accordance with the Mental Health Act code of practice and hospital policy. We found that blanket restrictions on Peak View and Haven had

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been reviewed and many had been removed completely, some were reviewed on a regular basis depending on clinical risk. The provider had commissioned an independent review of the child and adolescent mental health service which took place in December 2015. The full report will be delivered to the hospital on 4 March 2016.

- At the inspection in February 2015 we found that the blood pressure monitor was broken and there were no checking mechanisms for medical devices on the child and adolescent mental health wards. On re-inspection we found that medical equipment was present and in good working order on all wards.
- At the last inspection in February 2015 we found that three fridges used to store medication were unlocked. At re-inspection we found all medication fridges that were storing medication were locked.
- At the last inspection in February 2015 we found that the risk register had not been updated since November 2014 and many of the risks needed urgent review. At re-inspection we found the risk register was reviewed and updated at least monthly at governance meetings.
- The service provided safe staffing levels, with the use of contracted agency staff to provide consistency where there were difficulties recruiting into vacancies.
- Mandatory training for permanent staff overall was 88%. All agency staff attended the induction process and mandatory training was monitored through their respective agencies for compliance.

However we found the following issues that need to improve:

- There was a drug error that was not written into the patients' notes.
- Leave medication was not always being dispensed in accordance with hospital policy.
- The medication storage cupboard on Spencer ward was left open.
- The audit process to support the addendum to the seclusion policy was not being adhered to.
- There were two locked doors on Peak View ward which did not allow informal young people to leave the ward at will. On our return visit two weeks later, we found that appropriate capacity assessments and arrangements were in place to support this process, for none detained patients. This was an interim measure until changes could be made to the environment.

# 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.

We did not complete a Mental Health Act review; however we noted that the provider had not made adjustments to its policies, procedures to reflect the changes to the Mental Health Act code of practice which came into place in April 2015.

# Long stay/rehabilitation mental health wards for working age adults

## Safe

### Are long stay/rehabilitation mental health wards for working-age adults safe?

**Safe and clean environment**

Our inspection in February 2015 highlighted issues with regard to privacy and dignity due to toilet and washing facilities being located within the seclusion rooms in full view of staff observing. The provider had agreed an addendum to the seclusion policy. The purpose of this was to ensure consistency and best practice whilst patients were using the toilet and washing facilities, to reduce the impact in the short term. Longer term, the hospital was looking for a more permanent solution by making adjustments to the environment. Some of the seclusion rooms had been found to be dirty.

During this inspection we found:

All seclusion rooms were clean and ready for use. When we arrived there were no clocks in two of the rooms and only two of the rooms had strong blankets readily available in accordance with the addendum to the seclusion policy. We were told the clocks had been broken and the blankets were away being cleaned. We viewed all four seclusion rooms at the end of the day and all rooms had a working clock and strong blankets were available for use with clear signage that these were available.

Seclusion room wall and floor coverings in two of the suites had small areas needing attention. A seclusion room environmental checklist had been developed as part of the CQC report action plan. This demonstrated a collaborative approach between maintenance staff and ward staff to maintain standards. There was a weekly environment checklist for site staff and a checklist for ward staff to complete after the seclusion rooms had been used. We viewed a checklist and found these were not always being completed by staff as required. This meant the areas requiring attention had not been actioned. These were minor issues and we were told these issues were due to be corrected during the refurbishment in December 2015. Unfortunately, the refurbishment had been delayed due to contractual issues. We were shown details of work which was due to commence on 22 February 2016.

Our inspection in February 2015 highlighted issues with regard to broken medical equipment and emergency equipment not being present and ready for use within clinical rooms. The British National Formulary (BNF) on Shepherd ward was also out of date.

During this inspection we found:

Clinic rooms were tidy and contained necessary emergency equipment in grab bags which was checked on a regular basis and an audit log completed. We were also shown a cupboard where extra medical equipment was stored in case of breakages.

Staff monitored clinic room and fridge temperatures on a daily basis and these were within the required range. All fridges used for storing medication were locked securely. Each ward had an up to date BNF available for staff to refer to.

However:

On Spencer ward the emergency drugs box had been opened and was not complete. We were told this was being topped up by pharmacy due to drugs being out of date. Pharmacy confirmed this to be the case and when we returned two weeks later the emergency drugs box was fully stocked and labelled. We saw how this formed part of the audit process but had not been noted as the box had been complete at the time of the last audit.

**Safe staffing**

We had received information about concerns that there was excessive use of ad-hoc agency staff that did not know the child and adolescent mental health wards well.

During this inspection we found:

The minimum nursing staffing establishments on all wards were;

- Haven day shift 1 registered nurse, 1 team Leader, 2 support workers
- Haven night shift 1 registered nurse, 3 support workers
- Peak View day shift 1 registered nurse, 1 team Leader, 1 support worker
- Peak View night shift 1 registered nurse, 3 support workers

- Shepherd day shift 1 registered nurse, 3 support workers
- Shepherd night shift 1 registered nurse, 3 support workers
- Spencer day shift 1 registered nurse, 1 team leader, 3 support workers
- Spencer night shift 1 registered nurse, 3 support workers

The provider had a staffing matrix which shows the number and skills mix of staff required per shift on each ward. This varies depending on bed occupancy, clinical risk and the number of one to one observations. We viewed data covering a one month period and this showed the minimum levels had been adhered to at all times and how staffing level had been adjusted to accommodate the clinical need according to the staffing matrix.

Contracted agency staff had been recruited to provide consistency where there were difficulties recruiting into vacancies. We asked the provider to supply us with information with regard to agency use for the period October to December 2015 across the hospital. There are eight qualified nurses who were employed through an agency on long term contracts. Four have worked at the hospital over one year, two have worked there a year and another two have recently started and have worked with there for three months. All of the contracted qualified nurses did a minimum of three and maximum of five shifts per week, therefore are regular staff and act as key workers for young people on the ward. There are 10 health care support workers who have temporary contracts through an agency. Most of these staff had worked at the hospital between 3-6 months.

Our inspection in February 2015 had highlighted a low compliance with regard to mandatory training. Other information received suggested that staff on the child and adolescent mental health wards were not trained specifically to care for this patient group.

During this inspection we found:

Mandatory training data showed that overall compliance with mandatory training for permanent staff was 88%. All contracted agency staff also undertake induction training and other training was provided and monitored by the hospital through their respective agencies.

On the child and adolescent mental health wards, there is a requirement for staff to undertake a training module specific to the patient group. This training takes a half day and involves completing a workbook and a competency assessment, 78% of relevant staff had completed the training module. Topics covered include: working with child and adolescents in mental health services, family development, staff behavioural skills, risk management and inpatient pathways. It was acknowledged that this training is very basic and a recommended training package had been proposed to Alpha Hospitals by the training manager at the Sheffield hospital. We saw evidence that this had been proposed and followed up through minutes of the governance meeting however this had not been agreed and taken forward by Alpha hospitals.

The provider commissioned an independent review of the child and adolescent mental health service which took place in December 2015. At the time of this inspection, the provider had only received limited verbal feedback. The full report will be delivered on 4th March 2016 and it is it is proposed a more thorough training package will be developed to increase staff skills in this area of expertise.

**Assessing and managing risk to patients and staff**

Our previous inspection in February 2015 highlighted issues with regard to the completion of paperwork during incidents of seclusion.

During this inspection we reviewed three seclusion booklets, two on Haven ward and one on Spencer ward. Seclusion booklets recorded the seclusion event from start to finish. We found these were completed in line with the requirements of the Mental Health Act code of practice and hospital policy.

We reviewed medicines management issues from the previous inspection in February 2015. Where controlled drugs were in use, records were signed by two qualified nurses in accordance with hospital policy. We viewed records for a patient on high dose anti-psychotic medication and found this was being monitored and recorded correctly.

However:

On Spencer ward the drugs cupboard which is located in the clinic room was found to be unlocked. Whilst the clinic room was kept locked, drugs were accessible to staff entering the room and medication was therefore not stored securely on this ward.

We reviewed procedures for the dispensing of leave medication and discharge medication. We found

procedures were followed on all wards with the exception of Haven ward where staff were using a secondary dispensing process for leave medication on a regular basis. This was where medication for leave is made up by hospital staff. Whilst this was allowed within the hospital medication policy, the policy does state this should only be used in exceptional circumstances only where the pharmacy is not able to provide medication in prepared boxes. The policy states that two nurses could dispense together using the pharmacy dispensing resources pack, a doctor or authorised prescriber must check the medicines before issue to the patient. We did not see any evidence that prepared medication is checked by the doctor. As part of the inspection, we returned to the hospital two weeks later and we were informed of changes that had been made. The pharmacy had agreed they will produce leave medication within 24 hours. This meant staff on Haven ward would order leave medication routinely from pharmacy to reduce the risk of errors and to comply with hospital policy. We saw how staff had used the emergency procedures and used secondary dispensing but this had been checked and signed by the doctor.

Our inspection in February 2015 highlighted a number of blanket restrictions on Peak View ward which included: bedroom doors and communal toilets were locked, plastic cutlery and crockery was in use, restricted access to snacks and drinks and two locked doors on entry to the ward.

During this inspection we found:

Restrictions that had previously been in place on Peak View which included: bedroom doors and communal toilets were locked, plastic cutlery and crockery was in use, restricted access to snacks and drinks and two locked doors on entry to the ward. We found they had all been reviewed and were no longer in place. We were told that should there be any changes to the level of clinical risk: any restrictions may be reviewed for the individuals concerned to ensure safety was not compromised.

However:

The two entry doors on Peak View remained locked so the young people who were not detained under the MHA were not able to leave the ward at will. There were no clear notices detailing how young people could leave the ward. We asked a staff member if young people could leave the ward and we were told they would have to be assessed and would either be, accompanied by staff or not allowed to leave based on clinical risk. On Peak view there were four young people who were informal, that is not detained under the MHA.

As part of the inspection process, we returned to the hospital two weeks later and found that the provider had taken steps to improve this requirement. The provider had supported all four young people who were informal patients to understand their rights and sign a contract as an informal patient to remain on the ward. We found that all four young people had been assessed for capacity and were assessed to make decisions about their treatment and their care at appropriate times throughout their time in hospital. We evidenced this through looking a care plans and talking to both the consultant psychiatrist and the ward manager. A draft locked door policy had been written in collaboration with the multi-disciplinary team on the ward. Clear posters were displayed describing how young people could ask to leave the ward, discussions had taken place with all the informal young people to ensure they had a thorough understanding of their right to leave the ward. A key fob access system for informal patients will be considered at the hospital governance meeting for trial throughout February and March 2016.

During the inspection in February 2015 we found that the risk register had not been updated since November 2014 and many of the risks needed urgent review. During this inspection we viewed the risk register and saw how this was a working document which highlighted various risk areas across the hospital. Risks were rated and we saw evidence that they were discussed in monthly governance meetings, reviewed, actioned and updated.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure that the medication policy is fit for purpose and suitable for use within the service level agreement of the supplying pharmacy. Secondary dispensing must only be used in emergency situations when there is no other alternative to provide the patient with required medication.
- Staff must ensure all medication errors are clearly recorded in patients notes as soon as is practicable after the error has occurred.
- The provider must ensure that cupboards storing medication are locked securely when not in use.
- The provider must ensure that young people who are informal are able to leave the ward at any time or have a thorough understanding of how to leave the ward when doors are locked.
- The provider must ensure that the Mental Health Act policy is updated to include the requirements in the revised code of practice 2015.

### Action the provider SHOULD take to improve

- The provider should ensure that there is a system in place to check seclusion rooms are ready for use and fit for purpose at all times.

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<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>The provider was not providing safe care and treatment because policy and procedures about managing medicines were not being followed by nursing staff. These policies and procedures should be in line with current legislation and address: supply and ordering, storage dispensing and preparation, administration, disposal and recording.<br>This was in breach of regulation 12 (2) (g) |

| Regulated activity | Regulation |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br>Informal young people were not able to leave the ward at will.<br>This was in breach of regulation 13 (4) (b) (5) |

| Regulated activity | Regulation |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>The provider had not made adjustments to its policies, procedures to reflect the changes to the Mental Health Act code of practice which came into place in April 2015.<br>This was in breach of regulation 17 (2) (a) |