

Cygnnet Clifton Limited

Cygnnet Hospital Clifton

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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Cygnets Hospital Clifton is a specialist low secure mental health and rehabilitation service for men with a personality disorder.

Cygnets Hospital Clifton was placed into special measures by the CQC Chief Inspector of Hospitals in May 2020. This followed findings of significant concerns about the safety and leadership of the service. Since then the CQC has continued to monitor the service closely and has found some improvement. We have judged that enough improvement has been made to remove the provider from special measures.

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

- Although we found the service largely performed well, it did not meet legal requirements relating to good governance and staff support, meaning we could not give it a rating higher than requires improvement.
- The provider did not support newly qualified nurses through their preceptorship in line with their own policy. Preceptors did not have the required post qualification experience and preceptorship nurses did not receive regular supervision as stipulated.
- The provider did not ensure all nursing staff received regular, constructive clinical supervision of their work.
- Managers had not ensured preceptors had the skills and experience to manage preceptorship nurses effectively. Managers had not ensured these nurses had two years post qualifying experience, had a mentoring qualification or received robust supervision and specialist support from more experienced staff in order to undertake this task. When raised with them, managers did not ensure the whole group of preceptorship nurses received the support stipulated in the provider's policy.
- Staffing levels were not always at the level stipulated by the provider on both wards.
- Patient risk was not always accurately handed between shifts. Staff had not completed risk assessment training consistently.
- Staff did not always feel supported and valued by hospital managers. Managers had not ensured there were regular and effective team meetings for nursing staff. Staff were not always offered a debrief after incidents. There was no system for reviewing minor incidents and giving feedback to staff where appropriate. Learning from incidents and staff feedback was not applied consistently across the service.

However:

- The service had addressed issues since the last inspection, including increased training for staff, increased staff competence for existing staff and improving patient safety. Staff now followed procedures when delivering care and treatment and protected the privacy and dignity of patients. They had ensured staff kept information confidential and maintained accurate records of patient care and treatment, including preparing advanced statements with patients, completing security checks and checking emergency equipment on the wards.
- The service provided safe care. The ward environments were safe and clean. The wards generally 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 and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

Summary of findings

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients in care decisions.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- Governance processes ensured that most ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Forensic
inpatient or
secure wards**

Requires Improvement



Summary of findings

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Summary of this inspection

Background to Cygnet Hospital Clifton

The Cygnet Hospital Clifton is a specialist low secure mental health and rehabilitation service for men with a personality disorder. Patients may also present with complex mental health needs and challenging behaviours. All patients were detained under the Mental Health Act 1983. The hospital has two wards, each of which can accommodate up to 12 patients:

Ancaria ward is the assessment and initial treatment ward. Patients on this ward have higher levels of risk and have not been assessed as being appropriate for rehabilitation. However, it offers a defined pathway through to Acorn ward which has a clear focus on rehabilitation.

Cygnet Hospital Clifton is registered with the CQC to provide the following regulated activities:

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

The CQC had previously inspected this service in October 2012, March 2013, October 2013, July 2015, April 2016, November 2016, August 2018 and January 2020. Following the inspection in January 2020, the hospital was placed in special measures. We rated the hospital inadequate overall, with inadequate in the safe and well led domains, requires improvement for the effective and caring domains and good for responsive. We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requirement notices were issued under the following regulations:

- Regulation 12 – Safe care and treatment
- Regulation 17 – Good governance
- Regulation 18 – Staffing

The provider submitted action plans that described how it would make the required improvements and we found that it had addressed the majority of our concerns identified at the previous inspection. The service had ensured most staff had completed sufficient training in key areas to meet the needs of patients, demonstrate staff competence and ensure patients safety. However, only 44% of 25 staff assigned to START risk assessment training had completed it. This figure included the newly recruited staff nurses who were scheduled to undergo the training. Managers told us staff did not risk assess patients until they had completed this training.

The service had ensured staff followed plans, pathways and procedures when delivering care and treatment. They had ensured staff maintained the confidentiality of information of all people using or employed by the service and that staff maintained accurate records of patient care and treatment, including patient observations, and patients' self-administration of medication.

The provider had also completed work in relation to the actions we told them they should take, in relation to the privacy and dignity of patients, preparing advanced statements, completing security checks and checking emergency equipment.

At this inspection the hospital had 19 patients, seven on Ancaria ward and 12 on Acorn ward.

Summary of this inspection

How we carried out this inspection

How we carried out this inspection

Due to the COVID-19 pandemic, we took a small team to inspect both wards at the service. Interviews with carers and some staff were also completed by telephone.

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

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

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients;
- spoke with nine patients and three carers or family members of patients who were using the service;
- spoke with the registered manager and managers for each of the wards;
- spoke with 16 other staff members; including doctors, nurses, support workers, occupational therapist and psychologist;
- spoke with an independent advocate (commissioned by the provider);
- attended and observed one multi-disciplinary care planning meeting;
- looked at 10 care and treatment records of patients;
- carried out a specific check of the medication management on both wards; and
- 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 three carers of patients. Two spoke very positively about the hospital and the quality of the care that their relative received. One family member said they had difficulty getting in touch with the hospital and did not receive updates from them.

We spoke with nine patients. Seven were generally positive about the hospital and said they felt safe and staff supported them well. One commented that staff were good at calming them down and not restraining them when they became agitated. Patients said there were things they were unhappy about and had raised these with the service. These included medication issues, room searches leaving their room in disarray, losing section 17 leave, a lack of television aerials in bedrooms and not getting the outcome they wanted to a complaint. One patient commented that staff were generally good, but there were a few who did not treat other staff well.

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>.

Summary of this inspection

Areas for improvement

Action the service **MUST** take to improve:

We told the service that it must take action to bring services into line with the following legal requirements.

- The service must ensure that all risks are properly handed over and received at handover meetings. (Regulation 12(2)(a)).
- The provider must ensure that preceptorship nurses receive the support they need to complete their preceptorship in line with the provider's policy. (Regulation 18(1) (2)(a)).
- The service must ensure that all staff required to undertake risk assessment training have completed it. (Regulation 18(2)(a)).
- The service must ensure that all staff are consistently offered a debrief after incidents of violence and aggression. (Regulation 18 (2)(a)).
- The service must ensure that patient access to making snacks and hot drinks on Ancaria ward is individually risk assessed and not subject to a blanket restriction. (Regulation 13(1) (4)(b)).
- The provider must ensure they provide consistent clinical supervision to all nursing staff. (Regulation 18(1) (2)(a)).
- The provider must ensure that preceptors are suitably qualified and experienced and are supported to undertake supervision of junior nurses in line with best practice and the provider's policy. (Regulation 17(1)).
- The provider must ensure that learning from incidents and staff feedback is consistently applied across the service. (Regulation 17 (2)(a)).

Action the service **SHOULD** take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that numbers of staff on each shift are as that set down by the provider.
- The service should ensure that regular ward team meetings take place for all nursing staff on both wards.
- The service should ensure that managers implement a system for reviewing minor incidents and giving feedback to staff where appropriate.
- The service should consider how best to demonstrate that all staff are supported and valued by hospital managers.
- The service should ensure that patients always had access to a phone when they needed it.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

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

Safety of the ward layout

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

Staff could observe patients in all parts of the wards. Staff covered different parts of the ward to ensure they had sight of patients and could assess and mitigate any risks. Managers appointed a security lead for each shift and ensure they completed all checks regularly.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Cygnet was using the Manchester ligature risk assessment, but they were aware of its limitations and the importance of not having a false assurance based on the scoring system. There was a corporate review of the tool underway. Staff managed risks by zonal observations, security checks and individual risk assessments, including enhanced observations when indicated.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff always wore alarms on the wards and summoned help when needed.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, generally well furnished and fit for purpose. However, the settees in the communal lounge on Ancaria ward were damaged. Staff told us replacements had been ordered.

Forensic inpatient or secure wards

Staff made sure cleaning records were up-to-date and the premises were clean. Housekeeping staff were in evidence throughout our inspection and the nursing team ensured the wards were clean when housekeepers were not available.

Staff followed infection control policy, including handwashing. Staff wore masks in all areas of the hospital during the inspection and replaced them when moving to a different clinical area. There were numerous hand gel dispensers and staff which staff used consistently.

Seclusion room

The seclusion room on Ancaria ward allowed clear observation and two-way communication. It had an en-suite toilet, a clock outside the room which patients could see and was spacious and safely furnished. There was no seclusion room on Acorn ward.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Rooms were clean, tidy and well ordered.

Staff checked, maintained, and cleaned equipment. Staff ensured that equipment was correctly calibrated. Staff checked emergency equipment regularly in line with the provider's policy.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. However, over the last 6 months, the service had not always been able to cover all shifts. Between 2 November 2020 and 16 May 2021, there were 54 shifts (14%) on Ancaria ward and 47 (12%) shifts on Acorn ward where wards had not been staffed to the recommended levels. Feedback from staff surveys highlighted that 45% of staff did not feel there were enough staff on the wards. Rotas indicated that this was more of a problem at the end of last year and over the last three months understaffing was rare.

The service had low rates of bank and agency support workers. However, rates of agency and bank registered nurses was high, particularly on Ancaria ward. Over a 12-week period, agency and bank staff filled 58% of the nursing shifts on the ward and 77% on the night shift.

The provider block booked agency staff familiar with the service. The use of agency nurses was reducing, as the provider had recruited seven new permanent nurses who had recently qualified and were going through preceptorship.

Managers made sure all bank and agency staff understood the service before starting their shift and had a full induction where necessary.

Forensic inpatient or secure wards

Turnover was 39% over the previous 12 months prior to the inspection and managers reported that it had been as high as 52% in 2020. However, there were clear signs that had reduced in the previous three months and now stood at 23%. Staffing problems were easing with the reducing number of restrictions around travel and access to the site due to COVID-19.

Managers supported staff who needed time off for ill health.

The ward managers could adjust staffing levels according to the needs of the patients, following discussion with the multidisciplinary team and hospital manager.

Patients had regular one to one sessions with their named nurse. Staff told us they rarely cancelled these sessions due to short staffing, and patients confirmed this.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients took leave in line with their current risk status. However, patients raised concerns that they felt doctors did not always reduce their risk status quickly enough meaning they could not access leave for several days.

The service had enough staff on each shift to carry out any physical interventions safely. However, five staff told us there was not always enough staff on the wards to cope with incidents that required several staff to attend and this could leave the ward short of staff. We saw staff offering support for incidents across both wards. Our observations did not indicate that this compromised patient safety. Therapy staff assisted in ward cover and hospital managers attended incidents to bolster staffing numbers at these times.

Staff shared key information to keep patients safe when handing over their care to others, through handovers and the daily meeting.

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.

Managers could call locums when they needed additional medical cover. Managers and medical staff told us this could be accessed quickly and we found no delays in the statutory medical reviews required within one hour of seclusion.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Mandatory compliance stood at 93% overall across the hospital. The provider had managed compliance of face-to-face courses such as basic and intermediate life support and physical interventions training, which had been difficult to maintain during the pandemic. Compliance rates for these courses had now returned to high levels. However, only 44% of 25 staff assigned to START risk assessment training had completed it. This figure included the newly recruited staff nurses who were scheduled to undergo the training. Managers told us staff did not risk assess patients until they had completed this training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Forensic inpatient or secure wards

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers also transferred this information onto rotas to remind staff to complete training when required.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and 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

The multi-disciplinary team completed risk assessments for each patient on admission, using recognised tools, and reviewed this regularly, including after any incident. Risk assessments were thorough, comprehensive and personalised. The risk assessment (HCR 20) used were appropriate and related to the forensic profile of the patient group.

In addition, the service used the START risk assessment to manage day to day risk alongside Cygnet's own Daily Risk Assessment. This was a RAG rated (red, amber, green) risk assessment model in relation to, which was continually reviewed and monitored. Where patients were placed in the red risk area they could be subject to higher levels of observation and reduced independent leave.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff we spoke with knew the patients they supported and were aware of any risks they posed to themselves, others or their environment. Staff were aware of what strategies to use to minimise and manage risks.

Staff communicated current patient risks in handover. However, when we inspected, nurses on both wards did not correctly identify the highest risk patients handed over from the previous shift to the next. Accurate risk information was handed over to the multi-disciplinary team huddle we observed and in the records of handover we reviewed.

Staff identified and responded to any changes in risks to, or posed by, patients. We looked at 10 patient records which all showed staff completed risk assessments on admission and updated them regularly, including after incidents. Staff reviewed all patient risks daily at the morning meeting.

Staff could observe patients in all areas of the wards. Managers allocated staff to observations on corridors to ensure that they minimised risks where they could not easily observe patients.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. However, some patients felt they did this too often and two staff said they would value some additional training in this.

Forensic inpatient or secure wards

Use of restrictive interventions

Levels of restrictive interventions were low and had reduced slightly since the last inspection. The provider reported 13 incidents of restraint in the two months prior to the inspection. All were standing or seated restraints and there were no incidents where staff restrained patients on the floor in a face-up or face-down position.

Staff told us that they only used restraint as a last resort. Patients confirmed this and one stated that staff regularly helped him calm down when he was agitated and had not restrained him or put him in seclusion.

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. Staff completed training in the use of restrictive interventions. COVID-19 had reduced the compliance rates slightly but only the advanced refresher course was under 75%, at 70%.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation.

When staff placed patients in seclusion, they kept clear records and followed best practice guidelines. We reviewed two incidents of seclusion which demonstrated this.

Not all blanket restrictions were appropriate for this service. Staff did not individually risk assess patients on Ancaria ward to determine if they were safe to make hot drinks and snacks for themselves. Patients had to rely on staff to make drinks for them. The service usually audited blanket restrictions six-monthly. However, the provider relaxed the audit schedules for services due to the COVID-19 pandemic. The last audit was completed in July 2020 and another scheduled for July 2021.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff knew how to make a safeguarding referral and who to inform if they had concerns. A social worker and managers supported staff when reporting potential abuse, who ensure they reported to the local authority, CQC and the police when appropriate.

Staff were kept up to date with their safeguarding training. All staff had completed mandatory level three safeguarding 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 understood and took steps to protect patients when needed. Staff completed equality and diversity training

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Managers took part in serious case reviews and made changes based on the outcomes.

Forensic inpatient or secure wards

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.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

Records were stored securely on the provider's electronic recording system. Staff recorded seclusion paperwork and some physical health records on paper records and kept them securely.

Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. There had been 12 minor medication errors since 1 December 2020 which managers had investigated and corrected where possible. The service had a contract with a local pharmacy who visited weekly to audit the clinic room and medicines. There were no open actions or concerns.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Two patients were unhappy about how doctors had prescribed medicines and had raised this with the service. We saw that discussions had taken place with one patient, where doctors had prescribed in compliance with the MHA Code of Practice. In the second instance, the patient had only recently raised the issue, but we saw the service was responding and discussing the issue with the patient.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. All medicine cards were correctly ordered and there were no gaps in administration records.

Staff followed current national practice to check patients had the correct medicines. All records contained a photograph of the patient to reduce the chance of unfamiliar staff giving medication to the wrong patient.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Prescription records confirmed that doctors did not prescribe high dose antipsychotic medication for patients.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance, including blood tests and electrocardiograms for patients where appropriate.

Forensic inpatient or secure wards

Track record on safety

The service had a good track record on safety.

The service reported eight serious incidents in 2020, which was less than at the last inspection. Managers investigated these appropriately in line with the provider's policy.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff raised incidents on the provider's electronic reporting system.

Staff raised concerns and reported incidents and near misses in line with the provider's policy, including serious incidents when appropriate.

Staff understood the duty of candour. They were open and transparent, and identified when things went wrong. We saw three incidents where the service identified shortcomings and apologised to patients.

Managers did not consistently debrief and support staff after serious incidents. Three staff members told us that they did not always receive a debrief after incidents and four staff members said they did not always feel supported by managers.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff gave feedback in reflective practice meetings and supervision where lessons learnt were printed onto the supervision template each month. However, supervision was not delivered consistently.

Staff rarely met to discuss the feedback in team meetings. There were no regular team meetings on either ward. We saw evidence of only one team meeting on each ward in the 12 months prior to the inspection.

There was evidence that staff took action to rectify errors and when things went wrong. However, we were not assured that managers had always applied the lessons learnt from these incidents and staff feedback consistently across the service. Managers had not consistently evidenced where changes had taken place as a result, and there was no feedback given for more minor incidents. Two staff members told us that on occasions lessons had not been learnt and that there had been further incidents and near misses as a result. We also saw an example where feedback had led to change for an individual but had not led to systemic change leaving others vulnerable to the same issue.

Forensic inpatient or secure wards

Are Forensic inpatient or secure wards effective?

Requires Improvement 

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

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. They included specific safety and security arrangements and a positive behavioural support plan where needed.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff involved patients or documented when patients would not engage.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff produced health and wellbeing passports and hospital passports where appropriate with patients and monitored their physical health. Staff took patients to hospital and for appointments when needed.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. These included detailed safeguarding plans, de-escalation techniques, triggers for behaviours, cultural issues and support for patients exploring gender transitioning. All records we looked at contained COVID-19 care plans.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery-orientated. Patients had been involved in moving on plans and advanced statements in relation to managing crisis situations.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Multi-disciplinary team members provided a variety of treatments and therapeutic activities.

Staff delivered care in line with best practice and national guidance. Patient notes and staff referenced NICE guidance where appropriate.

Staff identified patients' physical health needs and recorded them in their care plans. Staff gave patients physical observations appropriately, including daily when needed.

Forensic inpatient or secure wards

Staff made sure patients had access to physical health care, including specialists as required. Staff took patients to appointments and accessed emergency care where appropriate.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. This included treating patients with diabetes and those at risk of choking. Staff ensured care plans and strategies were in place to address these.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. However, the COVID-19 pandemic had affected patients access to the gym.

Staff used technology to support patients effectively.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. For example, occupational therapists used the model of human occupation screening tool and daily living skills observation scale, to record patient progress.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included seclusion and medication audits. Managers used results from audits to rectify faults and make improvements.

Skilled staff to deliver care

Managers did not ensure that preceptorship nurses were supported in line with their policy or ensure consistent clinical supervision to all registered nurses on the wards. The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. These included psychologists, occupational therapists, speech and language therapists and social workers. The pharmacist was also available offsite for advice. However, there was a vacancy for the social work post which the service had recruited to.

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.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work.

Managers did not ensure all nursing staff received regular, constructive clinical supervision of their work. The provider told us that supervision compliance ranged from 59% to 76% throughout 2021. Supervision for registered nurses was inconsistent and largely managerial rather than clinical. None of the five records we looked at documented that staff had received clinical supervision in line with the provider's policy.

Supervision records did not routinely record clinical or personal and professional development discussions. Managers had not recorded any support or guidance for nurses who were supervising preceptorship (newly qualified) nurses.

Forensic inpatient or secure wards

Four of the seven records for support workers did not document that staff had received supervision in line with policy in the last 12 months. In one instance, there was no record of supervision since September 2020.

The provider had not ensured that they had supported nurses through their preceptorship in line with their own policy. The provider had recruited a number of permanent nurses and when we inspected were supporting seven nurses through preceptorship. However, the programme was unstructured and haphazard and did not ensure that the appropriate support was in place for preceptees. Supervisors did not always have a mentoring qualification or the relevant experience to support nurses through this process. Preceptorship nurses did not receive fortnightly supervision, participate in regular continuous professional development and did not always work regularly with their supervisor. Two nurses also took charge of clinical areas within four months of qualifying, described as not best practice within their own policy.

The divisional medical director supported medical staff through regular, constructive clinical supervision of their work.

Managers did not make sure staff attended regular team meetings. We found evidence of only one staff meeting on each ward in the past 12 months. Managers gave information through bulletins, handovers and reflective practice meetings.

Managers told us that they identified any training needs their staff had and gave them opportunities to develop their skills and knowledge. These were identified during managerial supervision, and training initiatives and courses were displayed on notice boards on the wards.

Managers made sure staff received any specialist training for their role. Managers had offered personality disorder training and 90% of staff had completed this.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw managers had raised issues in supervision and had taken disciplinary action where appropriate.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation 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. The multi-disciplinary team met daily to discuss patient risk and behaviour, staffing levels, incidents, leave and any other issues relevant to the ward. We attended one of the morning meetings during the inspection and observed positive communication between staff.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. We attended handover meetings on both wards where staff passed on risks to the next shift. Meetings were brief but thorough. On Ancaria ward, the ward manager remained with the oncoming shift to discuss priorities for the day. However, we saw that risks had not been handed over effectively on another shift, where the nurses in charge did not identify the correct number of high (red) risk patients passed over in handover. Handover records were sometimes generic in nature with a lack of specific and helpful information.

Ward teams had effective working relationships with other teams in the organisation. Nursing staff and therapy teams worked collaboratively and effectively.

Forensic inpatient or secure wards

Ward teams had effective working relationships with external teams and organisations. These included the local authority safeguarding team and clinical commissioning groups.

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. This training was mandatory, and all staff had completed it at the time of our inspection. Staff we spoke with understood the Act and how they would apply it.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The Mental Health Act administrator post was vacant at the time of the inspecting and the provider had recruited to it. Support was available from another hospital in the group and staff knew who to ask for information and support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

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

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. Patients took section 17 leave regularly subject to risk assessment.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff adhered to consent to treatment and capacity requirements consistently.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Forensic inpatient or secure wards

Good practice in applying the Mental Capacity Act

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

Staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. This training was mandatory, and all staff had completed it at the time of our inspection. Staff we spoke with understood the Act and how they would apply it.

There were no deprivations of liberty safeguards applications made in the last 12 months as all patients were detained under the Mental Health Act. Staff knew how to make an application and how to monitor should they need to do so.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff knew how to access. Staff support normally came from the Mental Health Act administrator; however, this post was vacant at the time of the inspecting and the provider had recruited to it. Support was available from another hospital in the group and staff knew who to ask for information and support.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Records demonstrated that this was considered consistently.

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.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Are Forensic inpatient or secure wards caring?

Good 

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. We observed this and patients confirmed it. However, one carer said her son was not happy with the care and support he received from staff.

Forensic inpatient or secure wards

Staff gave patients help, emotional support and advice when they needed it. Patients were generally positive about how staff supported them. However, three patients we spoke with said there were not always enough staff.

Staff supported patients to understand and manage their own care treatment or condition. A recent provider survey supported this. However, two patients raised concerns that the service had not helped them resolve disagreements they had about their care.

Staff directed patients to other services and supported them to access those services if they needed help. Patient records demonstrated staff supported patients to get help.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient.

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

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. Patients could keep copies of their care plans and staff worked with them to produce hospital passports and health and wellbeing passports.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients raised issues and made suggestions through community meetings and the complaints process and received feedback.

Staff supported patients to make advanced decisions on their care and helped them develop crisis plans in case they relapsed.

Staff made sure patients could access advocacy services. Patients and the advocate told us they used advocacy services when they needed to.

Forensic inpatient or secure wards

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. However, one of the three carers we spoke with said they had difficulty in getting information about their son from the service.

Managers have recognised this area required further development and completed an action plan for the social worker to focus on carer involvement. The previous social worker had left the service before completing this work.

Are Forensic inpatient or secure wards responsive?

Good 

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

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. As a result, discharge was rarely delayed for other than clinical reasons.

Bed management

Bed occupancy was 79% at the time of inspection, 100% on Acorn ward and 58% on Ancaria ward. There was a clear referral process and managers had the autonomy to ensure the service did not take inappropriate referrals.

The average length of stay over the 12 months prior to inspection was 18 months.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. However, there were difficulties in placing some patients and some patients had not been moved on as quickly as they wished. The service worked with commissioners to try to resolve this.

The service took referrals from all parts of the UK. Some were outside their area and wanted to return to their home area. The hospital worked with commissioners to try to facilitate this.

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 were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Staff moved patients who were ready for rehabilitation or were approaching discharge to Acorn ward.

Staff did not move or discharge patients at night or very early in the morning. Staff planned discharges carefully and involved patients.

Forensic inpatient or secure wards

Discharge and transfers of care

The service had low numbers of delayed discharges in the past year.

Managers monitored the number of delayed discharges.

Patients moved from Ancaria ward to Acorn ward as their mental health improved and undertook rehabilitation work prior to discharge. Patients' discharges could be delayed due to a lack of appropriate placements. However, discharges were generally only delayed for clinical reasons.

Staff carefully planned patients' discharge and worked with care managers and co-ordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services. This included patients who needed admission to hospital for physical health problems and patients transferring back to Ancaria ward from Acorn ward because their mental health had deteriorated.

The service followed national standards for transfer.

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 and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. All bedrooms had en-suite shower and toilet facilities. Bedrooms had adjustable viewing panels to protect patients' privacy.

Patients had a secure place to store personal possessions.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. There was a gym, woodwork, computer and art rooms available for patients.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private on their mobile phones. If they did not have one, ward staff provided a phone to patients on request. The blanket restrictions audit states that no restrictions apply in relation to patient access to the ward phone. However, there was no landline phone for patients on the ward and one patient told us he had difficulty getting access to a mobile phone on occasions.

The service had an outside space that patients could access easily. There were garden areas which patients accessed under staff supervision.

Forensic inpatient or secure wards

Patients could make their own hot drinks and snacks on Acorn ward and were not dependent on staff. On Ancaria ward, where patient risk was higher, staff made snacks and drinks for patients. We considered this a blanket restriction as it was not based on individual risk assessments.

The service offered a variety of good quality food. Patients told us the food was reasonable or good, but some felt there could be more choice, particularly for vegetarians and vegans.

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. Access with the wider community had been hampered by the COVID-19 pandemic. The service offered a structured timetable of therapy and activities. However, two patients said they got bored there was not enough to do.

Staff helped patients to stay in contact with families and carers. Patients we spoke with and the recent patient survey supported this.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

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.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff ensured all patients understood their legal rights and could access therapy and support. Patients knew how to complain, and staff helped them do so where appropriate.

The service had access to information leaflets in languages spoken by the patients and local community. There was a wide range of information displayed about advocacy, complaints, safeguarding, patient activities and physical and mental health services.

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. However, one patient complained that staff had been unable to get a particular item of food associated with his cultural heritage.

Patients had access to spiritual, religious and cultural support.

Forensic inpatient or secure wards

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 knew how to complain or raise concerns. Patients made complaints and received feedback following investigations. There were 29 complaints since 1 January 2021. We looked at 11 complaints. One had no outcome, one had only just been raised and nine were not upheld. None had been referred to the Ombudsman.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Managers kept to timescales when investigating complaints.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers sometimes shared feedback from complaints with staff. Complaints we looked at were rarely upheld and when they were, these were generally about practical issues such as aerial points in patient bedrooms.

Are Forensic inpatient or secure wards well-led?

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed. Leaders worked in the service and could be approached by patients and staff. Leadership development opportunities were available, including opportunities at support worker level.

Vision and strategy

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

There were limited opportunities for staff to contribute to discussions about the strategy for their service. However, staff could explain how they were working to deliver high quality care within the budgets available.

Forensic inpatient or secure wards

Culture

Staff overall felt respected, supported and valued. The most recent staff survey was positive with 71% of 49 staff saying Cygnet leadership were committed to providing high quality care and 80% that their line manager valued their work. However, four staff, 25% of the staff we spoke with, said there was a lack of visibility, support and validation from hospital managers.

Staff felt able to raise concerns without fear of retribution. However, two staff said they did not raise concerns anymore, as they did not have the confidence anything would change as a result. Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian and did so.

Managers dealt with poor staff performance when needed. Staff worked well together and where there were difficulties managers generally dealt with them appropriately. However, some patients were not happy about the outcome when they raised concerns.

Staff appraisals included conversations about career development and how it could be supported.

Governance

Managers had not ensured that preceptors had the skills and experience to manage preceptorship nurses effectively. Some preceptors had only recently come through their own preceptorship, where they had not received regular fortnightly supervision and participated in continuous professional development as specified in the provider's policy. Managers had not ensured these nurses had two years post qualifying experience, had a mentoring qualification or received robust supervision and specialist support from more experienced staff in order to undertake this task. Managers did not have systems in place to gauge their performance and identify that preceptorship nurses were not receiving the support they required in line with policy.

The lack of supervision of preceptorship nurses was raised with managers and while managers made some improvements, they did not ensure they applied this consistently to all preceptorship nurses and ensure they received supervision in line with policy.

Training and supervision of preceptorship nurses was not well managed and team meetings were still not taking place regularly and consistently on either ward. However, our findings from the other key questions demonstrated that most governance processes operated effectively at ward level and that performance and risk were managed well.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required through the ward manager. The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Where cost improvements were taking place, managers did not compromise patient care.

Forensic inpatient or secure wards

Information management

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

Access to equipment and information technology, including the telephone and patient record systems, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins and newsletters.

Patients had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service was working to improve the involvement of carers.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

Learning, continuous improvement and innovation

The hospital was part of the Quality Network for Forensic Mental Health Services and was involved in a National Research project for treating service users with borderline personality disorder with clozapine. Wards participated in accreditation schemes relevant to the service and learned from them.

Staff had opportunities to participate in research.

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

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

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment