Cygnet Learning Disabilities Limited

Cygnet Hospital Colchester

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Cygnet Hospital Colchester was placed into special measures by the CQC Chief Inspector of Hospitals in May 2019. This followed findings of significant concerns about the safety and leadership of the service. Since then the CQC has continued to monitor the service closely 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 good because:

The service provided safe care. The ward environments were safe and clean. During this inspection, we found the provider had made improvements since our inspections in 2019 and 2020. Staff were now following the provider's infection prevention control policy and disposed of clinical waste appropriately and managers had ensured processes of monitoring and learning from restraint incidents had improved. Managers held de-briefs with staff to ensure learning had been identified after incidents of restraint. Managers also ensured improvements had been made to ligature risk assessments which were comprehensive with timeframes for actions to be completed and staff ensured alarms were regularly checked, there were enough of them and they were repaired if necessary.

The wards had enough nurses and doctors. Staff assessed and managed risk well. Patients were involved in managing their own risks whenever possible. Improvements were made since our inspection in 2019 where staff now completed daily risk assessments of patients and risk assessments of patients prior to going out of the hospital. Patients, where possible, were involved in developing their positive behavioural support plans.

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 met patients' physical and sensory needs. Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

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. This had improved following our inspection in 2019 where staff did not receive regular supervision for their work. 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. Patients had their communication needs met and information was shared in a way that could be understood. Staff involved patients and families and carers in care decisions.

The service managed beds well. At the time of the inspection beds were available. Although there were some delays to patients being discharged, staff worked actively with commissioners and allocated staff to improve timeliness of discharges. Advocates would assist patients with their discharge, where necessary.

Summary of findings

Staff supported patients through recognised models of care and treatment for people with a learning disability or autistic people. Patients were supported to be independent and had control over their own lives. Their human rights were upheld, and they made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals and ensured their care, treatment and support plans, reflected their sensory, cognitive and functioning needs. Care focused on people's quality of life and followed best practice.

The service was well led, leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment. The provider had made significant changes to their senior management team and had ensured staff were now in roles to enhance improvements to systems and processes at the service. Managers had made improvements to their processes in ensuring duty of candour was followed.

We found that the provider had made improvements to their recruitment, selection and appointment of staff policy. Since our last inspection in 2020, staff files were now in line with the provider's policy when recruiting, selecting and appointing all new staff.

Staff said the changes in leadership and management were positive and had improved their experience of working at the service. Staff were keen to talk to us about the improvements they had made to the service and were passionate and enthusiastic in demonstrating this.

However:

Although some work had been completed on diversity and ethnicity at a local level, the provider had further work to do in ensuring their action plan for the Workforce Race Equality Standard was fully embedded.

Although infection prevention control guidelines were followed and the service was clean, staff on Highwoods ward, had not always recorded that they had cleaned high touch areas every three hours in line with the provider's Covid-19 Healthcare Cleaning Manual and Schedule policy.

Staff on Oak and Larch Court did not always clearly document in people's records when their next yearly physical health checks were due to ensure that appointments were not missed or delayed. The provider acknowledged this during our inspection had had plans to make immediate improvements.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	Our rating of this service improved. We rated it as good because: • Please see overall summary.
Long stay or rehabilitation mental health wards for working age adults	Good 	Our rating of this service improved. We rated it as good because: • Please see overall summary.
Wards for people with learning disabilities or autism	Good 	Our rating of this service improved. We rated it as good because: • Please see overall summary.

Summary of findings

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Summary of this inspection

Background to Cygnet Hospital Colchester

The location Cygnet Hospital Colchester is a 54-bed hospital for men aged 18 years and above based in Colchester, Essex. The provider is Cygnet Learning Disabilities Ltd. There are three core services:

Acute wards for adults of working age

- Highwoods ward has 19 beds and is an acute in-patient service.

Long stay rehabilitation mental health wards for working age adults.

- Ramsey ward has 21 beds and is a high dependency inpatient rehabilitation service.

Wards for people with a learning disability or autism

- Oak court has 10 beds for patients with a learning disability, associated complex needs and behaviours that challenge. Four beds are for patients in short term crisis or those who no longer require acute care but remain on an acute ward. Five beds are for patients with high dependency needs and supports assessment, treatment and rehabilitation. There is a one bed apartment to provide a more independent living environment.
- Larch court has four beds and provides intensive support for patients with autism, learning disabilities and complex needs.

Clinical teams give multidisciplinary input to all wards including nursing, occupational therapy, psychology, psychiatry and vocational training. The hospital has an off-site activity centre (Joy Clare) although this was not open at the time of our inspection due to Covid-19 restrictions. This location is registered with the Care Quality Commission to provide the following regulated activities:

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

At the time of the inspection the location had an interim manager in post and were attempting to recruit into the position of a permanent registered manager.

The Care Quality Commission carried out a focused inspection on Flower Adams 1 and 2 wards at this location on 9, 15 April and 2 May 2019. The service was placed in special measures and breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance
- Regulation 10 Dignity and respect

The Care Quality Commission placed urgent conditions on the location's registration and also issued a warning notice and requirement notices. The Care Quality Commission placed the location in special measures on 20 May 2019. The provider sent the Care Quality Commission their action plans outlining how they would address the breaches of regulations. They closed Flower Adams wards and the Care Quality Commission removed the conditions.

Summary of this inspection

At the last rated comprehensive inspection on the 12, 13, 14 and 20 November 2019, we found the provider had taken actions to make improvements, but we identified breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for:

- Regulation 9 Person centred care
- Regulation 12 Safe care and treatment
- Regulation 17 Good governance

The provider sent the Care Quality Commission their action plans outlining how they would address the breaches of regulations. Additionally, we identified a breach of Regulation 13 safeguarding service users from abuse and improper treatment and issued a section 29 warning notice to the provider.

The Care Quality Commission carried out a focused inspection at this location on 10 and 11 March 2020 to check on the provider's action regarding a section 29 warning notice regarding a breach of Regulation 13 safeguarding service users from abuse and improper treatment. The provider had taken action to address the warning notice. However, breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for:

- Regulation 17 Good governance
- Regulation 18 Staffing

The Care Quality Commission carried out a focused inspection on all wards at this location on 19 and 26 August, 2,3,8,9, September 2020. The Care Quality Commission placed urgent conditions on the location's registration and also requirement notices. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance

The provider sent the Care Quality Commission their action plans outlining how they would address the breaches of regulations. The Care Quality Commission held regular engagement meetings with the provider to monitor the service and its improvement. Some conditions were removed, and others varied in November 2020. The provider no longer has any conditions placed on their registration. A new registration certificate was issued on 6 April 2021 and the service remained in special measures.

The provider submitted action plans that described how it would make the required improvements and we found that it had addressed the concerns identified at the previous inspections.

This inspection was a focused inspection looking at all key lines of enquiries with the aim to re-rate the service. Significant improvements were identified across all areas.

What people who use the service say

We spoke with eleven carers or relatives of patients. The majority spoke positively about the hospital and the quality of the care that their relative received. Most of the carers and relatives felt they were kept informed of and involved in the care received to their relative. The majority of relatives and carers felt that the needs of their relatives were being met with the few exceptions where two relatives felt this could improve and had complained to the provider. The majority of relatives were aware of how to complain and examples were given where complaints had been made. Relatives and carers wanted the opportunity to be able to provide formal feedback to the provider. This was facilitated after our inspection in June 2021, where the provider requested relatives and carers to complete a survey.

Summary of this inspection

We spoke with ten patients. Eight were positive about the hospital and said they felt safe and staff supported them well. Patients said there were things they were unhappy about and had raised these with the service. These included improving access to section 17 leave, improving and co-producing psychology groups and discharge. Patients said they spoke with advocacy staff if they needed to.

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited all wards at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients
- spoke with ten patients and eleven carers or family members of patients who were using the service. Interviews with patients and carers were completed by telephone.
- spoke with the registered manager and managers for each of the wards;
- spoke with 31 other staff members; including doctors, nurses, support workers, occupational therapist and psychologist;
- attended and observed one de-brief incident following an incident;
- attended and observed the situation report meeting;
- attended and observed the patient council meeting;
- looked at 21 care and treatment records of patients:
- looked at 11 staff human resource files and 20 agency staff profile records to check on the quality of recruitment and interview processes;
- carried out a specific check of the medication management on all wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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.

Outstanding practice

We found the following outstanding practice:

The provider had significantly improved its processes of monitoring and learning from restraint incidents. This was an area of improvement identified at our inspection in 2019. Managers completed a monthly observation and engagement and CCTV audit where they monitored and evaluated the use of restraint in line with statutory and national guidance and Cygnet policy. The audit provided assurance for the justification of the use of the management of actual or potential aggression interventions (MAPA). The provider specifically focused on whether the techniques used by staff had been correctly recorded and described on the incident form. It also considered whether the MAPA interventions

Summary of this inspection

were proportionate to the risk posed, the patients were treated with respect, care and dignity, and lessons learnt were identified and actioned. The provider had reviewed 93% of incidents leading to restraint between 01 January 2021 and 01 June 2021. Managers reviewed 106 incidents out of 114 incidents where restraint was used. Where good practice was identified, this was also shared with staff to promote a positive culture.

Managers ensured staff had de-briefs where they could review CCTV of an incident that occurred so improvements could be made. We reviewed the providers audit documentation and found that de-briefs were held for incidents where improvements to practice were identified. We also attended and observed a de-brief following an incident where staff viewed CCTV footage of an incident and reflected and demonstrated learning and areas where they could improve their practice when managing an incident of restraint.

Areas for improvement

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 provider should continue to work towards ensuring their action plan for the Workforce Race Equality Standard, ensuring it is specific, measurable, attainable, relevant, and time-based.
- The provider should ensure staff complete three hourly high touch cleaning in line with the provider's Covid-19 Healthcare Cleaning Manual and Schedule policy.
- The provider should ensure patient records clearly state when peoples' next physical health checks are due to ensure appointments are not delayed beyond 12 months.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Acute wards for adults of working age and psychiatric intensive care units

Good

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

Are Acute wards for adults of working age and psychiatric intensive care units safe?

Good

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

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. Highwoods ward had a CCTV camera system in place to ensure blind spots could be observed and CCTV footage could be reviewed after an incident if necessary. Managers allocated staff to observations on corridors to ensure that they minimised risks where they could not easily observe patients.

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. The ward had reviewed and updated actions on their ligature risk assessment in March 2021. Staff used ligature heat maps that identified risk areas with a symbol and code so that staff knew what the ligature risk was. Staff kept a copy of the ligature heat map in the nursing office to refer to when necessary and for new staff to familiarise themselves with ligature points. Staff were aware of ligature risks when we spoke with them. Improvements had been made following our inspection in 2019, where we told the provider to improve ligature risk assessments, to ensure were comprehensive with timeframes for actions to be completed. Managers had ensured this had happened.

Staff had easy access to alarms and patients had easy access to nurse call systems. This was an area we told the provider to address at our inspection in 2019. We found improvements had been made where staff regularly checked the alarms to ensure there were enough of them, they were working correctly and rectified any issues if they were not.

Maintenance, cleanliness and infection control

Acute wards for adults of working age and psychiatric intensive care units

Good

Ward areas were clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were usually up-to-date and the premises were clean. Some records showed gaps in the frequency of cleaning high touch areas which, according to the provider's guidelines, should have been every three hours. We reviewed cleaning records on Highwoods ward for June 2021 and found three occasions where high touch areas were recorded as being cleaned twice every four hours and once as four and a half hours.

Following our inspection in August 2020, we found the provider did not ensure they followed their Covid-19 policy and infection prevention and control guidelines set out by the government and did not dispose of clinical waste appropriately. We told the provider they must address this. During this inspection, we found the provider had made improvements. Staff were now following the provider's infection control policy and disposed of clinical waste appropriately. 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 which staff used consistently. Highwoods ward staff followed infection control procedures due to a patient testing positive for covid-19 and ensured the patient isolated according to national guidance until they tested negative.

Staff achieved a 100% compliance for their monthly handwashing audit between March 2021 and June 2021.

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.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had a staffing co-ordinator who liaised with bank staff and local agencies to ensure the hospital was staffed with safe staffing levels.

The service had reducing vacancy rates and were actively recruiting into vacant posts. Staff were due to commence employment within the next month.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service had low and reducing rates of bank and agency nurses. Between March and May 2021, bank nurses were used for up to one per cent of all shifts. For the same time period between two and nine per cent of staff were agency. By June 2021, the use of agency nurses had reduced to two per cent overall.

The service had low rates of bank and agency nursing assistants. Between March and May 2021, bank nursing assistants were used for up to 15% of all shifts. For the same time period between four and 11% of staff were agency nursing assistants. By June 2021, the use of agency nursing assistants had reduced to two percent overall.

Acute wards for adults of working age and psychiatric intensive care units

Good

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We found completed induction forms for new staff in staff folders.

The service had reducing turnover rates. The provider had an overall turnover rate of 16% between January 2021 and March 2021 reducing to 8 percent between April 2021 and June 2021 with a reducing rate to 2 percent in June 2021.

Managers supported staff who needed time off for ill health.

Levels of sickness were reducing. Staff sickness levels ranged between eight and two percent between March and May 2021 with a reducing rate to two percent by June 2021.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients had previously complained that they were waiting a long time to access their escorted leave due to the time it was taking for risk assessment paperwork to be completed. Managers had changed the content on the forms so that they were easier and quicker for staff to complete. Staff and patients had developed 'group leave' sessions throughout the day to improve access to escorted leave for patients. Staff were currently reviewing this to increase the frequency of these sessions.

Staff audited observation records to ensure staff were completing and recording patient observations in line with the provider's observation policy. However, the provided had not included auditing the number of hours that staff were completing observations on the audit check list. This was identified as an area for improvement at the last inspection as staff were completing observations for more than two hours which was not in line with the provider's policy. This was raised with the provider, who ensured the audit checklist was updated to include auditing the number of hours that staff were conducting observations for. From the records we reviewed, we found staff were completing enhanced observations in accordance with the provider's policy and National Institute for Health and Care Excellence guidelines.

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

Staff shared key information to keep patients safe when handing over their care to others. Staff completed comprehensive handovers and updated staff with relevant information.

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. The ward had an assigned speciality doctor and patients could join a general practitioner surgery if required. The ward had an on-call system in place with a first and second on call rota where doctors were available throughout the day and night.

Managers could call locums when they needed additional medical cover.

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 was at 94% for Highwoods ward. 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.

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

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. The multidisciplinary team were all involved in completing patient risk assessments, so all aspects of care and treatment were considered. All care records for patients had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each patient.

Staff used a recognised risk assessment tool. The service used the short-term assessment of risk and treatability 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 which was continually reviewed and monitored. This was an area identified as requiring improvement at the inspection in 2019 where daily risk assessments were not always completed. The provider had made improvements and staff now completed daily risk assessments of patients.

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 identified and responded to any changes in risks to, or posed by, patients. We looked at six 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 completed risk assessments prior to escorting patients out on leave. At the inspection in 2019, we told the provider to take action to address this and found that staff on Highwoods ward had made improvements by ensuring they completed risk assessments of patients prior to going out of the hospital and completed patient daily risk assessments.

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

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Managers reviewed incidents involving restraints with the patient safety lead to ensure staff were responding in the least restrictive way and in line with Management of Actual or Potential Aggression (MAPA) techniques. The provider had reviewed 93% of incidents leading to restraint between 01 January 2021 and 01st June 2021. Managers reviewed 106 incidents out of 114 incidents where restraint was used. This included 41 incidents of restraint on Highwoods ward.

Staff discussed all restraints in daily situation report meetings and handover meetings.

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.

The provider reported 21 restraint incidents on Highwoods ward between 1st March and 1st of June 2021. All 21 incidents involved 11 service users. No incidents involved prone, face down restraints were reported.

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

Staff followed NICE guidance when using rapid tranquilisation. Staff completed records for monitoring of physical observations following administration of rapid tranquilisation. We found recent records on two occasions in June 2021. Staff monitored respiration rates for patients who declined to have their temperature and blood pressure monitored.

The hospital did not have a seclusion room and there were no episodes of seclusion between 1 March 2021 and 01st June 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.

The provider had a safeguarding lead who monitored safeguarding investigations and supported staff when reporting potential abuse and ensured they reported to the local authority, CQC and the police when appropriate.

The safeguarding lead met with patients following raised safeguarding concerns and liaised with the police and local authority as required. Following investigations, the recommendations and actions were then shared with management and discussed at the hospital's incident review meeting. The safeguarding team kept a spreadsheet for the hospital where safeguarding investigations were tracked and updated with actions and status of the investigation.

Staff received training on how to recognise and report abuse, appropriate for their role. The safeguarding lead provided new staff with face to face safeguarding training at their induction.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff kept up-to-date with their safeguarding training. Staff completed safeguarding e-learning training and achieved 96% compliance with this for safeguarding level two training on Highwoods ward and within the whole hospital staff were 93% compliant for level three safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The safeguarding lead worked with the local authority safeguarding team and the police. The provider had a police liaison officer assigned to the hospital who would come into the service regularly to discuss any on-going safeguarding investigations and meet with patients if necessary. The police liaison officer reported a very positive working relationship between himself and the safeguarding lead.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Each ward had an assigned safeguarding champion who met monthly to discuss safeguarding cases and for supervision. The provider sent out a monthly safeguarding newsletter so that safeguarding information was shared with all staff.

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. Staff used both electronic and paper records and both were complete. They included up-to-date risk assessments, care plans, COVID-19 information, and information on patients' physical health.

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

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored 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 physical health.

Staff followed systems and processes when safely prescribing, administering and recording medicines. The service used paper records for prescribing and administration and an electronic system for care records.

An external clinical pharmacy service was used to provide advice on safe and effective use of medicines, but the visiting pharmacists did not have access to the electronic care records. This meant they could not see medicine care plans or the outcomes of multidisciplinary team (MDT) meetings. However, the provider rectified this during our inspection and ensured pharmacists could access electronic care records and planned training for pharmacists to be able to use the system.

Staff reviewed patient's medicines regularly including those on high dose antipsychotics and provided specific advice to people about their medicines.

Staff followed current national practice/guidance to check people had the correct medicines. Doctors were responsible for medicines reconciliation, which ensures people have an accurate list of their current medicines. The doctors were not able to do this electronically to facilitate this process.

The service did have systems to ensure staff knew about safety alerts and incidents, to make sure that people 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.

Staff regularly reviewed the effects of medications on each person's physical health. People had completed a questionnaire to enable them to record and monitor the side effects experienced from their medicines and whether this was causing distress. Staff used the Glasgow antipsychotic side effect scale to monitor patients side effects.

Staff knew how to report medicines incidents. Investigations were undertaken and appropriate learning had taken place.

Staff completed a medication audit and medication errors were recorded on a medication tracker with any corresponding staff competencies. Themes and trends were monitored, and a report was produced for clinical governance meetings.

Track record on safety

The ward had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Highwoods ward reported 121 incidents between 1 March 2021 and 1st June 2021. Of these incidents, 24 resulted in minor harm and 97 resulted in no harm.

Highwoods ward reported six serious incidents between January 2021 and June 2021. Managers investigated these appropriately in line with the provider's policy.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff knew what incidents to report and how to report them. They followed clear guidelines and could describe the process for reporting incidents. This was an area of action following our inspection in 2019. Managers now ensured staff completed incident forms appropriately

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with the provider's policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff followed a clear process for reporting and investigating incidents. Managers held weekly business meetings and monthly clinical governance meetings, during which they discussed recent incidents. The quality and compliance lead monitored complaints and investigations on a tracker and sent out letters to families. We told the provider to ensure they adhered to duty of candour following our inspection in 2019. Managers had made improvements to their processes in ensuring duty of candour was followed.

Managers debriefed and supported staff after any serious incident. Managers reviewed restraint incidents and provided de-briefs for staff following incidents where learning may have been identified as required. We observed a de-brief following the review of an incident via CCTV where staff were open and positive in ensuring improvements were made.

The provider shared their risk register with staff to inform them of the risks in the hospital.

Managers investigated incidents thoroughly. Staff completing investigations were trained in route cause analysis. Managers ensured investigation reports were quality assured so that the quality of incident investigations were robust. Staff additionally, met every week at the incident review meeting to discuss investigation outcomes and to ensure actions were completed. Staff logged the actions on the overarching learning action plan (OLAP) and agreed what would happen and who would take the action forward. Staff reviewed the evidence relating to the action to ensure that it had been completed. This was an action to be addressed following our inspection in 2019. Managers had now ensured the quality on investigations were being monitored, actions were addressed, and learning was shared with staff following investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was discussed in staff meetings, supervisions, sent by emails, in handover meetings and business meetings.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback.

The provider held an overarching learning and action plan which was reviewed weekly to ensure outcomes and actions were achieved and changes made. Staff provided examples of changes that were made following investigations relating to a member of staff who fell on paving slabs where the area was made safe by being tarmacked and lessons learnt following medication errors.

Staff completed daily safety huddles to talk about issues on the wards and to ensure staff and patients were supported and safe.

Acute wards for adults of working age and psychiatric intensive care units

Good

Managers ensured learning from other hospitals was shared with staff. For example, learning from another hospital was shared where a patient ligatured with anti-ligature clothing and the risk of ligature from facemasks.

Are Acute wards for adults of working age and psychiatric intensive care units effective?

Good

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

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 they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

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.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

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

Care plans were personalised, holistic and recovery-orientated. The individual needs of the patient were identified, and care planned using the three categories; managing my risks, my treatment and support and my discharge plan.

Staff completed positive behaviour support plans for patients, where applicable, and had grab sheet versions so that staff were easily made aware of what triggers patients may have that led to challenging behaviours and what individualised interventions to use to support patients effectively.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. The patients' timetable included ward based open groups and 1:1 sessions. Highwoods ward had a therapeutic timetable that had been devised by asking patients what activities they would like to engage in using an interest checklist.

Acute wards for adults of working age and psychiatric intensive care units

Good

Occupational Therapy was accessible to all service users to assess and treat needs within a service user's everyday life such as personal care, domestic skills, work/education, routine, use of leisure time, interaction and overall wellbeing. Managers had made improvements to access to activities for patients which was an area for improvement at the inspection in 2019. The provider had since acted to ensure patients had access to activities on Highwoods ward.

Staff delivered care in line with best practice and national guidance. (from relevant bodies eg NICE) The psychology team on Highwoods offered a structured pathway and psychological programme, utilising a biopsychosocial model, to enable service users to address current difficulties that may give rise to distress and or risk behaviours. The provision for psychological interventions was in line with guidelines developed by the National Institute for Health and Care Excellence, British Psychological Society and the Royal College of Psychiatry.

The psychology group programme provided numerous low intensity groups based on the principles of containing, managing and reducing symptoms. The groups were structured to enhance engagement, increase insight and support service users to develop and implement effective coping strategies. Due to the high rapid turnover of patients on Highwoods ward, each session was designed to focus on a different topic which ran as a rolling programme throughout a patient's admission. Individual psychology sessions utilised a Cognitive Behavioural Therapy framework, incorporating a range of Dialectical Behaviour therapy and Compassion Focused Therapy.

Staff identified patients' physical health needs and recorded them in their care plans. Staff ensured physical health care was monitored on an on-going basis. Patient records demonstrated this.

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. Staff provided smoking cessation advice and support to patients.

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 occupational tool and the model of human exploratory level outcome ratings to record patients' progress. Psychology staff used the five Ps model which looked at predisposing factors, precipitating factors, perpetuating factors, protective factors and presenting factors to develop a formulation of presenting problems and the CORE-10 outcome measure. Speech and language therapists used the communication skill profile and east Kent outcome system to understand clinical needs of patients. These outcome measures were completed overtime to record patients' progress.

Cygnet used an outcomes framework based upon the 'My Path monthly Global Assessment of Progress' which they completed overtime to compare progress.

Staff used technology to support patients. Patients could access laptops and tablets.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included medication, infection control, care records and observation audits.

Managers used results from audits to make improvements.

Skilled staff to deliver care

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

The service had a full range of specialists to meet the needs of the patients on the ward. This included psychologists, occupational therapists, speech and language therapists, social worker and pharmacist.

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. As part of their induction, staff were provided with a variety of training courses to prepare them for their role and were assigned a 'buddy' to support them throughout their induction on to the ward.

Managers supported staff through regular, constructive appraisals of their work. Appraisal rates for staff on Highwoods ward was 81%. Managers continued to complete appraisals as and when they were due.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Staff were 95% compliant with supervision. This had improved following our inspection in 2019 where staff did not receive regular supervision for their work.

Staff received reflective practice sessions facilitated by a psychologist to support staff in reviewing and making improvements to their practice.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers arranged on-line meetings to ensure staff could attend regular team meetings and sent emails to staff of minutes following team meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff received relevant and specialist training as part of their induction which included safe and supportive observation training, physical health awareness, national early warning score and smoking cessation. Security and relational security awareness, CCTV and ligatures, learning disability awareness, mental health awareness, Mental Health Act and suicide prevention and personality disorder training.

Acute wards for adults of working age and psychiatric intensive care units

Good

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 team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

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

Ward teams had effective working relationships with external teams and organisations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

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

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

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The 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.

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.

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

Acute wards for adults of working age and psychiatric intensive care units

Good

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

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

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.

Good practice in applying the Mental Capacity Act

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

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

There were 10 deprivations of liberty safeguards applications made between July 2020 and July 2021 across the hospital and managers knew which wards made the highest and monitored staff so they did them correctly.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

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.

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

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

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

Are Acute wards for adults of working age and psychiatric intensive care units caring?

Acute wards for adults of working age and psychiatric intensive care units

Good

Good

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

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 most patients confirmed it.

Staff gave patients help, emotional support and advice when they needed it. Patients were generally positive about how staff supported them.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help. Staff directed patients to the advocates on the ward and to other services such as solicitors and independent mental health advocates when required. Patient records demonstrated staff supported patients to get help.

Patients said staff treated them well and behaved kindly. Two patients felt the staff were good to them and treated them well.

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. Three out of the five patients we spoke with said they had a care plan and were involved in developing it. However, two of the five patients we spoke to said they were unaware of their care plan. Patients signed their care plans.

Acute wards for adults of working age and psychiatric intensive care units

Good

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

Staff involved patients in decisions about the service, when appropriate. Minutes of community meetings showed that staff asked patients weekly for their views about the service and for suggestions for improvement. Staff recorded and updated completion of actions in community meeting minutes and on the 'you said, we did' boards on the ward following patient feedback.

Managers sought patient feedback through a confidential focus group attended by commissioners where actions were identified and continue to be worked on to improve the service at the hospital.

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.

Staff made sure patients could access advocacy services. Patients and the advocates told us they used advocacy services when they needed to. Patients attended patient forum meetings which were chaired and attended by the advocates for the service. Minutes of these meetings demonstrated attendance by patients and feedback from patients being actively sought. Advocates would produce a report on the key themes of issues raised to them by patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Families and carers said they were invited to meetings and were generally contacted with regards to the care of their relative.

Staff helped families to give feedback on the service. The provider had a family and carers liaison as a point of contact for raising concerns and providing feedback about the hospital. Two carers we spoke with stated they did not have the opportunity to provide feedback. However, the family and carers liaison sent correspondence to families and carers updating them with information relating to the hospital and in June 2021, requested for family and carers to provide feedback by completing their annual carers' survey.

Staff gave carers information on how to find the carers' assessment.

Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Good

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

Access and discharge

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.

Bed management

Managers followed a clear admission inclusion and exclusion policy that guided them on the criteria to follow for admission to the service.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for patients on Highwoods ward was three weeks. However, there were difficulties in placing some patients and some patients had not been moved on as quickly as they wished. The service actively 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 not moved between wards.

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

Discharge and transfers of care

The service had reducing numbers of delayed transfers of care in the past year.

Managers monitored the number of delayed discharges. Managers had a delayed transfer of care spreadsheet which they used to monitor and keep a record of progress with discharges.

The service had recently discharged two patients whose discharge and been delayed and had two remaining delayed transfers of care. Staff actively worked with commissioners and allocated staff to improve timeliness of discharges and patient records demonstrated this. The ward advocate had assisted a patient with their discharge by writing to the NHS trust the patient was funded by to raise concerns about the delay to their discharge.

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

Staff supported patients when they were referred or transferred between services. This included patients who needed admission to hospital for physical health problems.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

Acute wards for adults of working age and psychiatric intensive care units

Good

The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each patient had their own bedroom, which they could personalise. Bedrooms had adjustable viewing panels to protect patients' privacy.

Patients had a secure place to store personal possessions. Patients had lockers with their own key so that they could keep personal possessions safe and access these when they wished to.

Staff used a full range of rooms and equipment to support treatment and care. There was a gym, 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. Patients had access to their own mobile phones to be able to make calls.

The service had an outside space that patients could access easily. Patients could use the courtyard and the garden.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Patients were able to request specific foods which were provided.

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. Staff were limited in their ability to provide these opportunities due to Covid-19 restrictions. The service had the off-site Joy Clare activity centre which they were waiting to re-open. The service offered a structured timetable of therapy and activities.

Staff helped patients to stay in contact with families and carers. Staff provided patients with access to phone and video calls so that patients could stay in contact with and see their families.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. The ward held weekly community visits for patients for those patients who were able to access the community.

Patients could also participate in therapy earning roles where they would have an interview for the role to develop their confidence and interview skills. Roles included van washing, cleaning and a food bank role.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had a policy in place to meet the information accessibility standard. The service had accessible information available in different prints, symbols, photos and images. Patients were provided with communication information cards if required.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community.

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.

Patients had access to spiritual, religious and cultural support. The service was refurbishing their prayer room for patients.

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.

The provider had 23 complaints for the whole hospital between March and June 2021 and 15 of these complaints were for Highwoods ward. The provider had investigated or were in the process of investigating these complaints and found that 12 were not upheld, 5 were partially upheld, 2 were withdrawn and 4 were being investigated.

Patients, relatives and carers knew how to complain or raise concerns.

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.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw feedback from complaints in community meeting minutes. Staff had displayed a 'you said, we did' board in the corridor of the ward which displayed actions that were identified by patients and the completion of these.

Managers investigated complaints and identified themes.

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

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The provider had received 28 compliments for the whole hospital between March 2021 and June 2021 with eight of these for Highwoods ward.

Acute wards for adults of working age and psychiatric intensive care units

Good

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Managers provided senior staff with leadership training which 17 staff from the whole hospital participated in.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider had a mission, vision and strategy alongside five values that they promoted, including integrity, trust, empower, respect and care.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff said the changes in leadership and management were positive and had improved their experience of working at the service. Staff were keen to talk to us about the improvements they had made to the service and were passionate and enthusiastic in demonstrating this.

Managers gave staff opportunities for career progression by asking staff to express their interest in 'acting up' roles. Roles included senior support workers and two additional clinical team leader roles which two senior staff 'acted up' in to.

Managers completed a closed culture survey with staff where they identified areas of improvement and had completed action plans to improve the culture of the service. This included ensuring staff were aware of the values of the organisation, knowing how to advocate for patients, increased the presence of advocacy staff, raised the profile of reporting concerns, ensuring senior management staff had a presence in the hospital and ensuring staff had sufficient training and supervision to support them in their roles.

Governance

Our findings from the other key questions demonstrated that governance systems and processes were improved and were now in place to monitor, assess, manage and mitigate risks. Managers responded in a timely manner to address patient safety concerns and had addressed actions from previous inspections.

The provider had made significant changes to their senior management team and had ensured staff were now in roles to enhance improvements to systems and processes at the service. The provider had ensured there was now an interim

manager in post who had worked hard to make improvements to the service. Managers had recruited two clinical service managers to oversee the running of specific wards. The provider had ensured there was a staffing co-ordinator in post to ensure safe staffing was adhered to and a human resources and training co-ordinator to ensure all staffing records were up to date. The provider had made improvements by ensuring the human resources and training co-ordinator completed disclosure barring service checks for all staff, including agency staff, and mandatory training courses were monitored, completed and up to date.

Following our inspection in 2020, the provider did not ensure they followed their recruitment, selection and appointment of staff policy. We reviewed eleven staff files and found that the files in place since our last inspection in 2020, were in line with the provider's policy when recruiting, selecting and appointing all new staff.

The provider had recruited a patient safety lead and a safeguarding lead to ensure all patient safety and safeguarding concerns were reported, investigated and improvements were made. The provider audited restraint incidents involving the use of the management of potential and actual aggression techniques to ensure safe practice was maintained and any lesson learnt were shared. As a result of any improvements required to practice, the safety lead provided de-briefs and support to staff when improvements to their approach were required. This was an area identified as requiring improvement at our inspection in 2019. A review of the providers audit record showed that staff had made improvements to the way they managed incidents of restraint.

The provider had recruited a quality and compliance manager who monitored and made improvements to patient safety by ensuring reporting and recording of lessons learnt on the provider's overarching learning action plan were completed. Actions from this were monitored and reviewed to ensure improvements were embedded.

Wards held weekly business meetings to review local governance on the ward and the service held monthly clinical governance meetings to review and take action on overall governance of the hospital.

Following our inspection of the provider in January 2020, we found the provider's Workforce Race Equality Standards action plan was not specific, measurable, attainable, relevant, or time-based. We told the provider they should take action to address this. During this inspection, we found the provider had completed some work on diversity and inclusion. However, following our recent inspection of Cygnet Healthcare Limited, at our provider well led review, report published in June 2021, we concluded the progress of the hospital is currently constrained by the wider organisational work needed, which is in progress.

Cygnet healthcare launched Cygnet's Multicultural Network where the aim of this group was to identify and understand the needs and experiences of colleagues from under-represented ethnicities, to increase their visibility and develop and maintain a representative workforce with inclusive leadership. The provider amended their recruitment policy so that a member of staff from an ethnic minority background was involved in short listing and interviewing for senior posts. The human resources system was being configured to allow for anonymisation of applications to vacancies. the equality and diversity eLearning module was updated with input from the Multi-Cultural Network and there were weekly Multicultural Network Meetings across the organisation.

At a local level the provider had five Multicultural Network Ambassadors, delivered unconscious bias training to managers who recruited and included staff from ethnic minority backgrounds in the short listing and interviewing process for the recruitment of senior positions. The provider had ensured that their staff relations group was diverse in representation.

Management of risk, issues and performance

Acute wards for adults of working age and psychiatric intensive care units

Good

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. The provider had systems and processes in place to monitor risk and performance. The service held daily situation report meetings to review staffing, incidents and any issues of concern. Managers formed plans and actions to address these. The provider had a risk register in place which they used to record, review and manage risks to the service. Managers had ensured staff were aware of the current risks to the service by producing a concise version of their risk register for staff.

Information management

Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.

Engagement

Staff had access to a staff relations group where staff could share suggestions for improvements or raise concerns about the hospital. Staff also had access to a trauma risk management service where following any serious or traumatic incidents at Cygnet, staff could access de-briefs, individual risk assessments or one to one support. Staff had access to the sustaining resilience at work program which identified and prevented mental health issues experienced by staff. Staff had access to Cygnet's employee assistance program which provides a variety of support options to staff. The psychology team at the service provided one to one de-briefs or group de-briefs to staff. Managers provided staff with a human resources drop-in session in April 2021 for staff to discuss, in confidence, any issues, concerns, feedback or recommendations they had.

Staff had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins, newsletters and a weekly update from the registered manager. Staff were able to attend staff forums and support groups. The provider used staff survey results to improve the service and formulated an action plan to address the issues found as a result of the 2020 staff survey which has been completed. The results of the 2021 staff survey had just been released and managers held a meeting with the staff relations group to discuss co-producing an action plan which is owned by the staff as opposed to the management team. The most recent staff survey was positive with 69% of 68 staff saying Cygnet leadership were committed to providing high quality care and 84% that their line manager valued their work.

Patients had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients gave feedback through patient forum groups, patient council meetings, community meetings and by speaking with advocates. Patients were given the opportunity to attend a confidential focus group with commissioners to provide feedback about their experience of care at the hospital. As a result of this, actions were identified and were added to the provider's overarching learning action plan and continue to be a work in progress.

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 continuing to work towards achieving their accreditation for inpatient mental health services.

Staff engaged actively in local and national quality improvement activities. Staff had submitted a research proposal for an investigation of the relationship between compassion fatigue, and coping self-efficacy in mental health workers during the Covid-19 pandemic to Cygnet's research and development panel for approval.

Long stay or rehabilitation mental health wards for working age adults

Good

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

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

Good

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

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. The provider had recently made improvements by installing new CCTV cameras in blind spots so that footage could be reviewed after an incident if necessary. Four new CCTV cameras had been placed on the staircase and additional cameras placed in activity rooms, the quiet room and dining room.

Managers allocated staff to observations on corridors to ensure that they minimised risks where they could not easily observe patients.

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. The ward had reviewed and updated actions on their ligature risk assessment in March 2021. Staff used ligature heat maps that identified risk areas with a symbol and code so that staff knew what the ligature risk was. Staff kept a copy of the ligature heat map in the nursing office to refer to when necessary and for new staff to familiarise themselves with ligature points. Staff were aware of ligature risks when we spoke with them Improvements had been made following our inspection in 2019, where we told the provider to improve ligature risk assessments, to ensure they were comprehensive with timeframes for actions to be completed. Managers had ensured this had happened.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff had easy access to alarms and patients had easy access to nurse call systems. This was an area we told the provider to address at our inspection in 2019. We found improvements had been made where staff regularly checked the alarms to ensure there were enough of them, they were working correctly and rectified any issues if they were not.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose.

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

Following our inspection in August 2020, we found the provider did not ensure they followed their Covid-19 policy and infection prevention and control guidelines set out by the government and did not dispose of clinical waste appropriately. We told the provider they must address this. During this inspection, we found the provider had made improvements where staff were now following the provider's infection control policy and disposed of clinical waste appropriately. 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 which staff used consistently.

Staff achieved a 100% compliance for their monthly handwashing audits for May 2021 and June 2021.

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.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had a staffing co-ordinator who liaised with bank staff and local agencies to ensure the hospital was staffed with safe staffing levels.

The service had reducing vacancy rates and were actively recruiting into vacant posts. Staff were due to commence employment within the next month.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

The service had low rates of bank and agency nurses. Between March and May 2021, bank nurses were used for up to two percent of all shifts. For the same time period between one and four percent of all staff were agency nurses.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had low rates of bank and agency nursing assistants. Between March and May 2021, bank nursing assistants were used for up to 14% of all shifts. For the same time period between six and 18% of all staff were agency nursing assistants.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We found completed induction forms for new staff in staff folders.

The service had reducing turnover rates. The provider had an overall turnover rate of 16% between January 2021 and March 2021 reducing to 8 percent between April 2021 and June 2021 with a reducing rate to 2 percent in June 2021.

Managers supported staff who needed time off for ill health.

Levels of sickness were reducing. Staff sickness levels ranged between seven and one percent between March and May 2021 with a reducing rate to one percent by June 2021.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients had previously complained that they were waiting a long time to access their escorted leave due to the time it was taking for risk assessment paperwork to be completed. Managers had changed the content on the forms so that they were easier and quicker for staff to complete. Staff and patients had developed 'group leave' sessions throughout the day to improve access to escorted leave for patients. Staff were currently reviewing this to increase the frequency of these sessions.

Staff audited observation records to ensure staff were completing and recording patient observations in line with the provider's observation policy. However, the provided had not included auditing the number of hours that staff were completing observations on the audit check list. This was identified as an area for improvement at the last inspection as staff were completing observations for more than two hours which was not in line with the provider's policy. This was raised with the provider, who ensured the audit checklist was updated to include auditing the number of hours that staff were conducting observations for. From the records we reviewed, we found staff were completing enhanced observations in accordance with the provider's policy and National Institute for Health and Care Excellence guidelines.

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

Staff shared key information to keep patients safe when handing over their care to others.

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. The ward had an assigned speciality doctor and patients could join a general practitioner surgery if required. The ward had an on call system in place with a first and second on call rota where doctors were available throughout the day and night.

Managers could call locums when they needed additional medical cover.

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 was at 100% for Ramsey ward. 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.

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

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. The multidisciplinary team were all involved in completing patient risk assessments, so all aspects of care and treatment were considered. All care records for patients had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each patient.

Staff used a recognised risk assessment tool. The service used the short-term assessment of risk and treatability 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. This was an area identified as requiring improvement at the inspection in 2019 where daily risk assessments were not always completed. The provider had made improvements and staff now completed daily risk assessments of patients.

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 identified and responded to any changes in risks to, or posed by, patients. We looked at five 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 followed hospital policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Long stay or rehabilitation mental health wards for working age adults

Good

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Managers reviewed incidents involving restraints with the patient safety lead to ensure staff were responding in the least restrictive way and in line with management of actual or potential aggression (MAPA) techniques. The provider had reviewed 93% of incidents leading to restraint between 01 January 2021 and 01st June 2021. Managers reviewed 106 incidents out of 114 incidents where restraint was used. This included 21 incidents of restraint on Ramsey ward.

Staff discussed all restraints in daily situation report meetings and handover meetings.

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.

The provider reported 15 restraint incidents on Ramsey ward between 1st March and 1st of June 2021. All 15 incidents involved four service users. No incidents involved prone, face down restraints.

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

Staff followed NICE guidance when using rapid tranquilisation. Staff completed records for monitoring of physical observations following administration of rapid tranquilisation.

The hospital did not have a seclusion room and there were no episodes of seclusion between 1 March 2021 and 01st June 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.

The provider had a safeguarding lead who monitored safeguarding investigations and supported staff when reporting potential abuse and ensured they reported to the local authority, CQC and the police when appropriate.

The safeguarding lead met with patients following raised safeguarding concerns and liaised with the police and local authority as required. Following investigations, the recommendations and actions were then shared with management and discussed at the hospital's incident review meeting. The safeguarding team kept a spreadsheet for the hospital where safeguarding investigations were tracked and updated with actions and status of the investigation.

Staff received training on how to recognise and report abuse, appropriate for their role. The safeguarding lead provided new staff with face to face safeguarding training at their induction.

Staff kept up-to-date with their safeguarding training. Staff completed safeguarding e-learning training and achieved 100% compliance for safeguarding level two training on Ramsey ward and within the whole hospital, staff were 93% compliant for level three safeguarding training.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The safeguarding lead worked with the local authority safeguarding team and the police. The provider had a police liaison officer assigned to the hospital who would come into the service regularly to discuss any on-going safeguarding investigations and meet with patients if necessary. The police liaison officer reported a very positive working relationship between himself and the safeguarding lead.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Each ward had an assigned safeguarding champion who met monthly to discuss safeguarding cases and for supervision. The provider sent out a monthly safeguarding newsletter so that safeguarding information was shared with all staff.

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. Staff used both electronic and paper records and both were complete. They included up-to-date risk assessments, care plans, COVID-19 information, and information on patients' physical health.

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

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored 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.

An external clinical pharmacy service was used to provide advice on safe and effective use of medicines, but the visiting pharmacists did not have access to the electronic care records. This meant they could not see medicine care plans or the outcomes of multidisciplinary team (MDT) meetings. However, the provider rectified this during our inspection and ensured pharmacists could access electronic care records and planned training for pharmacists to be able to use the system.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. A risk assessment had been undertaken to allow one person to self-medicate.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national guidance to check people had the correct medicines. Doctors were responsible for medicines reconciliation, which ensures people have an accurate list of their current medicines. The doctors were not able to do this electronically to facilitate this process.

There was not always as required (PRN) protocols in place for the use of medicines used for physical health management. This enables staff to know when it is appropriate to give these medicines.

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.

Staff regularly reviewed the effects of medications on each person's physical health. People had completed a questionnaire to enable them to record and monitor the side effects experienced from their medicines and whether this was causing distress.

Staff knew how to report medicines incidents.

Staff completed a medication audit and medication errors were recorded on a medication tracker with any corresponding staff competencies. Themes and trends were monitored, and a report was produced for clinical governance meetings.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Ramsey ward reported 97 incidents between 1 March 2021 and 1st June 2021. Of these incidents, 44 resulted in minor harm and 52 resulted in no harm.

Ramsey ward reported one serious incident between January 2021 and June 2021. Managers investigated these appropriately in line with the provider's policy.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff knew what incidents to report and how to report them. They followed clear guidelines and could describe the process for reporting incidents. This was an area of action following our inspection in 2019. Managers now ensured staff completed incident forms appropriately.

Staff reported serious incidents clearly and in line with the provider's policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff followed a clear process for reporting and investigating incidents. Managers held weekly business meetings and monthly clinical governance meetings, during which they discussed recent incidents. The quality and compliance lead monitored complaints and investigations on a tracker and sent out letters to families. We told the provider to ensure they adhered to duty of candour following our inspection in 2019. Managers had made improvements to their processes in ensuring duty of candour was followed.

Managers debriefed and supported staff after any serious incident. Managers reviewed restraint incidents and provided de-briefs for staff following incidents where learning may have been identified as required. We observed a de-brief following the review of an incident via CCTV where staff were open and positive in ensuring improvements were made.

The provider shared their risk register with staff to inform them of the risks in the hospital.

Managers investigated incidents thoroughly. Staff completing investigations were trained in route cause analysis. Staff met every week at the incident review meeting to discuss investigation outcomes and to ensure actions were completed. Staff logged the actions on the overarching learning action plan (OLAP) and agreed what would happen and who would take the action forward. Staff reviewed the evidence relating to the action to ensure that it had been completed. This was an action to be addressed following our inspection in 2019. Managers had now ensured the quality on investigations were being monitored, actions were addressed, and learning was shared with staff following investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was discussed in staff meetings, supervisions, sent by emails, in handover meetings and business meetings.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. The provider held an overarching learning and action plan which was reviewed weekly to ensure outcomes and actions were achieved and changes made.

Staff completed daily safety huddles to talk about issues on the wards and to ensure staff and patients were supported and safe.

Managers ensured learning from other hospitals was shared with staff. For example, learning from another hospital was shared where a patient ligatured with anti-ligature clothing and the risk of ligature from facemasks.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Good

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

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff 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 developed a comprehensive care plan for each patient that met their mental and physical health needs.

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

Care plans were personalised, holistic and recovery-orientated. The individual needs of the patient were identified, and care planned, using the three categories; managing my risks, my treatment and support and my discharge plan.

Staff completed positive behaviour support plans for patients, where applicable, and had grab sheet versions so that staff were easily made aware of what triggers patients may have that led to challenging behaviours and what individualised interventions to use to support patients effectively.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. The patients' timetable included ward based open groups and 1:1 sessions. Ramsey ward had a therapeutic timetable that had been devised with patients using an interest checklist. Patients had individual assessments to understand their needs and goals. Assessments included daily living skills, cooking, washing, dressing kitchen skills and budgeting and shopping.

Patients had recently painted a model of their recovery pathway in the corridor of the ward.

Staff delivered care in line with best practice and national guidance (from relevant bodies eg NICE).

Long stay or rehabilitation mental health wards for working age adults

Good

Occupational Therapy was accessible to all patients to assess and treat their needs such as personal care, domestic skills, work/education, routine, use of leisure time, interaction and overall wellbeing.

There were several groups provided on Ramsey ward including the wellbeing group, based on recovery, working with motivation and engagement, and the 'stronger together' group was named and co-produced by patients. This group involved patients in development of their Positive Behaviour Support plans and risk assessments and educating patients around their own risks. Another group called the 'thinking together about living life' was named by patients and focused on exploring patients' futures including future relationships, employment, difficulties living in the community again, realistic expectations and coping strategies/realistic goals. Individual psychology sessions utilised a Cognitive Behavioural Therapy framework, incorporating a range of Dialectical Behaviour therapy and Compassion Focused Therapy.

Staff identified patients' physical health needs and recorded them in their care plans. Staff ensured physical health care was monitored on an on-going basis. Patient records demonstrated this.

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. Staff provided smoking cessation advice and support to patients.

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 occupational tool and the model of human exploratory level outcome ratings to record patients progress. Psychology staff used the five Ps model which looked at predisposing factors, precipitating factors, perpetuating factors, protective factors and presenting factors to develop a formulation of presenting problems and the CORE-10 outcome measure. Speech and language therapists used the communication skill profile and east Kent outcome system to understand clinical needs of patients. These outcome measures were completed overtime to record patients progress.

Cygnet used an outcomes framework based upon the 'My Path monthly Global Assessment of Progress' which they completed overtime to compare progress.

Staff used technology to support patients. Patients could access laptops and tablets.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included medication, infection control, care records and observation audits.

Managers used results from audits to make improvements.

Skilled staff to deliver care

Long stay or rehabilitation mental health wards for working age adults

Good

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

The service had a full range of specialists to meet the needs of the patients on the ward. This included psychologists, occupational therapists, speech and language therapists, social worker and pharmacist.

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. As part of their induction, staff were provided with a variety of training courses to prepare them for their role and were assigned a 'buddy' to support them throughout their induction on to the ward.

Managers supported staff through regular, constructive appraisals of their work. Appraisal rates for staff on Ramsey ward was 94%. Managers continued to complete appraisals as and when they were due.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Staff were 100% compliant with supervision. This had improved following our inspection in 2019 where staff did not receive regular supervision for their work.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Staff received reflective practice sessions facilitated by a psychologist to support staff in reviewing and making improvements to their practice.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers arranged on-line meetings to ensure staff could attend regular team meetings and sent emails to staff of minutes following team meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff received relevant and specialist training as part of their induction which included safe and supportive observation training, physical health awareness, national early warning score and smoking cessation. Security and relational security awareness, CCTV and ligatures, learning disability awareness, mental health awareness, Mental Health Act and suicide prevention and personality disorder training.

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.

Long stay or rehabilitation mental health wards for working age adults

Good

Multi-disciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

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

Ward teams had effective working relationships with external teams and organisations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

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

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

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The 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.

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.

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

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

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Long stay or rehabilitation mental health wards for working age adults

Good

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.

Good practice in applying the Mental Capacity Act

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

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

There were 10 deprivations of liberty safeguards applications made between July 2020 and July 2021 across the hospital and managers knew which wards made the highest and monitored staff so they did them correctly.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

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.

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

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

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

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

Good

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

Kindness, privacy, dignity, respect, compassion and support

Long stay or rehabilitation mental health wards for working age adults

Good

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 most patients confirmed it.

Staff gave patients help, emotional support and advice when they needed it. Patients were generally positive about how staff supported them.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help. Staff directed patients to the advocates on the ward and to other services such as solicitors and independent mental health advocates when required. 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 signed their care plans.

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

Staff involved patients in decisions about the service, when appropriate. Minutes of community meetings showed that staff asked patients weekly for their views about the service and for suggestions for improvement. Staff recorded and updated completion of actions in community meeting minutes and on the 'you said, we did' boards on the ward following patient feedback.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers sought patient feedback through a confidential focus group attended by commissioners where actions were identified and continue be worked on to improve the service at the hospital.

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.

Staff made sure patients could access advocacy services. Patients and the advocates told us they used advocacy services when they needed to. Patients attended patient forum meetings which were chaired and attended by the advocates for the service. Minutes of these meetings demonstrated attendance by patients and feedback from patients being actively sought. Advocates would produce a report on the key themes of issues raised to them by patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Families and carers said they were invited to meetings and were generally contacted with regards to the care of their relative.

Staff helped families to give feedback on the service. The provider had a family and carers liaison as a point of contact for family and carers who they were able to raise concerns and provide feedback about the hospital to. Two carers we spoke with stated they did not have the opportunity to provide feedback. However, the family and carers liaison sent correspondence to families and carers updating them with information relating to the hospital and in June 2021, requested for family and carers to provide feedback by completing their annual carers survey.

Staff gave carers information on how to find the carer's assessment.

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

Good

Our rating of responsive improved. 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 the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Bed management

Managers followed a clear admission inclusion and exclusion policy that guided them on the criteria to follow for admission to the service. The ward had a rehabilitation model of care that followed five principles including referral and preadmission, assessment and engagement, recovery, consolidation and transition and discharge.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for patients on Ramsey ward was one year. However, there were difficulties in placing some patients and some patients had not been moved on as quickly as they wished. The service actively 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.

When patients went on leave there was always a bed available when they returned.

Patients were not moved between wards.

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

Discharge and transfers of care

Managers monitored the number of delayed discharges. Managers had a delayed transfer of care spreadsheet which they used to monitor and keep a record of progress with discharges. Staff regularly reviewed their patients progress to see where they were in their rehabilitation pathway.

The service had reducing numbers of delayed transfers of care in the past year. There were three patients who had delayed transfers of care on Ramsey ward. Staff actively worked with commissioners and allocated staff to improve timeliness of discharges and patient records demonstrated this.

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

Staff supported patients when they were referred or transferred between services. This included patients who needed admission to hospital for physical health problems and support with Transitioning to a new placement.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

The food was of a good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. Bedrooms had adjustable viewing panels to protect patients' privacy.

Patients had a secure place to store personal possessions. Patients had lockers with their own key so that they could keep personal possessions safe and access these when they wished to.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff used a full range of rooms and equipment to support treatment and care. There was a gym, 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. Patients had access to their own mobile phones to be able to make calls.

The service had an outside space that patients could access easily. Patients could use the courtyard and the garden.

Patients could make their own hot drinks and snacks and were not dependent on staff. Some patients could make their own meals.

The service offered a variety of good quality food. Patients were able to request specific foods which were provided.

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. Staff were limited in their ability to provide these opportunities due to Covid-19 restrictions. The service had the off-site Joy Clare activity centre which they were waiting to re-open. The service offered a structured timetable of therapy and activities.

The ward had several community and skills based groups including a walking group, a sports group, a breakfast group and a cooking group. Patients also had weekly day trips which was planned and organised by patients on the ward.

Patients could also participate in therapy earning roles where they would have an interview for the role to develop their confidence and interview skills. Roles included van washing, cleaning and a food bank role.

Staff helped patients to stay in contact with families and carers.

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. The service had a policy in place to meet the information accessibility standard. The service had accessible information available in different prints, symbols, photos and images. Patients were provided with communication information cards if required.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community.

Long stay or rehabilitation mental health wards for working age adults

Good

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.

Patients had access to spiritual, religious and cultural support. The service was refurbishing their prayer room for patients.

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.

The provider had 23 complaints for the whole hospital between March and June 2021 and 7 of these complaints were for Ramsey ward. The provider had investigated or were in the process of investigating these complaints and found that 12 were not upheld, 5 were partially upheld, 2 were withdrawn and 4 were being investigated.

Patients, relatives and carers knew how to complain or raise concerns.

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.

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. We saw feedback from complaints in community meeting minutes. Staff had displayed a 'you said, we did' board in the corridor of the ward which displayed actions that were identified by patients and the completion of these.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The provider had received 28 compliments for the whole hospital between March 2021 and June 2021 with four of these for Ramsey ward.

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

Good

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

Leadership

Long stay or rehabilitation mental health wards for working age adults

Good

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, had a good understanding of and followed a recognised model for rehabilitation care, were visible and approachable for patients and staff. Managers provided senior staff with leadership training which 17 staff from the whole hospital participated in.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider had a mission, vision and strategy alongside five values that they promoted including integrity, trust, empower, respect and care.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff said the changes in leadership and management were positive and had improved their experience of working at the service. This was an area for action following our inspection in 2019. Ramsey ward now had an approachable and visible ward manager whom staff spoke positively about. Staff were keen to talk to us about the improvements they had made to the service and were passionate and enthusiastic in demonstrating this.

Managers gave staff opportunities for career progression by asking staff to express their interest in 'acting up' roles. Roles included senior support workers and two additional clinical team leader roles which two senior staff 'acted up' in to.

Managers completed a closed culture survey with staff where they identified areas of improvement and had completed action plans to improve the culture of the service. This included ensuring staff were aware of the values of the organisation, knowing how to advocate for patients, increased the presence of advocacy staff, raised the profile of reporting concerns, ensuring senior management staff had a presence in the hospital and ensuring staff had sufficient training and supervision to support them in their roles.

Governance

Our findings from the other key questions demonstrated that governance systems and processes were improved and were now in place to monitor, assess, manage and mitigate risks. Managers responded in a timely manner to address patient safety concerns and had addressed actions from previous inspections.

The provider had made significant changes to their senior management team and had ensured staff were now in roles to enhance improvements to systems and processes at the service. The provider had ensured there was now an interim manager in post who had worked hard to make improvements to the service. Managers had recruited two clinical service managers to oversee the running of specific wards. The provider had ensured there was a staffing co-ordinator in post to ensure safe staffing was adhered to and a human resources and training co-ordinator to ensure all staffing records were up to date. The provider had made improvements by now ensuring the human resources and training co-ordinator completed disclosure barring service checks for all staff, including agency staff, and mandatory training courses were monitored, completed and up to date.

Long stay or rehabilitation mental health wards for working age adults

Good

Following our inspection in 2020, the provider did not ensure they followed their recruitment, selection and appointment of staff policy. We reviewed eleven staff files and found that the files in place since our last inspection in 2020, were in line with the provider's policy when recruiting, selecting and appointing all new staff.

The provider had recruited a patient safety lead and a safeguarding lead to ensure all patient safety and safeguarding concerns were reported, investigated and improvements were made. The provider audited restraint incidents involving the use of the management of potential and actual aggression techniques to ensure safe practice was maintained and any lesson learnt were shared. As a result of any improvements required to practice, the safety lead provided de-briefs and support to staff when improvements to their approach were required. This was an area identified as requiring improvement at our inspection in 2019. A review of the providers audit record showed that staff had made improvements to the way they managed incidents of restraint.

The provider had recruited a quality and compliance manager who monitored and made improvements to patient safety by ensuring reporting and recording of lessons learnt on the provider's overarching learning action plan were completed. Actions from this were monitored and reviewed to ensure improvements were embedded.

Wards held weekly business meetings to review local governance on the ward. The service held monthly clinical governance meetings to review and take action on overall governance of the hospital.

Managers had ensured staff were aware of the current risks to the service by producing an easy read version of their risk register for staff.

Following our inspection of the provider in January 2020, we found the provider's Workforce Race Equality Standards action plan was not specific, measurable, attainable, relevant, or time-based. We told the provider they should take action to address this. During this inspection, we found the provider had completed some work on diversity and inclusion. However, following our recent inspection of Cygnet Healthcare Limited, at our provider well led review, report published in June 2021, we concluded the progress of the hospital is probably constrained by the wider organisational work needed which is in progress.

Cygnet healthcare launched Cygnet's Multicultural Network where the aim of this group was to identify and understand the needs and experiences of colleagues from under-represented ethnicities, to increase their visibility and develop and maintain a representative workforce with inclusive leadership. The provider amended their recruitment policy so that a member of staff from an ethnic minority background was involved in short listing and interviewing for senior posts. The human resources system was being configured to allow for anonymisation of applications to vacancies. the equality and diversity eLearning module was updated with input from the Multi-Cultural Network and there were weekly Multicultural Network Meetings across the organisation.

At a local level the provider had five Multicultural Network Ambassadors, delivered unconscious bias training to managers who recruited and included staff from ethnic minority backgrounds in the short listing and interviewing process for the recruitment of senior positions. The provider had ensured that their staff relations group was diverse in representation.

Management of risk, issues and performance

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. The provider had systems and processes in place to monitor risk and performance. The service held daily

situation report meetings to review staffing, incidents and any issues of concern. Managers formed plans and actions to address these. The provider had a risk register in place which they used to record, review and manage risks to the service. Managers had ensured staff were aware of the current risks to the service by producing a concise version of their risk register for staff.

Information management

Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.

Engagement

Staff had access to a staff relations group where staff could share suggestions for improvements or raise concerns about the hospital. Staff also had access to a trauma risk management service where following any serious or traumatic incidents at Cygnet, staff could access de-briefs, individual risk assessments or one to one support. Staff had access to the sustaining resilience at work program which identified and prevented mental health issues experienced by staff. Staff had access to Cygnet's employee assistance program which provides a variety of support options to staff. The psychology team at the service provided one to one de-briefs or group de-briefs to staff. Managers provided staff with a human resources drop-in session in April 2021 for staff to discuss, in confidence, any issues, concerns, feedback or recommendations they had.

Staff had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins, newsletters and a weekly update from the registered manager. Staff were able to attend staff forums and support groups. The provider used staff survey results to improve the service and formulated an action plan to address the issues found as a result of the 2020 staff survey which has been completed. The results of the 2021 staff survey had just been released and managers held a meeting with the staff relations group to discuss co-producing an action plan which is owned by the staff as opposed to the management team. The most recent staff survey was positive with 69% of 68 staff saying Cygnet leadership were committed to providing high quality care and 84% that their line manager valued their work.

Patients had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients gave feedback through patient forum groups, patient council meetings, community meetings and by speaking with advocates. Patients were given the opportunity to attend a confidential focus group with commissioners to provide feedback about their experience of care at the hospital. As a result of this, actions were identified and were added to the provider's overarching learning action plan and continue to be a work in progress.

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 continuing to work towards achieving their accreditation for inpatient mental health services.

Staff engaged actively in local and national quality improvement activities. Staff had submitted a research proposal on an investigation of the relationship between compassion fatigue and coping self-efficacy in mental health workers during the Covid-19 pandemic to Cygnet's research and development panel for approval.

Good

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism safe?

Good

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

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people.

The service was able to show how they met the principles of right support, right care, right culture.

The model of care and setting maximised people's choice, control and independence. For example, people were actively encouraged to remain independent with completing and developing daily living skills and to be able to communicate effectively for themselves.

People using services received person-centred care that promoted their dignity, privacy and human rights. People were treated as individuals and care was provided flexibly in line with their preferences. Staff were aware of people's needs and knew the people they cared for well. People's safety was a priority and improvements made to the safety, leadership and culture of the service demonstrated this.

The ethos, values, attitudes and behaviours of staff and management ensured people using services lead confident, inclusive and empowered lives. The leaders and staff shared a passion for supporting people which shaped the culture across the service.

Safe and clean care environments

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.

Safety of the ward layout

Good

Wards for people with learning disabilities or autism

The service had recently made improvements by installing new CCTV cameras in blind spots so that footage could be reviewed after an incident if necessary. New CCTV cameras had been placed in the garden.

The ward had reviewed and updated actions on their ligature risk assessment in March 2021. Staff used ligature heat maps that identified risk areas with a symbol and code so that staff knew what the ligature risk was. Staff kept a copy of the ligature heat map in the nursing office to refer to when necessary and for new staff to familiarise themselves with ligature points. Staff were aware of ligature risks when we spoke with them about these. Improvements had been made following our inspection in 2019, where we told the provider to improve ligature risk assessments, so they were comprehensive with timeframes for actions to be completed. Managers had ensured this had happened.

Staff had easy access to alarms and people who used the service had easy access to nurse call systems. This was an area we told the provider to address at our inspection in 2019. We found improvements had been made where staff regularly checked the alarms to ensure there were enough of them, they were working correctly and rectified any issues if they were not.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

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

Following our inspection in August 2020, we found the provider did not ensure they followed their Covid-19 policy and infection prevention and control guidelines set out by the government and did not dispose of clinical waste appropriately. We told the provider they must address this. During this inspection, we found the provider had made improvements where staff were now following the provider's infection control policy and disposed of clinical waste appropriately. 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 which staff used consistently.

Staff audited observation records to ensure staff were completing and recording patient observations in line with the provider's observation policy. However, the provided had not included auditing the number of hours that staff were completing observations on the audit check list. This was identified as an area for improvement at the last inspection as staff were completing observations for more than two hours which was not in line with the provider's policy. This was raised with the provider, who ensured the audit checklist was updated to include auditing the number of hours that staff were conducting observations for. From the records we reviewed, we found staff were completing enhanced observations in accordance with the provider's policy and National Institute for Health and Care Excellence guidelines.

Staff demonstrated that they were reflecting on their practice and had changed the way they carried out continuous observations with people who use the service. Rather than sit in all peoples' bedrooms who required continuous observations, staff spoke with the person receiving the continuous observations and considered the person's privacy and dignity, as well as their safety, when deciding whether they should sit in with the person or not when observing them.

The environment met people's physical needs.

The provider's sensory room was not in use due to the current temperature of the room being too hot. Staff were currently planning and developing ways to improve this room for people who use the service.

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.

Safe staffing

The service had enough staff, who knew the people and had received relevant training to keep them safe. The service had a staffing co-ordinator who liaised with bank staff and local agencies to ensure the hospital was staffed with safe staffing levels.

The service had reducing vacancy rates and were actively recruiting into vacant posts. Staff were due to commence employment within the next month.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

The service had low rates of bank and agency nurses. Between March and May 2021, Larch Court used bank nurses for up to two percent of all shifts and for the same time period Larch Court used up to one percent of agency nurses for all shifts.

The service had low rates of bank and agency nursing assistants. Between March and May 2021, Larch Court used up to 12% of bank nursing assistants and for the same time period used between eight and 13% of agency nursing assistants for all shifts. Between March and May 2021, Oak court used up to six percent of bank nursing assistants and for the same time period Oak court used between five to ten percent of agency nursing assistants for all shifts.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We found completed induction forms for new staff in staff folders.

The service had reducing turnover rates. The provider had an overall turnover rate of 16% between January 2021 and March 2021 reducing to 8 percent between April 2021 and June 2021 with a reducing rate to 2 percent in June 2021.

Managers supported staff who needed time off for ill health.

Levels of sickness were reducing for Oak Court with one percent of sickness for March 2021 reducing to no sickness for April and May 2021. Larch Court sickness level had increased slightly to three percent in May 2021 having previously been two percent in April and one percent in March.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the people using the service.

People had regular one to one session with their named nurse.

People rarely had their escorted leave or activities cancelled. People were supported to engage in activities and escorted leave. Where plans changed, for example, due to COVID-19, staff supported people to find alternatives and remain active.

Good

Wards for people with learning disabilities or autism

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

Staff shared key information to keep people safe when handing over their care to others.

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. The ward had an assigned speciality doctor and people who used the service could join a general practitioner surgery if required. The ward had an on-call system in place with a first and second on call rota where doctors were available throughout the day and night.

Managers could call locums when they needed additional medical cover.

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 was at 95% for Oak and Larch Court. 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.

The mandatory training programme was comprehensive and met the needs of people using the service and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to people who use services and staff

Staff assessed and managed risks to people that use services and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate peoples' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of risk for people that use services

Staff completed risk assessments for each person on admission, using a recognised tool, and reviewed this regularly, including after any incident. The multidisciplinary team were all involved in completing peoples' risk assessments, so all aspects of care and treatment were considered. All care records for people had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each person.

Staff used a recognised risk assessment tool. The service used the short-term assessment of risk and treatability 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. This was an area identified as requiring improvement at the inspection in 2019 where daily risk assessments were not always completed. The provider had made improvements and staff now completed daily risk assessments for people that use the service.

Good

Wards for people with learning disabilities or autism

Management of risk for people that use the service

Staff knew about any risks to each person that used the service and acted to prevent or reduce risks. Staff we spoke with knew the people 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.

People were involved in managing their own risks whenever possible. Staff developed positive behaviour support plans with some people who used the service so that they 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 anticipated and managed risk. They had a high degree of understanding of peoples' needs. Peoples care and support was provided in line with care plans.

Staff told us about several incidents relating to a person accessing the community. Staff took positive risks to support the person in accessing the community despite previous risk behaviours and staff adapted their approach and the interventions used so that the person was able to leave the hospital.

During the inspection we were told about an incident that occurred with a person using the service who was distressed and had displayed challenging behaviours. Despite this risk, staff prioritised the person's well-being and supported the person to be able to attend an activity session that they knew the person would benefit from.

Staff identified and responded to any changes in risks to, or posed by, people using the service. We looked at six people's records which showed staff completed risk assessments on admission and updated them regularly, including after incidents. Staff reviewed all peoples' risks daily at the morning meeting.

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

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service monitored and reported the use of restrictive practices. They reviewed all incidences of restraint and used the examples as learning within their restrictive intervention's reduction programme. This was an area of improvement identified at our inspection in 2019. Managers completed a monthly observation and engagement and CCTV audit where they monitored and evaluated the use of restraint in line with statutory and national guidance and cygnet policy. The purpose of the audit was to provide assurance for the justification of the use of the management of actual or potential aggression interventions (MAPA). The provider specifically focused on whether the techniques used by staff had been correctly recorded and described on the incident form, the MAPA interventions were proportionate to the risk posed, the people who used services were treated with respect, care and dignity and lessons learnt were identified and actioned.

Managers ensured staff had de-briefs where they could review CCTV of an incident that occurred so improvements could be made. We reviewed the providers audit documentation and found that de-briefs were held for incidents where improvements to practice were identified. We also attended and observed a de-brief following an incident where staff viewed CCTV footage of an incident and reflected and demonstrated learning and areas where they could improve their practice when managing an incident of restraint.

Good

Wards for people with learning disabilities or autism

The provider had reviewed 93% of incidents leading to restraint between 01 January 2021 and 01st June 2021. Managers reviewed 106 incidents out of 114 incidents where restraint was used. This included 23 incidents of restraint on Oak Court and 21 incidents of restraint on Larch Court.

Staff discussed all restraints in daily situation report meetings and handover meetings.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained people only when these failed and when necessary to keep the people who used the service or others safe. Staff completed training in the use of restrictive interventions.

Restrictive practices were only used as a last resort, for the shortest time and in situations where people were a risk to themselves or others. The provider reported 19 restraint incidents on Oak and Larch Court between 1st March and 1st of June 2021. All 19 incidents involved two people using the service. No incidents involved prone, face down restraints.

Staff discussed a recent incident that led to a person using the service become agitated. Staff were able to describe the interventions they used and demonstrated that the least restrictive option was applied during this incident. The person's care plan and positive behaviour support grab sheet was updated so that staff knew which intervention worked best for this person. On another occasion, during an incident, a person's care record showed that staff used distraction interventions that benefited the person using the service who was able to calm down. Staff shared their rationale during the management of another incident during the inspection. Staff tried to use all interventions outlined in their care plan to calm a person using the service who was agitated. Staff used medication as a last option and demonstrated that they used all other strategies and discussed what action to take with the person using the service.

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

Staff followed NICE guidance when using rapid tranquilisation. Staff completed records for monitoring of physical observations following administration of rapid tranquilisation.

The hospital did not have a seclusion room and there were no episodes of seclusion between 1 March 2021 and 01st June 2021.

Safeguarding

Staff understood how to protect people 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.

The provider had a safeguarding lead who monitored safeguarding investigations and supported staff when reporting potential abuse and ensured they reported to the local authority, CQC and the police when appropriate.

The safeguarding lead met with people who use the service following raised safeguarding concerns and liaised with the police and local authority as required. Following investigations, the recommendations and actions were then shared with management and discussed at the hospital's incident review meeting. The safeguarding team kept a spreadsheet for the hospital where safeguarding investigations were tracked and updated with actions and status of the investigation.

People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so.

Good

Wards for people with learning disabilities or autism

Staff received training on how to recognise and report abuse, appropriate for their role. The safeguarding lead provided new staff with face to face safeguarding training at their induction.

Staff kept up to date with their safeguarding training. Staff on Oak and Larch Court were 90% compliant with safeguarding level two training and within the whole hospital staff were 93% compliant for level three safeguarding training.

Staff could give clear examples of how to protect people using the service from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The safeguarding lead worked with the local authority safeguarding team and the police. The provider had a police liaison officer assigned to the hospital who would come into the service regularly to discuss any on-going safeguarding investigations and meet with people who used the service if necessary. The police liaison officer reported a very positive working relationship between himself and the safeguarding lead.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Each ward had an assigned safeguarding champion who met monthly to discuss safeguarding cases and for supervision. The provider sent out a monthly safeguarding newsletter so that safeguarding information was shared with all staff.

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.

People's notes were comprehensive, and all staff could access them easily. Staff used both electronic and paper records and both were complete. They included up-to-date risk assessments, care plans, COVID-19 information, and information on peoples' physical health.

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

When people who used the service transferred to a new team, there were no delays in staff accessing their records.

Records were stored 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 person's mental and physical health.

Good

Wards for people with learning disabilities or autism

People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely prescribe, administer, record and store medicines.

Staff used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.

An external clinical pharmacy service was used to provide advice on the safe and effective use of medicines

People's electronic care records were not accessible to clinical pharmacy staff. This meant they could not see care plans and outcomes of MDT meetings. They did not attend MDT meetings. However, the provider rectified this during our inspection and ensured pharmacists could access electronic care records and planned training for pharmacists to be able to use the system.

Staff used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment

Restrictive practices involving the administration of medicines were used as a last resort in situations where people were a risk to themselves or others. The service monitored and reported the use of restrictive practices using medicines.

The service had enough staff, who knew the people and had received relevant medicine training to keep them safe.

People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for decisions about their medicines staff clearly recorded assessments.

Managers had now ensured they were prescribing medication in line with Mental Health Act consent to treatment documentation. This was an area we told the provider to address at our inspection in 2019. Managers had now ensured consent to treatment documentation was followed by staff prescribing medication for people on Oak and Larch Court.

Staff had an understanding of people's medicine needs. People's care and support was provided in line with care plans. Although some care plans were incorrect and were not detailed enough to guide staff about which medicine to use when needed.

People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing including physical health checks.

The service had systems to ensure staff knew about safety alerts and incidents, to make sure that people received their medicines safely.

People were involved in managing their own risks. People were given the opportunity to report on the side effects they were experiencing from their medicines and whether this was causing distress.

Staff followed systems and processes to safely prescribe, administer, record and store medicines, including emergency medicines.

Staff knew how to report medicine incidents.

Good

Wards for people with learning disabilities or autism

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed 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 people who used the service honest information and suitable support.

The service kept people and staff safe. The service had a good track record on safety and managed safety incidents well. Staff recognised incidents and reported them appropriately. This was an area of action following our inspection in 2019. Managers now ensured staff completed incident forms appropriately.

Oak and Larch Court reported 100 incidents between 1 March 2021 and 1st June 2021. Of these incidents, 63 resulted in minor harm and 36 resulted in no harm.

Oak and Larch Court reported one serious incident between March and June 2021. Managers investigated these appropriately in line with the provider's policy.

Managers maintained safety to people using the service and investigated incidents and shared lessons learned with the whole team and the wider service. This was an action to be addressed following our inspection in 2019. Managers had now ensured the quality of investigations were being monitored, actions were addressed, and learning was shared with staff following investigations. Managers held weekly business meetings and monthly clinical governance meetings, during which they discussed recent incidents. The quality and compliance lead monitored complaints and investigations on a tracker and sent out letters to families.

Staff completing investigations were trained in route cause analysis. Staff met every week at the incident review meeting to discuss investigation outcomes and to ensure actions were completed. Staff logged the actions on the overarching learning action plan (OLAP) and agreed what would happen and who would take the action forward. Staff reviewed the evidence relating to the action to ensure that it had been completed.

The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. We told the provider to ensure they adhered to duty of candour following our inspection in 2019. Managers had made improvements to their processes in ensuring duty of candour was followed.

Managers debriefed and supported staff after any serious incident. Managers reviewed restraint incidents and provided de-briefs for staff following incidents where learning may have been identified as required. We observed a de-brief following the review of an incident via CCTV where staff were open and positive in ensuring improvements were made.

The provider shared their risk register with staff to inform them of the risks in the hospital.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was discussed in staff meetings, supervisions, sent by emails, in handover meetings and business meetings.

Good

Wards for people with learning disabilities or autism

Staff met to discuss the feedback and look at improvements to people's care.

There was evidence that changes had been made as a result of feedback. The provider held an overarching learning and action plan which was reviewed weekly to ensure outcomes and actions were achieved and changes made.

Staff completed daily safety huddles to talk about issues on the wards and to ensure staff and people who used the service were supported and safe.

Managers ensured learning from other hospitals was shared with staff. For example, learning from another hospital was shared where a person using the service ligatured with anti-ligature clothing and the risk of ligature from facemasks.

Are Wards for people with learning disabilities or autism effective?

Good

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

Assessment of needs and planning of care

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

People's human rights were upheld by staff who supported them to be independent and have control over their own lives.

Assessment of people's needs started at admission. Care and support plans were holistic and reflected people's needs and aspirations. Staff involved people who used services or documented when they would not engage. Staff used communication cards to support people who used the service with their understanding of their care and support plans.

People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly.

Staff completed functional assessments for people who needed them. They took the time to understand people's behaviours.

Support with self-care and everyday living skills were available to people who needed it. Occupational therapy and speech and language staff assessed peoples' daily living and living skills to improve peoples' ability to function independently. This included assessments of peoples' ability to take care of their self-care, wash their clothing, budgeting, cooking, shopping, accessing the community and any communication needs or swallowing difficulties people may be experiencing. Staff developed strategies and techniques to support people using the service.

On Oak Court people had a 12 Week ward programme and individualised timetables. On Larch Court, the programme was more focused on the individualised needs of the patients with an indirect approach to be able to engage people who used the service.

Good

Wards for people with learning disabilities or autism

Care and treatment focused on people's quality of life outcomes and met best practice. Care and support were provided in line with people's positive behaviour support plan. Staff completed positive behaviour support plans with people who used services, where applicable, and had grab sheet versions so that staff were easily made aware of what triggers people who used the service may have that led to challenging behaviours and what individualised interventions to use to support them effectively. Staff on observations had grab sheet versions on their clip board to reference quickly.

People had access to a range of psychological therapies either as a group or on a one to one basis. These included the understanding emotions group, the social skills group where speech and language therapy staff attended to support people with communication needs and a self-regulation group which was due to start soon. The chat café group focused on social situations and interactions with others. People used a coping box which had sensory items in it for people to use if necessary. One to one sessions were available for people who were able to engage with the sessions.

People had good access to physical healthcare and were supported to live healthier lives. Staff recorded and ensured annual physical health checks were completed. However, staff needed to refer to several paper and electronic records to ensure the next review was booked within the required time period. Although staff audited annual physical health checks to ensure compliance, this could be streamlined to ensure appointments were not missed. The provider began making immediate improvements following our inspection. Staff provided smoking cessation advice and support to people.

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

People on Oak and Larch Court had health action plans where all medical, dental, optician and other appointments were recorded in one place.

People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aid their recovery.

People's outcomes were monitored using recognised rating scales. For example, occupational therapists used the model of human occupational tool and the model of human exploratory level outcome ratings to record peoples progress. Psychology staff used the five Ps model which looked at predisposing factors, precipitating factors, perpetuating factors, protective factors and presenting factors to develop a formulation of presenting problems and the CORE-10 outcome measure. Speech and language therapists used the communication skill profile and east Kent outcome system to understand clinical needs of people using the service. These outcome measures were completed overtime to record peoples' progress.

Cygnet used an outcomes framework based upon the 'My Path monthly Global Assessment of Progress' which they completed over time to compare progress.

Speech and therapy staff used the functional communication skill profile where a base line communication profile is developed, based on what is observed usually a month after admission, and is repeated to review progress. This informs the care plan and communication interventions used for this person. Staff also used the East Kent outcome measures which were completed pre and post treatment and was compared for the duration of the treatment on a monthly basis. Staff used these measures to help families to reflect on their relative's strengths and needs and how their communication and understanding of language could be supported.

Good

Wards for people with learning disabilities or autism

Staff used technology to support people. People could access laptops and tablets.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. These included medication, infection control, care records and observation audits.

People received care, support and treatment from staff and specialists who received relevant training, including around mental health needs, trauma-informed care, human rights and restrictive interventions. This included psychologists, occupational therapists, speech and language therapists, social worker and pharmacist.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff.

Staff had regular supervision and appraisal. Appraisal rates for staff on Oak and Larch Court were 98%. Managers continued to complete appraisals as and when they were due. Staff were 94% compliant with supervision. This had improved following our inspection in 2019 where staff did not receive regular supervision for their work.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work.

Managers provided an induction programme for any new or temporary staff. As part of their induction, staff were provided with a variety of training courses to prepare them for their role and were assigned a 'buddy' to support them throughout their induction on to the ward.

People were supported by a team of staff from a range of disciplines who worked well together to ensure care was delivered and outcomes achieved in line with care and discharge plans.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers arranged on-line meetings to ensure staff could attend regular team meetings and sent emails to staff of minutes following team meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff received relevant and specialist training as part of their induction which included safe and supportive observation training, physical health awareness, national early warning score and smoking cessation, security and relational security awareness, CCTV and ligatures, learning disability awareness, mental health awareness, Mental Health Act and suicide prevention and personality disorder training.

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

Good

Wards for people with learning disabilities or autism

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

Staff held regular multidisciplinary meetings to discuss people who used the service and improve their care. People were encouraged to be involved in these meetings.

Speech and language therapists assisted the ward staff to use different methods of communication with people based on their individual needs. Speech and language therapy staff had regular conversations with ward staff about what methods were working and what were not using a collaborative team approach and listened to the ward staff to make changes to meet identified patient need.

Staff made sure they shared clear information about people who used the service and any changes in their care, including during handover meetings.

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

Ward teams had effective working relationships with external teams and organisations.

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 peoples' rights to them.

Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.

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

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

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The 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.

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

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

Staff made sure people 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.

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

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

Informal people knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those people 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.

Good practice in applying the Mental Capacity Act

Staff supported people who used the service to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity.

People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision.

When staff assessed people as not having capacity, they made decisions in the best interest of people and considered the peoples wishes, feelings, culture and history. They consulted with people's representatives as appropriate when making decisions on a person's behalf.

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

Good

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated people who used the service with compassion and kindness. They respected peoples' privacy and dignity. They understood the individual needs of people using the service and supported people to understand and manage their care, treatment or condition.

People were enabled to make choices for themselves and staff ensured they had the information they needed. They ensured people understood and controlled their treatment and support. This was an area of improvement following our inspection in 2019 where staff now documented peoples' involvement in their care plans and discharge plans.

People received kind and compassionate care. Staff protected people's privacy and dignity and understood peoples' needs. Staff supported people to understand and manage their care, treatment or condition. People generally spoke highly of staff and the care they received.

Involvement in care

Staff involved people in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Involvement of people

People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They felt listen to and valued. We observed staff and people who use the service and found that people were supported to make choices for themselves. People who used the service also told us this.

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

Staff involved people and gave them access to their care planning and risk assessments.

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

Staff involved people in decisions about the service, when appropriate. Minutes of community meetings showed that staff asked people weekly for their views about the service and for suggestions for improvement. Staff recorded and updated completion of actions in community meeting minutes and on the 'you said, we did' boards on the ward

following feedback. An issue that arose from several peoples' meetings was not enough staff who could drive the vehicles at the service to facilitate community access. The provider told us they would request staff to come forward to drive the vans to improve access to the community for people using the service. People were also encouraged to walk or use public transport. Further requests from people who use the service included wanting to have parties every Saturday.

Managers sought feedback from people using the service through a confidential focus group attended by commissioners where actions were identified and continue be worked on to improve the service at the hospital.

People could give feedback on the service and their treatment and staff supported them to do this. People raised issues and made suggestions through community meetings and the complaints process and received feedback. We observed four people attend their ward review meeting with the multi-disciplinary team. People were able to share their concerns, ask questions and were supported to be involved with their care and treatment. Staff reassured people and listened to specific requests for changes to their treatment, which were facilitated. Staff had discussions around positive risk taking to enhance peoples' independence and made plans to support a person with a specific goal to develop their confidence and independence. Staff responded to people positively and demonstrated person centred care.

Staff supported people to be involved with and make decisions about their care by completing a 'my feedback form' prior to attending ward review meetings. Staff had two types of forms one for people who could read and write and one with pictorial images on it. These were completed with support from speech and language therapy staff and sought views from people on their experience of care, any questions and concerns to be asked and a review of whether previous goals were achieved.

People had easy access to independent, good quality advocacy. Staff supported people to maintain links with those that are important to them. Staff directed people who used the service to the advocates on the ward and to other services such as solicitors and independent mental health advocates when required. Peoples' records demonstrated staff supported them to get support when needed.

Staff understood and respected the individual needs of the people they supported.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people using the service.

Staff followed policy to keep information about people using the service confidential

Staff maintained contact and shared information with those involved in supporting people, as appropriate.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Families and carers said they were invited to meetings and were generally contacted with regards to the care of their relative. We observed a review meeting where a family member took part through video phone. They were therefore enabled to remain involved despite the limitations posed by Covid-19.

Good

Wards for people with learning disabilities or autism

Staff helped families to give feedback on the service. The provider had a family and carers liaison as a point of contact for raising concerns and providing feedback about the hospital. Two carers we spoke with stated they did not have the opportunity to provide feedback. However, the family and carers liaison sent correspondence to families and carers updating them with information relating to the hospital and in June 2021, requested for family and carers to provide feedback by completing their annual carers survey.

Staff gave carers information on how to find the carer's assessment.

Are Wards for people with learning disabilities or autism responsive?

Good

Our rating of this service improved. 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 the discharge care pathway.

Bed management

Managers followed a clear admission inclusion and exclusion policy that guided them on the criteria to follow for admission to the service. The service took referrals from all parts of the UK. Although some people stayed at the hospital for a long time, people had discharge plans with clear timeframes in place to support them to return home or move to a community setting.

Managers regularly reviewed length of stay for people to aim to ensure they did not stay longer than they needed to. The average length of stay for people who used the service on Oak Court was 11 months and two and a half years for people on Larch Court. However, there were difficulties in placing some people and some people had not been moved on when they were ready for discharge. The service actively worked with commissioners to try to resolve this. Staff liaised well with services that provide aftercare, so people received the right care and support when they went home. When people were placed away from their home area, staff worked with commissioners to facilitate discharges closer to peoples' home.

When people went on leave there was always a bed available when they returned.

People were not moved between wards unless it was in their best interest.

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

The service had reduced numbers of delayed transfers of care in the past year. There were five people who had delayed transfers of care on Oak Court and two people on Larch Court. All delays resulted from difficulties securing appropriate placements on agreed discharge dates.

Good

Wards for people with learning disabilities or autism

Managers monitored the number of delayed discharges. Managers had a delayed transfer of care spreadsheet which they used to monitor and keep a record of progress with discharges. Staff regularly reviewed peoples' progress to see where they were in their pathway.

Staff carefully planned peoples' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported people when they were referred or transferred between services. This included people who needed admission to hospital for physical health problems and support with transitioning to a new placement. Staff also worked with other providers to provide a smooth transition for patients coming into the service. We were shown an example of this.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward/service supported peoples' treatment, privacy and dignity. Each person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

The food was of a good quality and people could make hot drinks and snacks at any time. When clinically appropriate, staff supported people to self-cater.

People's privacy and dignity was respected by staff. Each person had their own bedroom with an en-suite bathroom. Bedrooms had adjustable viewing panels to protect peoples' privacy.

People could personalise their room and keep their personal belongings safe.

People had access to quiet areas for privacy. The service's design, layout and furnishings supported people's good care and support. There was a gym, computer and art rooms available for people.

People could make phone calls in private. Staff enabled people to access their own mobile phones, where appropriate, in line with their care needs.

The service provided people with a choice of good quality food. People could access drinks and snacks at any time. People were able to request specific foods which were provided. People were offered the option to have a key for the kitchen, subject to risk assessment.

The service had an outside space that people could access easily. People could use the courtyard and the garden.

Peoples' engagement with the wider community

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

Good

Wards for people with learning disabilities or autism

Staff made sure people had access to opportunities for education and work, and supported people. Staff were limited in their ability to provide these opportunities due to Covid-19 restrictions. The service had the off-site Joy Clare activity centre which they were waiting to re-open. The service offered a structured timetable of therapy and activities.

People could participate in therapy earning roles where they had an interview for the role to develop their confidence and interview skills. Roles included van washing, cleaning, a tuck shop and a food bank.

Staff helped people to stay in contact with families and carers. They supported home visits, where appropriate.

Staff encouraged people 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 people using the service – including those with a protected characteristic.

The service met the needs of all people using the service, including those with needs related to equality characteristics.

Staff helped people with advocacy, cultural and spiritual support.

People's communication needs were always met. The service had a policy in place to meet the information accessibility standard. The service had accessible information available in different prints, symbols, photos and images. People were provided with communication information cards if required. There was a pictorial schedule for breakfast showing the order to have breakfast in, to support people to develop their skills and promote their independence.

We observed pictorial signs throughout the building including a pictorial image of peoples' rehabilitation pathway which ends with a house as a planned outcome. People had access to a pictorial timetable of daily activities with a variety of activities and a pictorial Covid-19 board with information and advice. There was a board with staff's pictures, so people knew who the staff were. There was a communication board with advice on communication. Although the advice related to appropriate contact and consent, part of it referred to 'kissing' as 'not good touch' which was not clear and could be considered as restrictive in nature. We shared this with the manager who said they would change the wording on the board so that it is clear to people using the service.

Some staff were trained in Makaton and those that were not had training planned. Speech and language therapy staff delivered 'signing training' and guides were available for staff. The wards had a weekly 'sign of the week' for staff to use.

Staff made sure people could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the people and local community.

Managers made sure staff and people 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 people. People where given the opportunity to buy their own food and cook. Community meeting minutes demonstrated that specific dietary requirements were met. Staff ensured people who required Halal food received this.

Good

Wards for people with learning disabilities or autism

Staff used a form called 'all about me' to understand and get to know the people they were supporting. However, the form did not include questions relating to a persons' cultural needs. This was fed back to the manager of the service who said they would take action to address this and change the form.

People had access to spiritual, religious and cultural support. The service was refurbishing their prayer room for people who use the service.

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.

People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

The provider had 23 complaints for the whole hospital between March and June 2021 and 1 of these complaints were for Oak and none for Larch Court. The provider had investigated or were in the process of investigating these complaints and found that 12 were not upheld, 5 were partially upheld, 2 were withdrawn and 4 were being investigated.

The service clearly displayed information about how to raise a concern in areas used by people who use the service.

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

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

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

Staff knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint. We saw feedback from complaints in community meeting minutes. Staff had displayed a 'you said, we did' board in the corridor of the ward which displayed actions that were identified by people who used the service and the completion of these.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The provider had received 28 compliments for the whole hospital between March 2021 and June 2021 with seven of these for Oak and Larch Court.

The service worked to a recognised model of care for people with a learning disability or autistic people.

Are Wards for people with learning disabilities or autism well-led?

Good

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

Good

Wards for people with learning disabilities or autism

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for people using the service and staff. Managers provided senior staff with leadership training which 17 staff from the whole hospital participated in.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider had a mission, vision and strategy alongside five values that they promoted including integrity, trust, empower, respect and care.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff said the changes in leadership and management were positive and had improved their experience of working at the service. This was an area for action following our inspection in 2019. Staff were keen to talk to us about the improvements they had made to the service and were passionate and enthusiastic in demonstrating this.

Managers gave staff opportunities for career progression by asking staff to express their interest in 'acting up' roles. Roles included senior support workers and two additional clinical team leader roles which two senior staff 'acted up' in to.

Managers completed a closed culture survey with staff where they identified areas of improvement and had completed action plans to improve the culture of the service. This included ensuring staff were aware of the values of the organisation, knowing how to advocate for people, increased the presence of advocacy staff, raised the profile of reporting concerns, ensuring senior management staff had a presence in the hospital and ensuring staff had sufficient training and supervision to support them in their roles.

Governance

Our findings from the other key questions demonstrated that governance systems and processes were improved and were now in place to monitor, assess, manage and mitigate risks. Managers responded in a timely manner to address safety concerns and had addressed actions from previous inspections.

The provider had made significant changes to their senior management team and had ensured staff were now in roles to enhance improvements to systems and processes at the service. The provider had ensured there was now an interim registered manager in post who had worked hard to make improvements to the service. Managers had recruited two clinical service managers to oversee the running of specific wards. The provider had ensured there was a staffing co-ordinator in post to ensure safe staffing was adhered to and a human resources and training co-ordinator to ensure all staffing records were up to date. The provider had made improvements by now ensuring the human resources and training co-ordinator completed disclosure barring service checks for all staff, including agency staff, and mandatory training courses were monitored, completed and up to date.

Good

Wards for people with learning disabilities or autism

Following our inspection in 2020, the provider did not ensure they followed their recruitment, selection and appointment of staff policy. We reviewed eleven staff files and found that the files in place since our last inspection in 2020, were in line with the provider's policy when recruiting, selecting and appointing all new staff.

The provider had recruited a patient safety lead and a safeguarding lead to ensure all safety and safeguarding concerns were reported, investigated and improvements were made. The provider audited restraint incidents involving the use of the management of potential and actual aggression techniques to ensure safe practice was maintained and any lesson learnt were shared. As a result of any improvements required to practice, the safety lead provided de-briefs and support to staff when improvements to their approach were required. This was an area identified as requiring improvement at our inspection in 2019. A review of the providers audit record showed that staff had made improvements to the way they managed incidents of restraint.

The provider had recruited a quality and compliance manager who monitored and made improvements to safety by ensuring reporting and recording of lessons learnt on the provider's overarching learning action plan were completed. Actions from this were monitored and reviewed to ensure improvements were embedded.

Wards held weekly business meetings to review local governance on the ward and the service held monthly clinical governance meetings to review and take action on overall governance of the hospital.

Managers had ensured staff were aware of the current risks to the service by producing an easy read version of their risk register for staff.

Following our inspection of the provider in January 2020, we found the provider's Workforce Race Equality Standards action plan was not specific, measurable, attainable, relevant, or time-based. We told the provider they should take action to address this. During this inspection, we found the provider had completed some work on diversity and inclusion. However, following our recent inspection of Cygnet Healthcare Limited, at our provider well led review, report published in June 2021, we concluded the progress of the hospital is probably constrained by the wider organisational work needed which is in progress.

Cygnet Healthcare launched Cygnet's Multicultural Network where the aim of this group was to identify and understand the needs and experiences of colleagues from under-represented ethnicities, to increase their visibility and develop and maintain a representative workforce with inclusive leadership. The provider amended their recruitment policy so that a member of staff from an ethnic minority background was involved in short listing and interviewing for senior posts. The human resources system was being configured to allow for anonymization of applications to vacancies. the equality and diversity eLearning module was updated with input from the Multi-Cultural Network and there were weekly Multicultural Network Meetings across the organisation.

At a local level the provider had five Multicultural Network Ambassadors, delivered unconscious bias training to managers who recruited and included staff from ethnic minority backgrounds in the short listing and interviewing process for the recruitment of senior positions. The provider had ensured that their staff relations group was diverse in representation.

Management of risk, issues and performance

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. The provider had systems and processes in place to monitor risk and performance. The service held daily

situation report meetings to review staffing, incidents and any issues of concern. Managers formed plans and actions to address these. The provider had a risk register in place which they used to record, review and manage risks to the service. Managers had ensured staff were aware of the current risks to the service by producing a concise version of their risk register for staff.

Information management

Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.

Engagement

Staff had access to a staff relations group where staff could share suggestions for improvements or raise concerns about the hospital. Staff also had access to a trauma risk management service where following any serious or traumatic incidents at Cygnet, staff could access de-briefs, individual risk assessments or one to one support. Staff had access to the sustaining resilience at work program which identified and prevented mental health issues experienced by staff. Staff had access to Cygnet's employee assistance program which provides a variety of support options to staff. The psychology team at the service provided one to one de-briefs or group de-briefs to staff. Managers provided staff with a human resource drop-in session in April 2021 for staff to discuss, in confidence, any issues, concerns, feedback or recommendations they had.

Staff had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins, newsletters and a weekly update from the registered manager. Staff were able to attend staff forums and support groups. The provider used staff survey results to improve the service and formulated an action plan to address the issues found as a result of the 2020 staff survey which has been completed. The results of the 2021 staff survey had just been released and managers held a meeting with the staff relations group to discuss co-producing an action plan which is owned by the staff as opposed to the management team. The most recent staff survey was positive with 69% of 68 staff saying Cygnet leadership were committed to providing high quality care and 84% that their line manager valued their work.

People had opportunities to give feedback on the service they received in a manner that reflected their individual needs. People gave feedback through patient forum groups, patient council meetings, community meetings and by speaking with advocates. People were given the opportunity to attend a confidential focus group with commissioners to provide feedback about their experience of care at the hospital. As a result of this, actions were identified and were added to the provider's overarching learning action plan and continue to be a work in progress.

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

Learning, continuous improvement and innovation

The hospital were continuing to work towards achieving their accreditation for inpatient mental health services.

Staff engaged actively in local and national quality improvement activities. Staff had submitted a research proposal on an investigation of the relationship between compassion fatigue and coping self-efficacy in mental health workers during the Covid-19 pandemic to Cygnet's research and development panel for approval.