Requires improvement

Cygnet Health Care Limited

Cygnet Hospital Bierley

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-130486669	Cygnet Hospital Bierley	Bowling, Bronte, Denholme and Shelley wards	BD4 6AD

This report describes our judgement of the quality of care provided within this core service by Cygnet Health Care. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cygnet Hospital Bierley and these are brought together to inform our overall judgement of Cygnet Hospital Bierley.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Requires improvement
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Cygnet Hospital Bierley as **requires improvement** because:

- The seclusion rooms did not meet the required standards of the National Institute for Health and Care Excellence (NICE) published guidance 2015, 'Violence, and aggression: short-term management in mental health, health and community settings'.
- There was a lack of awareness among senior managers of issues relating to Bowling ward.These issues included repeated use of prone restraint, a high number of incidents which had resulted in restraint and the impact on patients who told us they felt staff did not have the necessary skills to support them when they experienced distress.
- Staff on Bowling ward told us they felt unable to meet the clinical needs of patients on the ward. This was in relation to practising and using DBT skills they had learnt in therapy.
- The policy for searching patients, visitors, property and the environment did not follow current Mental Health Code of Practice guidance. Neither did it differentiate between informal and detained patients.
- There were no action plans in place to evidence how the hospital was working towards achieving a reduction in use of prone restraint.
- The wards had 'blind spots' and ligature points. The hospital was unable to confirm dates for completion of works to remove these. Measures in place to mitigate some of these risks on Bowling ward were undignified for patients. For example, staff supervised patients when they had showers.
- We looked at the management of medicines across the hospital and found issues relating to the storage, recording and administration of medicines across all four ward areas.
- Patient feedback on the approach of staff was not consistently good. During a patient-led meeting on Bowling ward, 14 patients reported that staff did not always treat them with empathy and, while, some staff took the time to listen to them, others did not. All fourteen patients reported not receiving sufficient information before their admission to Bowling ward.
- Access to bedrooms on Bowling ward was restricted for some patients. Incident records showed this had led to incidents where staff were injured and patients restrained and secluded.
- Patients had time-limited access to a shared outside space. Incident records we reviewed showed this had led to incidents of violence and aggression. Ward managers reported this as being one of the main challenges they experienced.
- Patients had access to facilities to make hot drinks however, patients on Bowling ward told us they had to ask staff for cups.
- A review of incident records showed there had been instances where doctors had not reviewed patients following incidents of self-harming behaviour.
- Care plans did not provide staff with clear guidance regarding checking of wounds sustained during self-harming behaviour.
- Staff did not receive sufficient information on risk and other matters for patients who had arrived at the Psychiatric Intensive Care Unit (PICU) as urgent cases.
- Ward managers reported a lack of storage within the hospital for patients to store their belongings.
- Clinical audit and governance systems and processes in place were not robust, as they had failed to identify areas of concern, which we highlighted during the inspection to the senior management team.
- Data gathered at ward level was inconsistent with data reviewed at board level. This meant the governance system was not robust and did not support effective lesson learning or the development of new operational policies and local protocols.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Inadequate

We rated safe as **requires improvement** because:

- The seclusion rooms did not meet the required standards of the National Institute for Health and Care Excellence (NICE) published guidance 2015, 'Violence, and aggression: short-term management in mental health, health and community settings'.
- There was a lack of awareness among senior managers of issues relating to Bowling ward.These issues included repeated use of prone restraint, high number of incidents which led to restraint and the impact on patients who told us they felt staff did not have the necessary skills to support tem when they experienced distress.
- The wards had 'blind spots' and ligature points. The hospital was unable to confirm dates for completion of works to remove these. Measures in place to mitigate some of these risks on Bowling ward were undignified for patients. For example, staff supervised patients when they had showers.
- The policy for searching patients, visitors, property and the environment did not follow current Mental Health Code of Practice guidance. Neither did it differentiate between informal and detained patients.
- There were no action plans in place evidence how the hospital was working towards achieving a reduction in the use of prone restraint.
- We looked at management of medicines across the hospital and found issues relating to the storage, administration and recording of medicines across all four ward areas.
- A review of incident records showed that there had been instances where doctors had not reviewed patients following incidents of self harming behaviour.
- Care plans did not provide staff with clear guidance regarding checking of wounds sustained during self-harming behaviour.

Are services effective?

Requires improvement

We rated effective requires improvement because:

- Patients had their Mental Health Act rights explained on admission.
- Care plans did not provide staff with clear guidance regarding checking of wounds sustained during self-harming behaviour.
- Staff did not receive enough information for patients who were urgently admitted to the Psychiatric Intensive Care Unit (PICU).
- Patients experienced delays in accessing Psychology services.

Summary of findings

- Staff on Bowling ward told us they felt unable to meet the clinical needs of patients on the ward. This was in relation to practising and using DBT skills they had learnt in therapy.
- The senior management team at the hospital did recognise that this needed addressing and they shared with us plans to review the contract with nurses on Bowling ward to ensure that they were committed to training in DBT and being part of the therapeutic delivery programme.

Are services caring?

Requires improvement

We rated caring as requires improvement because:

- Patient feedback on the approach of staff was not consistently good.
- 14 patients reported not receiving sufficient information before their admission to Bowling ward.
- During a patient-led meeting on Bowling ward, 14 patients reported that staff did not always treat them with empathy and, while, some staff took the time to listen to them, others did not.
- We received mixed feedback from patients throughout the hospital relating to the progress they had made.
- We saw evidence of positive engagement from patients in involvement activities and nine patients on Bronte, Denholme and Shelley ward said staff were approachable and they felt safe at the hospital.
- Patients on Shelley, Bronte and Denholme ward told us they had been orientated to the wards and provided with information about their care and treatment.

Are services responsive to people's needs?

Requires improvement

We rated responsive as requires improvement because:

- Access to bedrooms on Bowling ward was restricted for some patients. Preventing some patients from accessing the rooms had resulted in incidents where staff were injured and patients restrained and secluded.
- Patients had time-limited access to a shared outside space. Incident records we reviewed showed this had led to incidents of violence and aggression. Ward managers reported this as being one of the main challenges they experienced.
- Patients had access to facilities to make hot drinks however, patients on Bowling ward told us they had to ask staff for cups
- Ward managers reported a lack of storage within the hospital for patients to store their belongings.
- Managers and staff listened to complaints and concerns of patients and responded to them.

Summary of findings

- There were systems in place to assist with admission and discharge of patients.
- Staff discharged and moved patients during the day and staff did not normally accept admissions at night.

Are services well-led?

Requires improvement

We rated well led as requires improvement because:

- There was a lack of awareness among senior managers of issues relating to Bowling ward. These issues included repeated use of prone restraint, a high level of incidents which resulted in restraint and the impact on patients who told us they felt staff did not have the necessary skills to support them when they experienced distress.
- Data gathered at ward level was inconsistent with data reviewed at board level. This meant the system was not robust and did not support effective lesson learning or the development of new operational policies and local protocols.
- Policies in place relating to search and restraint did not provide guidance for staff working on Bowling ward.
- Clinical audit and governance systems and processes in place were not robust, as they had failed to identify areas of concern, which we highlighted during the inspection.
- There were no action plans in place to evidence how the hospital was working towards achieving a reduction in use of prone restraint.
- Ward managers were taken away from their respective clinical areas to complete administrative tasks due to the lack of streamlined IT systems in place.

Summary of findings

Information about the service

Cygnet Hospital Bierley had four wards:

- Bowling ward: An unlocked ward within a locked or 'secure' hospital which admits female patients who have been diagnosed with a personality disorder. The ward admits patients who are detained under the Mental Health Act and also patients on a voluntary basis. Bowling ward is a 16-bedded ward with a four-bedded annexe. The annexe was not in use at the time of the inspection. At the time of our inspection, there were 15 beds in use. There were 13 patients who were detained under the Mental Health Act and two voluntary patients.
- Bronte ward: A low secure service for women. Bronte ward has 12 beds and the ward was full at the time of the inspection.
- Shelley ward: A low secure service for men of working age. Shelley ward has 16 beds, with 15 beds in use at the time of our inspection.
- Denholme ward: A psychiatric intensive care unit for women. Denholme ward has 15 beds, with nine beds in use at the time of our inspection.

Our last inspection of Cygnet Bierley Hospital took place on 4 April 2014. At that time, the service was not meeting all of the required regulations. Areas of breach were in Management of medicines and in Assessing and monitoring the quality of service provision. The provider sent us an action plan telling us how they would meet the regulations. On this inspection, we checked to see if the provider had made improvements and found this had not been the case in the required areas.

The last Mental Health Act review took place on 5 June 2015. The reviewed made recommendations and the hospital responded in July 2015 with an action plan telling us how they would make improvements.

Our inspection team

The inspection team included a CQC inspection manager, six inspectors and a variety of specialist advisors, which included hospital managers, mental health nurses, a pharmacist, a psychologist, a Mental Health Act reviewer and two experts by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection, we reviewed information we held about Cygnet Hospital Bierley and asked other organisations to share what they knew.

During the inspection, we held focus groups with a range of staff who worked within the service, such as nurses, doctors, and therapists.

During the inspection visit, the inspection team:

Summary of findings

- visited all four wards, looked at the quality of the ward environment, and observed how staff cared for patients
- spoke with 23 patients and collected feedback through one patient comment card,
- spoke with the ward managers on each ward,
- spoke with 35 other staff members, including doctors, nurses and social workers
- interviewed the medical director, hospital director, quality assurance manager, corporate risk manager, reducing risk interventions lead and the clinical lead with responsibility for the wards
- attended four handover meetings and two multidisciplinary meetings.

We also:

- collected feedback through one patient comment card
- looked at the care and treatment records of 31 patients
- carried out a specific check of the medication management on each ward
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 23 patients across all four wards within the hospital to help us understand how they felt about their care and treatment.

On Bowling ward we witnessed staff being abrupt with one patient about leaving their bedroom door open. Patients on Bowling ward described their progress as going backwards since admission to the ward. They said there had been a lack of information before their admission to Bowling Ward and that they felt frustrated with the ward regime. Four patients on Bowling ward expressed frustrations at cancelled activities or leave due to staffing levels. In a patient meeting on Bowling ward, 14 patients told us they felt staff did not have the skills they needed around DBT. They said at times when they experienced distress the staff did not know how to support them in using their DBT skills.

However, six patients on Bronte and Denholme wards told us staff were approachable and they felt safe at the hospital. Two patients on Shelley ward told us staff treated them with respect and were supportive.

On Bronte, Denholme and Shelley wards, we observed staff being warm and friendly towards patients and speaking with them in a respectful and supportive manner. Staff knocked on patients' bedroom doors before entering.

Patients on Bronte, Denholme and Shelley wards said the activities on offer were well organised and consistent. One patient said they felt they were making more steady progress at this hospital.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff on Bowling ward receive training which enables them to meet the clinical needs of the patients on Bowling ward.
- The provider must ensure they review their policy on searching patients to ensure it meets the guidance within the Mental Health Act Code of Practice, and it differentiates between informal and detained patients.
- The provider must ensure systems are in place to ensure the proper and safe management of medicines.
- The provider must improve governance processes to ensure staff recognise themes, address them, and learn lessons.
- The provider must improve record keeping systems to ensure data at board level is consistent with data at ward level.
- The provider must remove or mitigate all ligature points on Bowling ward to ensure observations are carried out safely and promote dignity for patients.
- The provider must give patients access to personal space, particularly in their bathroom.

Summary of findings

- The provider must improve seclusion rooms so they meet the necessary standard.
- The provider must follow national guidance on reducing the use of prone restraint.

Action the provider SHOULD take to improve

- The provider should improve the layout of wards to support observation of patients.
- The provider should increase patients' access to outside space.
- The provider should continue with plans to improve access to psychological treatments throughout the hospital.
- The provider should review the role of ward managers and support available to them to carry out their role.
- The provider should improve information available to patients before and during admission.
- The provider should ensure care plans for wound care are in place for patients who self-harm.
- The provider should ensure medical staff review patients who self-harm.

Cygnet Health Care Limited

Cygnet Hospital Bierley

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bowling, Bronte, Denholme and Shelley wards.	Cygnet Hospital Bierley

Mental Health Act responsibilities

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

Staff told us they had completed training on the Mental Health Act and demonstrated a good level of understanding. Staff said the Mental Health Act training included the Mental Capacity Act training.

Staff completed documentation in respect of the Mental Health Act 1983 to a satisfactory standard. Paperwork about detention was accessible in patients' notes and stored securely.

However, we found there was inconsistency when it came to consent to treatment forms within the hospital. On Shelley ward we found the responsible clinician had not adequately completed one patient's consent to treatment form. In addition, guidance within the Mental Health act Code of Practice had not been followed which meant the second opinion forms for three patients on Shelley ward, were more than two years old. The MHA Code of Practice states that second opinion forms should be reviewed every 12 months.

The Mental Health Act administrator had been in post for just one week. They had received no training regarding the MHA code of practice. The general manager, who is non-clinical, supervised the post holder. In addition, MHA usage and compliance was reported to the integrated governance meeting by exception only.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff told us they had completed training on the Mental Health Act and demonstrated a good level of understanding.

Staff said the Mental Health Act training included the Mental Capacity Act training. On Bowling ward all staff had completed the training, on Shelley ward it was 92.3%, Bronte ward 93.8%, and on Denholme ward, 87%.

Detailed findings

There is a policy available in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), which staff could access. We examined six patient records on Shelley Ward and three on Denholme Ward, all of which demonstrated good mental capacity recording.

A local independent mental capacity advocacy service provided patients and staff with good advice on mental capacity. Displays in the ward areas promoted this service.

Inadequate

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as **inadequate** because:

- The seclusion rooms did not meet the required standards of the National Institute for Health and Care Excellence (NICE) published guidance 2015, 'Violence, and aggression: short-term management in mental health, health and community settings'.
- There was a lack of awareness among senior managers of issues relating to Bowling ward. These issues included repeated use of prone restraint, high number of incidents which had resulted in restraint and the impact on patients who told us they felt staff did not have the necessary skills to support them when they experienced distress.
- The policy for searching patients, visitors, property and the environment did not follow current Mental Health Code of Practice guidance. Neither did it differentiate between informal and detained patients.
- There were no action plans in place to evidence how the hospital was working towards achieving a reduction in use of prone restraint.
- The wards had 'blind spots' and ligature points. The hospital was unable to confirm dates for completion of works to remove these. Measures in place to mitigate some of these risks on Bowling ward were undignified for patients. For example, staff supervised patients when they had showers.
- We looked at the management of medicines across the hospital and found issues relating to the storage, recording and administration of medicines across all four ward areas.
- A review of incident records showed there had been instances where doctors had not reviewed patients following incidents of self-harming behaviour.
- Care plans did not provide staff with clear guidance regarding checking of wounds sustained during self harming behaviour.

Our findings

Safe and clean environment

All four wards had L-shaped corridors with communal rooms and bedroom doors that opened onto the corridor. The layout did not allow staff to observe patients easily and communal corridors did not have mirrors to help with observations. The nursing offices of the four wards were situated in a position that meant the staff inside had restricted vision of the main ward corridors. On Bronte, Denholme and Shelley wards, we saw staff were visible on the main ward areas during our inspection. On Denholme ward, the manager explained a member of staff would remain on the corridor at night to make sure they could see all patient movements.

On Bowling ward, we saw;

- There were times while we were on the ward when staff did not supervise the main corridors
- The staff on duty used a smaller, adjoining nursing office that had no visual access to the ward from which they could hear limited noise from the ward. We observed patients knocking on the office door; however, staff could not see or hear them to respond.
- A number of areas on the ward which patients had access to potentially posed further ligature risks. These included taps in the activity room, taps in bedrooms, doors and hinges in bedrooms and electrical wiring hanging from behind a wall mounted TV on the wall of the communal lounge.
- We looked at two incident logs dated 15 and 28 December 2014, which showed incidents had taken place involving the same patient using wiring from a TV in the communal lounge and their bedroom to self-harm. We saw that staff did not supervise these rooms and had not secured electrical cables appropriately.
- Staff we spoke with on Bowling ward told us, to mitigate the identified ligature risks, they had to supervise patients while having a shower.

Denholme, Bowling and Shelley wards had taps in bedrooms and communal bathrooms, which patients could potentially use to self-harm by hanging (ligature). These risks were included in the environmental risk assessments, but the risk assessments did not contain

Inadequate

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

details of the measures and controls that staff used to minimise the risk. The ward managers confirmed the provider had carried out a costing exercise to replace the taps but did not give us dates for completion of the work. In addition, we saw patients had access to a number of items in their bedroom that might also pose a risk such as DVD's, CD's, TV's and music systems. They left these items unattended in their bedroom with the door open. Other patients on the ward who were also at risk of potentially self-harming could access these items.

The seclusion room on Shelley ward needed improvements to enable it to fully meet recommendations in the National Institute for Health and Care Excellence (NICE) published guidance 2015, 'Violence, and aggression: short-term management in mental health, health and community settings'. This was because the seclusion room:

- Had an en suite toilet that was fitted with a wooden seat and a toilet base made of porcelain. This was a potential risk as the porcelain could be broken and the wood was a potential infection control risk and possibly a weapon.
- Had a metal washbasin instead of one made from safer plastic materials, and this had lever taps.
- Had a blind spot and a ligature risk, which greatly increased the risks posed to patients.
- Lacked appropriate temperature controls and ventilation. The seclusion records indicated a patient's seclusion had to end due to the room overheating.
- Did not have rounded edges to doorframes and windows to prevent self-harm.
- Had no intercom system in place for communication between staff and patients.
- Did not follow the Department of Health guidance, 1983. This states seclusion rooms should be adequately furnished, heated, lit and ventilated. The policy also states the patient should be within eyesight at all times.

Members of the inspection team observed that the clinic rooms on all wards were in good order with an examination couch, blood pressure monitors, and weighing scales. We found emergency drugs were stored correctly and in date. Resuscitation equipment was stored in the nursing offices. Records we looked at showed equipment had been checked recently at the time of our visit.

Staff carried personal attack alarms to keep them and patients safe. All staff reported they had access to personal attack alarms. A response team consisting of nursing staff responded for support if staff activated the alarms.

For children visiting the hospital the service provided a family visiting room off the ward that was equipped with children's toys. On Bronte ward, the inspection team saw evidence of planning for a child visit, in line with the service policy. The social worker liaised in the correct way with the host local authority and family members to ensure the visit was appropriate and in the best interests of the child.

Safe staffing

The number of qualified nurses and healthcare assistants on the wards was dependent on the number of patients on the ward and their individual needs. The ward managers followed a formula where the number of staff increased when the patient numbers, or level of observations, increased beyond a certain point. For example, on Bowling ward, the minimum number of nursing staff, and healthcare assistants was four on a shift, and this increased when there were more than nine patients. On Denholme, staffing levels increased when the number of patients was more than six.

The manager of Bowling ward stated they were having particular recruitment issues, as the ward was not a popular place to work. The manager of Denholme Ward stated that staffing levels were set in line with Accreditation for Inpatient Mental Health Services AIMS standards. AIMS is a programme designed to improve the quality of care in inpatient mental health wards. They were currently working one staff member short on every shift. The ward manager told us they always ensured extra staff were on duty to address this so the ward was not short staffed.

All ward managers were concerned about recent issues regarding poor retention rates and an inability to recruit generally and throughout the hospital. We saw the management of the hospital had taken steps to address this through the employment of long-term, contracted agency staff to help with consistency of care to patients. These staff always worked alongside permanent staff members.

Bowling ward had eight permanent qualified nurses; four of these posts were vacant. In addition, the ward had 13 permanent healthcare assistants with one post vacant. Information from the provider reflected the regular use of agency and bank staff in response to the increased hours

and the vacancies. In the four months between 1 January and 31 April 2015, agency and bank staff covered 1,624 qualified nursing hours out of 4,015, and 1,607 healthcare assistant hours out of 9,152.

On Bowling ward, there were not always enough staff to manage the ward safely. For example, on 16 June 2015 the ward manager told us there should be eight members of staff on duty. The duty rotas showed only seven staff were on duty at the time. We found the ward manager was being included in the staffing for that day. This resulted in the ward manager not being able to complete their managerial work.

Bronte ward had eight permanent qualified nurses; two of these posts were vacant. In addition, the ward had 10 permanent healthcare assistants with no vacancies. Information from the provider reflected the regular use of agency and bank staff in response to the increased hours and the vacancies. In the four months between 1 January and 31 April 2015, agency and bank staff covered 1,827 hours qualified nursing hours out of 3,810, and 2,198 healthcare assistant hours out of 6,648.

Denholme ward had seven permanent qualified nurses; two of these posts were vacant. In addition, the ward had 16.5 permanent healthcare assistants with five posts vacant. Information from the provider reflected the regular use of agency and bank staff in response to the increased hours and the vacancies. In the four months between 1 January and 31 April 2015, agency and bank staff covered 2,008 hours qualified nursing hours out of 5,230, and 7,698 healthcare assistant hours out of 18,530.

Shelley ward had four permanent qualified nurses; four of these posts were vacant. This meant at the time of our inspection the ward had no permanent qualified staff. In addition, the ward had eight and a half permanent healthcare assistants with four of these posts vacant. Information from the provider reflected the regular use of agency and bank staff in response to the increased hours and the vacancies. In the four months between 1 January and 31 April 2015, agency and bank staff covered 1,610 hours qualified nursing hours out of 3,831, and 1,918 health care assistant hours out of 6,454. This meant there was a high use of agency staff on all four wards.

Overall staff sickness was relatively low. For the year from 1 June 2014, Bowling ward had 3.9%, Bronte 7.5%, Denholme 5.1% and Shelley 4.8%.

Most staff had completed the basic training they needed to carry out their work safely.

- On Bowling ward staff had completed training on health and safety awareness, fire awareness, infection control, manual handling, information governance, prevention and management of violence (PMVA), personal safety, seclusion, equality and diversity and risk management. Data from the provider showed these were all at 100%. However, one qualified member of staff said they had not completed PMVA training.
- On Bronte ward most showed figures between 81.3% and 93.8% for staff who had completed mandatory training.
- Shelley ward staff had completed 69.2% to 100% of mandatory training.
- Denholme ward staff had completed 82.6% to 100% of mandatory training.

When staff started working at the hospital, they completed a weeklong induction, which consisted of completion of all the mandatory training. Mandatory training was refreshed on an annual basis. Induction also included time on the ward areas working alongside experienced staff. They were not counted as part of the ward staffing number while they did this. The respective ward manager then checked they were competent.

Assessing and managing risk to patients and staff

We looked at 31 patient records and saw risk assessments were in place, which showed staff had assessed risks in a comprehensive way. The risk assessments we looked at ensured staff had clear guidance on how to manage the risks identified. These included physical health, and risk to self and others, which staff reviewed regularly. We saw the hospital used a recognised tool, the short-term assessment of risk and treatability (START), to assess and review patient risks, which was suitable for acute and forensic mental health services.

To ensure patients' safety the staff would routinely increase the level of observations for any changes to a patient's presentation and complexity. On all four wards, we found records to show staff had carried out patient observations at agreed intervals and recorded them.

On a shift-by-shift basis, managers gave individual staff members the task of ensuring the ward remained secure. This involved completing a checklist. Patient use of certain items was restricted and the staff member was responsible

for the allocation and return of these items. This was to ensure the safety of the patients. Staff completed training on security awareness. On Bowling ward and Shelley ward all staff had completed the training, while on Bronte ward it was 93.8% and on Denholme ward 91.3%.

The policy for searching patients, visitors, property and the environment, which was reviewed in February 2015, stated searching should only take place if absolutely necessary to create and maintain the therapeutic environment, the security area, and the safety of patients. However, this did not follow current Mental Health Act Code of Practice guidance. Neither did it differentiate between informal and detained patients. Staff on Bronte, Denholme and Shelley wards placed restrictions on patients based on the individual patient's level of risk.

Bowling ward is an unlocked ward within a locked or 'secure' hospital which admits female patients who have been diagnosed with a personality disorder. The ward admits patients who are detained under the Mental Health Act and also patients on a voluntary basis. The hospital search policy applied to the whole hospital and did not make exception to Bowling ward. This meant there were inconsistencies in approaches across the hospital relating to searching patients and their belongings.

We looked at the management of medicines across the hospital and found issues relating to the storage, recording and administration of medicines across the four ward areas. For example:

- On Shelley ward, we found issues relating to the storage of medicines. We found a number of medicines that were out of date. We found stock cupboards contained medicines which were no longer prescribed and had not been removed; this included medicines for named patients still being stored.
- We also found medicines were missing. This included seven doses of Clonazepam 2mg tablets and four doses of Procyclidine 5 mg tablets. Medication for one patient who had been discharged remained in the medication cupboard. When we checked the stock level recorded against the box of tablets we found one tablet was missing.
- We saw that a medication for one patient was not in stock and when nursing staff contacted other wards in the hospital there was none available.
- We identified that stock checks of items controlled drugs were not carried out at handover as required.
- We found examples of where medicines including 'as required' medication had not been reviewed.
- On Shelley ward, one patient had refused their medicines, but staff had not recorded the reasons for this.
- On Shelley ward, a qualified staff member told us they were not aware of the hospital having a medicines management policy in place.
- On Shelley ward, we observed poor practice relating to administration of medicines when a qualified staff member gave medicines to patients without signing after each one. Instead, they signed all the records at the end of the administration round.
- On Bowling ward we found there was no guidance in place for staff to follow when administering 'as required' medication to patients.
- Audits were completed in relation to use of high doses of antipsychotic medication on a quarterly basis; however, if a robust medicines management system was in place at ward level these issues would not have been identified by us.

Incident logs we looked at showed staff had used rapid tranquilisation four times in April 2015. Staff had given this medication to the same patient three times in 25 days. We reviewed the care plans of patients prescribed medicines on an 'as required' basis. We found there was no guidance within the care plans for staff to follow when administering the medicines. This meant patients were at risk of receiving their medicines inappropriately.

We spoke with the specialist registrar on Bowling ward regarding the use of rapid tranquilisation. They confirmed that staff used rapid tranquillisation medicines to try to calm agitation or aggression. They said DBT (Dialectical Behaviour Therapy) was newly established on Bowling ward and still being rolled out. Therefore, staff used rapid tranquilisation for some patients until the DBT programme was fully functioning. There was no clear indication of when the use of these medications would stop or when DBT would become effective.

We found that the wider Cygnet service is reviewing the Prevention and Management of Violence and Aggression (PMVA) policy, but that the service has not included in the draft we saw any aspirational targets to reduce the number of prone restraints used in the wider service, or the Bierley hospital.

Inadequate

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

There was a lack of awareness amongst the senior leadership team of the number of prone restraints used in the hospital and therefore no plans as to how to reduce the number of incidents and the use of restraint.

The hospital **must** improve its response to the reduction of prone restraint.

The service uses training methodology provided by the West London Mental Health NHS Trust Training referred to by some staff on the wards as "Broadmoor training". Broadmoor is a high secure hospital that treats people with mental illness and personality disorders who represent a high degree of risk to themselves or to others.

Staff on all wards had completed prevention and management of violence and aggression (PMVA) training. For every incident, staff completed a form and put the information in patient progress notes. The registered manager and the ward managers reviewed the incident forms.

Staff had followed the Mental Health Act Code of Practice or followed the organisation's policy regarding seclusion. Staff feedback on the use of seclusion differed between the wards. Staff on Shelley and Denholme wards said they rarely used seclusion.

We looked at a sample of 24 incident logs from Bowling ward dated between 15 December 2014 and 28 April 2015 and saw staff had used seclusion on every occasion.

We found;

- Staff on Bowling ward tried to use de-escalation in most cases but this was not successful. All 24 incidents had escalated to the use of physical intervention and restraint.
- Our review of incident forms showed staff had used prone restraint 12 times in this period. However, data from the provider showed staff used facedown (prone) restraint in only two cases between February and April 2015.

Other data reviewed showed:

- On Denholme ward between 47% and 63% of incidents of violence and aggression resulted in restraint between February and April 2015. The longest period of prone restraint we found recorded was for 50 minutes in April 2015.
- On Bronte ward use of restraint was between 14% and 22% for February to April 2015. Data provided showed staff used seclusion on three occasions. For incidents resulting in staff using PMVA there was evidence to support the use of de-escalation in almost all such cases.
- On Shelley ward data provided by the hospital showed nine incidents had taken place between February and April 2015. One in March 2015 had resulted in restraint for five minutes. Data showed staff also used de-escalation.

One incident we reviewed on recorded CCTV footage showed staff held a patient in restraint in prone position for a longer period than required. This was because they needed to prepare the intramuscular medication they were going to administer. We observed the patient was overweight and was, therefore, at a greater risk of positional asphyxiation. Despite having access to CCTV footage, there was no evidence the hospital management team used this to check incidents where there had been prolonged episodes of restraint. According to Cygnet Health Care's policy on the prevention and management of violence and aggression, staff should only use prone restraint if other safer methods are likely to fail, and should be for the shortest time possible.

We reviewed an incident record for one patient on Bowling ward where the patient had self-harmed by ligaturing (trying to hang them self) in their bedroom in December 2014. The record of restraint form stated the person was showing signs of cyanosis, (going blue in the face due to lack of oxygen) and staff restrained them to remove the ligature. The record of restraint showed no evidence a doctor had assessed the patient following this. Before this, the patient had been restrained using prone restraint. Good practice would be for a doctor to review the patient following an episode of applying a ligature. Not to call a doctor for a medical review when a patient had shown signs of cyanosis is a serious failure to attend appropriately to the patient's health, and this placed them at risk of significant harm.

We found staff did not always review a patient's physical health following an incident. Two incident records we examined showed that one patient had ligatured (tried to hang them self) and were not seen by a doctor to review their physical health afterwards. In February 2015, another patient was heard 'head banging' in their bedroom and we

Inadequate

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

found no evidence they were physically assessed by a doctor following the incident. The incident record completed by staff said the patient was at serious risk of injury.

Track record on safety

Cygnet Hospital Bierley used a paper system to record all incidents. Staff completed forms at the time of an incident, and the ward manager and the registered manager reviewed the forms. Staff collated information from the forms and provided this to managers to enable them to identify any concerns about individuals or patterns across the wards each month. Staff told us they reviewed the minutes of the monthly clinical governance meetings.

Data from the provider showed between 1 February and 31 April 2015 staff had reported 379 incidents. The information was divided into types of incident. For example, in April 2015, there were 177 incidents. This was broken down into security (29), violence (72), abuse (two), self-harm (79) and medication (three). Managers on each ward told us they had reviewed the collated information.

We reviewed a sample of incident forms and found them to be correct. Staff on all four wards also told us they attended de-briefs following an incident to review the actions they had taken.

On Denholme ward, we found evidence of learning from incidents, which consisted of improvements made to observation charts. This was a learning outcome from an incident on the ward in 2014. Staff told us that they discussed learning from incidents in staff meetings.

All ward managers told us they were aware of their responsibility to report an incident under reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The most recent incident reported was in November 2014.

The ward managers displayed a good level of understanding of the need to report under duty of candour. The duty of candour is a legal duty on hospitals to inform and apologise to patients if there have been mistakes in their care, which could have led to significant harm.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated effective **requires improvement** because:

- Patients had their Mental Health Act rights explained by staff on admission.
- Care plans in place did not provide staff with clear guidance regarding checking of wounds sustained during self-harming behaviour.
- Staff did not receive enough information for patients who were urgently admitted to the Psychiatric Intensive Care Unit (PICU).
- Patients experienced delays in accessing psychology services.
- Staff on Bowling ward told us they felt unable to meet the clinical needs of patients on the ward. This was in relation to practising and using DBT skills they had learnt in therapy.
- The senior management team at the hospital did recognise that this needed addressing and they shared with us plans to review the contract with nurses on Bowling ward to ensure that they were committed to training in DBT and being part of the therapeutic delivery programme.

Our findings

Assessment of needs and planning of care

We looked at 31 care records and found staff completed a range of assessments, including risk assessments following a patient's admission to the hospital. The records from each ward held appropriate personalised information to enable staff to provide patients with a consistent approach. The doctors confirmed they completed a range of physical assessments on admission including blood tests and physical observations. Although, staff on Denholme ward told us patients admitted in crises and out of hours sometimes did not have sufficient pre admission information completed for staff to look at.

Each ward had processes in place to ensure the records were completed and updated. Staff updated risk assessments during the multidisciplinary team meetings

The records showed patients had access to physical health care. However, in three care records we found areas of assessments had not been completed in relation to providing staff with guidance on checking the wounds of a patient who self-harmed and a sections relating to reason for admission.

Patients had their progress reviewed in weekly or fortnightly ward rounds with a consultant psychiatrist and members of the multi-disciplinary team including nursing staff. Staff could discuss physical health matters in these meetings if necessary.

Patients told us staff provided information when they arrived and escorted them on a tour of the ward. They also said there was a 'buddy' system in place that involved other patients offering support during their integration onto the ward.

Information relating to the care and treatment of patients was stored securely in locked offices on the wards and staff could find it when they needed it.

Best practice in treatment and care

To meet the continuing additional healthcare needs of patients, the hospital had an agreement for an afternoon per week of appointments at a local GP practice. Where any patients required urgent physical health, care staff would accompany them to the local accident and emergency department or an out of hour's doctor service. Monitoring of patients physical health in relation to diabetes, high cholesterol, blood pressure monitoring and electrocardiograms were completed by nursing We saw on Shelley ward, two patients were having treatment from their dentist and a dermatologist.

On Shelley and Bronte Wards, ward managers raised concerns regarding delays in accessing psychological assessments for patients. Guidelines in place at the hospital stated patients could expect to have a psychological assessment within three months of their admission. On Bronte ward, one patient admitted in February 2015 was still awaiting an assessment at the time of our inspection. Patients on Shelley ward also expressed concern at having to wait in excess on three months for assessments to be completed.

Monthly clinical governance meetings were held and attended by all four ward managers. The meetings included reviews, presentations and discussion of national guidance. Staff followed the psychiatric intensive care unit and seclusion standards recommended by the National

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Institute for Health and Care Excellence (NICE). The medical director, all medical staff, the hospital manager, the clinical manager and relevant administration staff also attended these meetings.

The quality assurance manager attended the integrated governance meetings as well as liaising with NHS England and Commissioners on a regular basis.

Skilled staff to deliver care

Bowling ward is an unlocked ward within a locked or 'secure' hospital and it has patients who are detained under the Act and voluntary patients. Since the last inspection, the hospital has created a new post of head of therapies with a lead psychologist now heading this small department. The lead psychologist is a member of the senior management team and she reviewed the DBT service on Bowling ward following their appointment in October 2014. The assessment showed was that the DBT service was not effective and a relaunch was recommended and subsequently rolled out in February 2015. However, despite a lack of specialist training, skills and knowledge in the nursing care delivery group, the service continued to admit new patients onto Bowling ward, with 15 of the 16 beds occupied at the time of the inspection.

Five staff within the hospital were trained as DBT facilitators. These staff ranged from the head of psychology to activity coordinators. A further eight staff who had completed three day training however, only one of these staff trained in DBT were based on Bowling ward. Two nurses on Bowling ward had received training in DBT told us they had given up the specialist training as they regarded it as being in conflict with their role as nurses. In addition to this, the remaining nursing team including the ward manager had completed DBT awareness training at a ward away day in April 2015.

The feedback we received from members of the nursing team was that they felt unable to meet the clinical needs of patients on the ward. This was in relation to practising and using DBT skills that they had learnt in treatment. Two staff members told us they felt they did not know the 'ins and outs of DBT' so it was difficult to know how to discuss it with the patients. One of the staff told us, "Its hard when patients are distressed and we do tell them to do their DBT but it doesn't seem to help." Another staff member said, "If I had been trained I would maybe know what to do but I just do my best." One staff member told us they were hoping to receive training but they were not aware of any that had been planned. Staff also told us there were often issues at weekends when 'Therapy staff' were not available for patients. We saw the activity coordinators were often on shift at weekends but staff said they were very busy on the other wards.

The senior management team at the hospital did recognise that this needed addressing and they shared with us plans to review the contract with nurses on Bowling ward to ensure that they were committed to training in DBT and being part of the therapeutic delivery.

The hospital employed a range of staff that provided care and treatment for the patients. These consisted of consultant psychiatrists, specialist doctors, social workers, nurses, healthcare support workers, involvement workers, substance misuse workers and occupational therapists.

Staff stated regular team meetings were held. They gave examples of how they used the opportunity to reflect on practice and discuss training opportunities that were available. They also gave positive feedback regarding the encouragement by their managers to access further training, which may be beneficial to their roles. Two members of health care assistants told us they had been supported to train to become registered nurses.

Staff supervision was provided throughout the hospital wards. Clinical and managerial supervision is a way of ensuring staff are supported in their role and also allows managers to identify any areas of training or issues relating to staff competency. For example, Bowling ward reported achieving 100% compliance with staff having both clinical and managerial supervision on monthly basis. We saw weekly group supervision was also available and led by a psychologist.

Staff appraisal rates over the last 12 months showed staff were having their performance and competency for their role reviewed on an annual basis. Shelley and Denholme ward reported 100% compliance, Bronte ward 87.5% compliant and Bowling Ward 76.2 %.

The medical staff stated they had regular six weekly supervision and annual appraisals which were part of their revalidation with the hospital medical director. They also completed mandatory training, with access to further specialist training if required.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

On Denholme ward, the manager was able to describe how they had recently dealt with a disciplinary issue with the support of the HR department.

Multi-disciplinary and inter-agency team work

A multidisciplinary team (MDT) is composed of members of healthcare professionals with specialised skills and expertise. The members work together to make treatment recommendations to ensure quality patient care.

The wards each followed a multidisciplinary approach to care and treatment. This involved nursing staff, a consultant psychiatrist, specialist doctor, psychology, social workers and occupational therapists.

MDT meetings were held on the wards once a week and staff worked together with patients to ensure they had the opportunity to attend and discuss any concerns they had. Patient's progress was reviewed at these meetings.

We observed MDT meetings on Bowling and Shelley ward and saw a structured process was in place that involved all of the team. On Shelley ward, staff supported the patient to express their opinions about their level of leave. However, on Bowling ward, records showed psychology staff did not attend the meetings on a regular basis. Regular attendance by staff that engage in psychological work with patients is crucial. This would ensure that communication of the patient's progress is understood by the team.

On Bronte ward, we found evidence of liaison with the National Psychosis Service. Staff discussed optimising a patient's medication and also issues regarding blood monitoring for patients prescribed clozapine medication.

We attended four morning handover meetings where in-depth discussion took place about any changes to patient behaviours that staff coming onto shift needed to be aware of.

The wards held a Care Programme Approach meeting (CPA) which involved multi-professionals three months after a patient was admitted to the hospital. These were then held every six months. The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. On Denholme ward, staff explained they liaise closely with the patient's local area care team in relation to care planning and discharge. This was reflected in patient's records.

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

Staff completed training on the Mental Health Act and demonstrated a good level of understanding. Staff said the Mental Health Act training included the Mental Capacity Act training. Data from the provider showed Bowling ward 100%, on Shelley ward 92.3%, Bronte ward 93.8% and on Denholme ward, 87% had completed the training.

Although ward managers had a system in place for checking records relating to MHA, we found some of the documentation in patient records was not correct. On Shelley ward, the responsible clinician had not completed one patient's consent to treatment form adequately. In addition, second opinion forms for three other patients were over two years old. Documents required for completion by the responsible clinician should ensure all of the relevant information relating to the patient's ability to consent is evident. In addition, it states in the MHA Code of Practice that second opinion forms should be reviewed every 12 months.

The ward manager of Bowling ward stated that to mitigate informal patients being treated the same as detained patients; informal patients had their rights read to them regularly to help ensure patients understand their rights.

Patients had their MHA rights explained by staff on admission. Care plans were in place to ensure this was completed on a regular basis. We saw some patients had signed to say this had been done, others had refused to sign their care plans. Patients had access to an independent mental health advocate (IMHA) to support them if they chose to appeal against their detention. Patients told us staff had informed them of their rights and we saw evidence of this in two patient's records who had appealed against their detention. However, the MHA administrator had only been in post for one week and had not received any training regarding the MHA Code of Practice. Minutes from the integrated governance meeting showed MHA usage and compliance was reported by exception only.

Good practice in applying the Mental Capacity Act

There was a policy available in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which was accessible to staff.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We examined six patient records on Shelley ward and three on Denholme Ward, which all demonstrated good recording by staff in relation to mental capacity.

Requires improvement

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as requires improvement because:

On Bowling ward:

- Patients on Bowling ward were not always complimentary about staff approach.
- The ward manager on Bowling ward told us staff lacked the necessary skills to support patients effectively at times of distress.
- We received mixed feedback from patients on relating to the progress they had made.
- Patients did not always receive sufficient information prior to their admission to the hospital.
- We saw evidence of positive engagement from patients throughout the hospital in involvement activities.
- Patients on Bronte, Denholme and Shelley ward said staff were approachable and they felt safe at the hospital.

Our findings

Kindness, dignity, respect and support

We observed a lack of consistency in approach by staff towards patients. On Shelley, Bronte and Denholme wards, we observed staff being warm and friendly towards patients and speaking with them in a respectful and supportive manner. Staff were visible on the wards areas throughout the inspection. We observed handovers taking place and saw staff displayed a good level of understanding of individual patient need. Staff we spoke with told us they felt patients received good care.

We received mixed feedback from patients about the care and treatment they received. Some patients felt they had improved whilst at the hospital, others told us they felt they were not progressing and like they had taken a step backwards.

On Bowling ward, we witnessed staff being abrupt with one patient about having their bedroom door open. When speaking to us, a staff member did not display any respect for a patient while describing the reason for the patient not having their bedroom door closed. During a patient-led meeting on Bowling ward, 14 patients reported they were not always treated with empathy and whilst some staff took the time to listen to them, others did not. Feedback from three patients on Bowling ward regarding their progress on the ward was not positive. One patient told us the staff treated them with dignity and respect but felt their consultant did not listen to them. They said this left them feeling disempowered.

The involvement of people in the care that they receive

Patients on Shelley, Bronte and Denholme wards told us they had been orientated to the wards and provided with information about their care and treatment. They told us there was a buddy system in place that involved other patients offering support during their integration onto the ward.

However, six patients we spoke with on Bowling ward told us they had their belongings taken from them on admission. They told us the ward staff did not explain the rationale for this to them. Patients told us they had come from other clinical environments where access to their belongings was not restricted in this way. All six patients said they were not given sufficient information prior to admission and found the ward regime difficult to adjust to.

All of the patients we spoke with told us they were able to attend their MDT meetings. On Shelley and Bronte ward patients said, they were supported by staff during the meetings and felt able to ask questions about their medicines, S17 leave and their progress.

On Bronte, Bowling and Shelley ward, eight out of 10 patients told us they had been involved in developing their care plans with staff. All of these patients had signed their care plans. We looked at other care plans that stated the patient had refused to sign. Staff told us they reviewed this with the patient on a monthly basis.

Patients on all wards had the opportunity to have support from the advocate. The advocate visited the hospital weekly and information regarding this including telephone contact details was displayed information on the wards and included in welcome packs. Patients on Shelley ward told us they used the service and found it to be supportive. On Denholme ward, four patients told us they found the advocate “helpful” and “kind”. They had all booked to see the advocate that day.

The hospital had an involvement co-ordinator. Their role was to involve patients and their carers to provide feedback on the service provided in order to make improvements.

Requires improvement

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

They attended ward-based meetings and assisted patients in developing new ideas for activities they would like to engage in. Representatives from all wards were invited once a month to attend an involvement meeting. Feedback from the group was displayed in the "You Said, We Did" noticeboard on the wards.

The wards all held community meetings that took place daily or weekly. Minutes from all of the wards showed the focus of the meetings was involvement of the patients in the planning their day and week. This included activities, visits and attending various therapies. Staff had displayed minutes of the recent weekly meetings on the noticeboard on Bronte and Shelley ward.

Are services responsive to people's needs?

Requires improvement

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We rated responsive as **requires improvement** because:

- Patients were care planned to restrict access to their bedrooms. Incident records reviewed on Bowling ward showed this had led to incidents where staff had been injured and patients had been restrained and placed in seclusion.
- Patients had time-limited access to shared, outside space. Incident records we reviewed showed this had led to incidents. Ward managers reported this as being one of the main challenges they experienced.
- Patients had access to facilities to make hot drinks however; they did not have cups to use and had to request these from staff.
- Ward managers reported a lack of storage within the hospital for patients to store their belongings.
- Managers and staff listened to concerns and complaints of patients and responded to them.
- There were systems in place to assist with the access and discharge of patients.
- Staff discharged or moved patients during the day and staff did not normally accept admissions at night.

Our findings

Access and discharge

Access to and discharge differed from ward to ward. This depended on the person's reason for admission and their treatment needs and progress whilst at the hospital. The wards provided a range of care and treatment options to patients from a wide geographical area. At the time of inspection, these were Bradford, Cambridgeshire, Bolton, Cumbria, Oldham, South Cheshire, South Tees and South West Lincolnshire. All of the ward managers said they discharged patients during the day and would not usually accept admissions at night.

On Denholme ward, other hospitals or commissioners referred patients to the ward when they required emergency short-term care and treatment. This meant the referrals were often unplanned and in crises. The ward manager explained they had a referral process in place, which involved other hospitals or commissioners completing the relevant referral documents, which included information about the patient. They said they were not under pressure to accept referrals if they felt that clinically the ward was not stable enough to accept them. They also explained the ward regularly reviewed the patient's progression towards discharge and arranged this in accordance with their CPA requirements.

Bowling ward received referrals for women of working age that required specialist treatment for personality disorder. Shelley and Bronte ward provided low secure care to patients who were referred into the service by NHS England commissioners.

The facilities promote recovery, comfort, dignity and confidentiality

The ward environments were spacious, nicely decorated with a range with rooms available for therapy and activities. The wards had communal lounge and dining areas, quiet areas and offices. Patients had their own bedrooms with en-suite facilities that they were able to personalise.

On Bowling ward, patients could store their valuable possessions in the security cupboard, which was accessed by the nurse covering 'security duties' that day. There were set times for access and patients were aware of this. The ward managers reported there was a lack of storage space for patient's belongings in the hospital, which meant one patient had their belongings stored off site at another hospital.

Patients had access to the bedrooms all of the day on Bronte and Denholme ward. Bedroom doors were locked on Shelley ward due to recent incident of items being taken from a patient's room and their bedroom door key was missing.

On Bowling ward, the manager told us some patients had care plans in place, which restricted access to bedrooms due to their risk of self-harm. This could be any period of the day ranging from 9am to 1pm or 9am to 10pm. We spoke with six patients about this and they told us they found this upsetting at times. They said they often wanted to spend time in their room especially when incidents occurred or they felt they needed some time alone but this was not allowed. We saw evidence of where three incidents had occurred leading to staff being assaulted. One patient spent 10 hours in seclusion following staff restraining them to remove them from their bedroom.

Are services responsive to people's needs?

Requires improvement

By responsive, we mean that services are organised so that they meet people's needs.

Patients on all wards had limited access to a shared, outside space. Patients used the courtyard area for smoke breaks and the wards each had set times on the hour to use the space. Patients felt they had limited access to fresh air. Staff told us the limited outside space often frustrated patients and led to incidents occurring on the wards and in the courtyard area when patients did not want to come in. Incident records we looked at confirmed this.

The ward managers told us that the sharing of the courtyard area had implications in terms of aspects of security for their ward. Managers told us that cutlery has to be checked before and after meals, due to the risk of patients secreting items in the courtyard for patients from other wards who also used the area. The manager of Denholme Ward said sharing the courtyard could result in patients being placed in holds to be brought back in. They also had staff completing 'dynamic risk assessments' on an hourly basis for all patients wanting to use the courtyard area which is time consuming for the nursing team.

The food menu was of good quality with healthy options available. Comments we received from patients about the food was, "good", "ok" and "edible". Menus were displayed on all four ward areas and the patients had input into them. There were fixed mealtimes in place and snacks were stored in locked storerooms or kitchen areas therefore not available at all times. Access to cutlery was through staff as this was counted before and after use. Patients had access to hot water to make drinks at any time of the day however; they had to request a cup from staff. Cold drinks were available at all times.

Organised activities were available Monday to Friday for patients to take part in if they wish. Due to patient feedback, organised activities were no longer available at weekends. Weekend activities had been trialled by the activities coordinator who found that participation in activities at weekends was poor and patients explained they wanted some free time at the weekends. Patients had access to a 'weekend box', which contains board games and other activities for patients to engage in.

Meeting the needs of all people who use the service

On all of the wards, information was displayed on noticeboards to inform patients about the wards. This included the names of the staff on duty and how to make a complaint.

Managers of all the wards told us interpreter services were available and these had been used to assist in assessing patients' needs. The hospital had a multi-faith room and rooms where patients could meet their visitors.

Listening to and learning from concerns and complaints

Patients told us they knew how to make a complaint and felt assured that any complaints made would be dealt with appropriately. Staff told us they were aware of the complaints policy and described how they would respond to a complaint from a patient. They also described additional support available for patients such as advocacy services. Complaints were logged using the providers' electronic recording system. We saw evidence of investigation of complaints including the outcome and any learning. The ward managers told us they shared learning from complaints with staff via staff meetings and supervision where necessary.

Information provided by the provider showed there were 45 formal complaints from April 2014 to March 2015, most of which related to Denholme ward. Only three of the 45 complaints were upheld. The complaints that were upheld related to Bowling ward and other (a complaint not about a specific ward). The highest number related to Bowling ward. The upheld complaints on the Bowling ward related to a member of the nursing staff and the quality of care on this ward. The upheld complaint relating to other was regarding poor communication.

Within Cygnet Hospital Bierley a centralised complaints process is led and co-ordinated by the hospital manager via a weekly meeting. An annual review of complaints takes place via the Governance meeting, along with a quarterly update, which looks at themes and achievement of resolution.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well led as **requires improvement** because:

- There was a lack of awareness among the senior management team of the issues relating to Bowling ward. These issues included repeated use of prone restraint, a high number of incidents which had resulted in restraint and the impact on patients who told us they felt staff did not have the necessary skills to support them when they experienced distress.
- Clinical audit and governance systems and processes in place were not sufficiently robust, as they had failed to identify areas of concern that we highlighted during the inspection.
- The data used to analyse and learn from incidents gathered at ward level was not consistent with data reviewed at board level.
- Policies in place relating to search and restraint did not provide guidance for staff working on Bowling ward.
- There was a lack of action planning in place to reduce the number of prone restraints.
- Ward managers were taken away from their respective clinical areas to complete administrative tasks due to the lack of streamlined IT systems in place.

Our findings

Vision and values

Since that last inspection, the Cygnet hospital group had been taken over by Universal Health Services. The Cygnet hospital brand remains and the service has developed a range of values. These are stated as “honesty, respectfulness, responsible, empathic and helpful”.

Cygnet's stated mission is ’To provide superior quality healthcare that service users recommend to family and friends; clinicians prefer for those in their care; purchasers select for their clients; and employees are proud of.’

We found staff engagement with the vision and values to be mixed. The hospital had introduced a value of the week with the value being on the reverse of the staff member's identity card and there was a slot for discussion on values at team meetings. This had raised the awareness of the service's values. However, on Bowling ward, we saw practices that were not always in line with the values, such as respectfulness and being empathic and helpful. During our feedback to the senior management team, they did not show an awareness of how these practices did not promote dignity or show empathy or respectfulness.

Good governance

We found that the hospital had poor systems in place to ensure patients had a quality service. We found that the wider Cygnet service was reviewing the Prevention and Management of Violence and Aggression (PMVA) policy, but that the service had not included in the draft we saw any aspirational targets to reduce the number of prone restraints used in the wider service, or the Bierley hospital.

The service uses training methodology provided by the West London Mental Health NHS Trust Training was referred to by some staff on the wards as "Broadmoor training". Broadmoor is a high secure hospital that treats people with mental illness and personality disorders who represent a high degree of risk to themselves or to others,

There was a lack of awareness amongst the senior leadership team of the number of prone restraints used in the hospital and therefore no plans as to how to reduce the number of incidents and the use of restraint.

Bowling ward is an unlocked ward within a locked or 'secure' hospital and it has patients who are detained under the Act and voluntary patients. Since the last inspection, the hospital has created a new post of head of therapies with a lead psychologist now heading this small department. The lead psychologist is a member of the senior management team and she reviewed the DBT service on Bowling ward following her appointment in October 2014. Her assessment was that the DBT service was not effective and a relaunch was recommended and subsequently rolled out in February 2015. However, despite a lack of specialist training, skills and knowledge in the nursing care delivery group, the service continued to admit new patients onto Bowling ward, with 15 of the 16 beds occupied at the time of the inspection.

Five staff within the hospital were trained as DBT facilitators. These staff ranged from the head of psychology to activity coordinators. A further eight staff who had completed three day training however, only one of the staff trained in DBT were based on Bowling ward. Two nurses on Bowling ward had received training in DBT told us they had

Are services well-led?

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By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

given up the specialist training as they regarded it as being in conflict with their role as nurses. In addition to this, the remaining nursing team including the ward manager had completed DBT awareness training at a ward away day in April 2015.

The feedback we received from members of the nursing team was that they felt unable to meet the clinical needs of patients in practising and using DBT skills that they had learnt in treatment. The senior management team at the hospital did recognise that this needed addressing and they shared with us plans to review the contract with nurses on Bowling ward to ensure that they were committed to training in DBT and being part of the therapeutic delivery programme.

The hospital search policy applied to the whole hospital, which did not make exception to Bowling Ward despite it being an 'open ward' which admitted both detained and non-detained patients. There was a lack of leadership in the senior team to address issues on Bowling ward.

We found that the response of ward staff on Bowling ward to non-compliance with care plans led to incidents of restraint and seclusion. These were inappropriate responses to the presenting behaviours and perceived risks. There was a failure on the part of the management team to see these patterns or to learn lessons from incidents.

All ward managers spoke of the amount of work not having a streamlined IT system caused them. They gave examples relating to payroll, auditing of care records, rotas and incident reporting. They all stated that the auditing of care records was done once a month and consisted of a ward manager and a deputy manager taking eight hours to complete this for each ward. They stated that they were responsible for approving all payrolls, which also took hours to complete, and the staff rotas were a task that they all dreaded as this again took hours. All of this time, they said, was time, which could be better spent on the ward with staff and patients. They felt these were administrative tasks and detracted from their time on their respective clinical areas.

Minutes from integrated governance meetings showed Mental Health Act usage and compliance was reported by exception only.

Leadership, morale and staff engagement

Staff commented favourably on how they were supported to address their own development needs via external programmes and the hospital has established links with local university. New nursing staff entered the service on preceptorships, which provided support and development when they started their employment. The hospital had introduced apprenticeship schemes for some non-qualified staff.

Commitment to quality improvement and innovation

Since the last inspection, the hospital has added a new post to the senior management team of head of therapies with a lead psychologist in the post. Another new appointment to the senior team is that of a general manager. The post is recognition of the need to strengthen the management team with this non-clinical operational manager role supporting the hospital director and the clinical nursing lead to be more focussed on clinical matters and the hospital governance.

The hospital's medical director has recently been appointed as medical director on the board of the Cygnet organisation and the doctors in the hospital believe that this will strengthen the medical leadership role in the Bierley hospital.

The psychiatric intensive care unit has achieved accreditation under the Accreditation for Inpatient Mental Health Services (AIMS). This is a standards based accreditation programme designed to improve the quality of care in inpatient mental health wards. We were advised that the AIMS assessors noted that the hospital needed to improve on the access to psychological services provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Regulation 15 (1) (c) Premises and equipment.** **We found the seclusion room did not meet national guidelines because:** • The seclusion room had an en-suite toilet, however, the toilet was fitted with a wooden seat and the toilet base was made of porcelain. • The washbasin was made from metal with lever taps and not designed from safer plastic materials. • The seclusion room was also found to have a blind spot and a ligature risk that greatly increase the risks posed to patients. • The room lacked appropriate temperature controls and ventilation. The seclusion records indicated a patient's seclusion had to end due to the room overheating. • Edges on doorframes and windows were not rounded off to prevent self-harm. • There was no intercom system in place to assist communication between staff and patients. • The Hospital seclusion policy refers to Department of Health guidance, 1983 and states seclusion rooms should be adequately furnished, heated, lit and ventilated. The policy also states the patient should be within eyesight at all times. **The provider must make sure the seclusion room and de-escalation room are safe and meet current national guidelines.**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 (1) (2) (g) Safe care and treatment.**

This section is primarily information for the provider

Requirement notices

We found issues across all four ward areas relating to the management of medicines relating to storage, administration and recording of medicines.

This included;

- A number of medicines being stored were out of date.
- Medicine cupboards contained medicines which were no longer prescribed.
- Medicines were identified as missing.
- Medication was not available for one patient.
- Medication, including as required medication had not been reviewed.
- Lack of awareness of current medicine management policy by one staff member.
- Lack of stock checks of controlled drugs taking place at handover.
- Staff did not sign for medication when they had administered them but at the end of the medication round.
- Lack of guidance within care plans for staff to follow when they administered 'as required' medication to patients.
- **Lack of robust system in place to identify all of the issues we identified.**

Regulation 12 (2) (c)

- The provider must ensure that staff on Bowling ward receive training which enables tem to meet the clinical needs of the patients on Bowling ward.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9 (1) (a) Person-centred care** **The care and treatment of service users must be appropriate.** • The policy for searching patients, visitors, property and the environment, must be reviewed to ensure it meets current guidance within the Mental Health Code of Practice guidance. It also must differentiate between informal and detained patients.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Governance systems did not ensure staff recognise themes, address them and learn from them. • Systems in place for collection and review of data did not ensure information at board level was consistent with information gathered at ward level.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Regulation 10 (1) Service users must be treated with dignity and respect.** • The hospital did not give patients on Bowling ward access to their personal space, particularly their bathrooms.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13 (1) Safeguarding service users from abuse and improper treatment** • The provider must introduce measures to reduce the use on patients of face down floor (prone) restraint by staff. Face down restraint can put patients at risk of asphyxiation.