Cygnet Health Care Limited

Cygnet Lodge Brighouse

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

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

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The ward teams included a full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Some of the décor and furniture was well worn and in need of updating.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good	

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Lodge Brighouse

Cygnet Lodge Brighouse has been registered with the Care Quality Commission since November 2010 to carry out the following regulated activities:

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

Cygnet Lodge Brighouse is a high dependency inpatient rehabilitation service for up to 21 men. The emphasis within the service is on preparing individuals for discharge or to support with longer term optimal functioning. At the time of the inspection 20 patients were receiving care and treatment at the hospital.

The Care Quality Commission previously inspected this location in June 2015 and in Feb 2018 and on both occasions the service was rated as good overall, with a rating of good in each of our five key questions.

At the time of our inspection there was a registered manager in place.

What people who use the service say

Patients who used the service said that staff were kind and supportive and went out of their way to meet their needs and treat them well. They said that they could speak to staff for support when they needed it, including at night. They said they knew most staff well and that staff understood their individual care plans.

Patients generally said there was a good range of activities to take part in during the week, but one patient said that there was less do at the weekend. Patients said they were able to access leave from the hospital when they were supposed to, and that staff made efforts to support them to access the community.

Families and carers that we spoke with were positive about their experiences of the hospital. They said that staff liaised with them and included them where it was necessary and that when they visited that staff were friendly and helpful.

How we carried out this inspection

During the inspection visit, the inspection team:

- Toured the hospital and its grounds, looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 6 patients.
- Spoke with families, carers and care coordinators.
- Spoke with the registered manager (hospital director)
- Spoke with 14 other staff members: including the responsible clinician, psychologist, social worker, nurses and support staff.
- Attended and observed a multidisciplinary meeting (ward round), staff clinical huddles, and a number of patient activity groups.
- Reviewed 8 patient care records.
- Reviewed how medicines were managed and looked at all patients' medicine records.

Summary of this inspection

- Reviewed a range of policies, procedures and other documents relating to the running of the hospital.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that they continue to work towards their environmental plan to improve the décor and furnishings across the hospital.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

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 knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

The layout and physical environment of the hospital was complex, set across several different floors and corridors. People using the service were assessed as a low risk of harming themselves and were therefore given a high level of freedom to use the facilities available to them.

Staff could use mirrors to observe patients in all parts of the ward and some areas were allocated to be used as and when required, for example a computer room and an assisted living kitchen.

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

Staff had easy access to alarms and patients had easy access to nurse call systems. These were rarely needed but patients and staff said when they were used, they were effective, and people received the support they needed.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Some of the furniture and décor was well worn but the hospital had implemented a detailed plan of upgrade and redecoration at the time of the inspection. A lot of the work had been completed and some was being finished during our visit.

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

Staff followed infection control policy, including handwashing.

Long stay or rehabilitation mental health wards for working age adults

Good

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

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 permanent nursing and support staff to keep patients safe. We looked at documents that showed us that the ward was well staffed, with a range of qualified and support staff both during the day and at night. Patients also told us that there were enough staff to support them when they needed it.

Use of bank and agency staff was low and those that were used were familiar to the service and had undertaken suitable induction and training to work on the ward.

The service had low vacancy rates, turnover rates and sickness.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Records showed that there were at least 2 qualified nurses on each shift and a suitable number of other support staff available to respond to the needs of all patients.

The ward manager could adjust staffing levels according to the needs of the patients, for example if there was a need to increase observations.

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

No patients had their section 17 leave cancelled during the 12 months prior to our inspection, even when the service was short staffed.

Staff shared key information to keep patients safe when handing over their care to others. Handovers were well documented and included a useful summary of each patients' recent activities, history, current risks and management plans.

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.

Mandatory training

Staff had completed and kept up-to-date with all of their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff. It included basic life support, immediate life support, prevention and management of violence and aggression, medicines management, awareness of self-harm and suicide, safeguarding and training about autism and learning disabilities.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers monitored mandatory training and alerted staff when they needed to update their training. Detailed training data was available which could indicate immediately which staff needed to do what training and if there were any particular training modules that were below the required target. At the time of this inspection there were no training modules that did not meet the hospitals required targets.

Assessing and managing risk to patients and staff

We looked at 8 care records. Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff used an electronic form to report incidents and we tracked a number of them through to completion and found good evidence of information being used to inform risk review and care and treatment plans.

Staff used a recognised risk assessment tool called the Short Term Assessment of Risk and Treatability.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. It was clear that staff were making good use of risk management plans and there were clear links between assessed risks and the ongoing management of these risks, including the formulation of care plans.

Staff identified and responded to any changes in risks to, or posed by, patients. Care records showed that levels of risk were measured for each patient on a very frequent basis which enabled people to receive the right care at the right time. For example, if somebody needed increased observation this was monitored frequently to ensure that the level remained appropriate.

Staff followed procedures to minimise risks where they could not easily observe patients. This included the use of cameras and increased observations and the ability to close off areas to certain patients if the risk to them using the space alone was too high. Some patients were given individually assessed access to rooms that contained high levels of risks such as assisted living kitchens and a computer room.

Staff followed trust 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 very low.

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. Although there were some reported instances of violence and aggression these very rarely led to restraint being needed. This was evident from the data we looked at and patients that we spoke with who said that restraint was rarely used on the ward.

Long stay or rehabilitation mental health wards for working age adults

Good

All staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. This included face to face learning as part of people's inductions and ongoing refreshers every year. Managers at the hospital also used information that they gathered about restraint to review and improve their practice with each other and at provider wide meetings where they could learn and share best practice with managers from other hospitals.

Staff understood the Mental Capacity Act definition of restraint and worked within it. When we spoke to staff, they showed a good understanding of the definition of restraint, and they could explain the different ways in which they would work to avoid using it with different patients.

Staff followed NICE guidance when using rapid tranquilisation, but this was rarely used. Data provided by the service showed that they had not used any in the year leading up to this inspection.

Neither seclusion nor long term segregation had been used during the past 12 months leading up to this inspection. There were no seclusion facilities available at the hospital.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training. All staff had undertaken some form of safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They used an effective system to report and track safeguarding incidents and this system helped staff ensure pieces of work were completed in a timely manner. We also saw evidence of how information gathered from these pieces of work was used to inform discussions at monthly safeguarding meetings.

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

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

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, which were paper-based and electronic.

Patient notes were comprehensive and all staff could access them easily. Records were stored across a number of systems, but staff appeared to be making good use of the different systems and there were clear links between the different parts.

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.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff followed systems and processes to prescribe and administer medicines safely. This included processes for a small number of patients who were able to self-medicate with support from staff when they needed it.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We saw discussions about medicines taking place during meetings with patients. These meetings were a helpful space for patients to discuss their needs and options.

Staff completed medicines records accurately and kept them up-to-date. Where any errors occurred, these were reviewed quickly, and learning identified. There were only a small number of recording errors documented but there was an open and transparent culture when these occurred.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

Staff learned from safety alerts and incidents to improve practice. For example, staff had made changes to the way in which they reviewed self-medication processes as a result of monthly medication audits that had been carried out.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. We saw detailed evidence that staff were taking steps to ensure those that were on high doses of anti-psychotic medication were reviewed and discussed on a regular and meaningful basis.

Track record on safety

The service had a good track record on safety. There had been 2 serious incidents during the 12 months prior to our inspection, both related to the deaths of patients who had been medically unwell.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. They used an electronic system to report incidents and there was clear evidence that staff reported all levels of incidents, in line with the hospital's policies. Incident reports contained detailed information and were reviewed by an appropriate person.

The service had no never events.

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. Patients and carers told us that there was good communication between them and hospital staff if something needed to be discussed or shared. Where necessary, patients and carers were involved in the investigation of incidents.

Managers debriefed and supported staff after any serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff met to discuss the feedback and look at improvements to patient care. There were several examples of governance and operational meetings which took place where data and details about incidents was discussed. We could see how information was used to inform discussions and how it was fed back to staff for the purposes of sharing practice and learning.

Managers could provide examples of how they learned from incidents to improve practice. Following a review of incidents related to patients going AWOL, managers had implemented a protocol which aimed to increase staffs' confidence to carry out drug screenings where they might be beneficial.

Is the service effective?

Good

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

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

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. There were clear links between the assessed needs, risks and the plans that were put in place for each patient. Patients were involved in the development of their care plans by working with their named nurse or through attendance at their MDT meetings. Those patients that required them had bespoke plans to meet their needs, for example positive behaviour support plans and plans to manage and improve physical health.

Staff regularly reviewed and updated care plans when patients' needs changed. This included when patients were working towards discharge or moving to a less restrictive environment. Care plans set out clearly what steps patients were taking to reach these goals.

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. These included therapeutic groups, one to one psychology sessions, harm minimisation and cooking and life skills. They also had a range of social activities to keep people occupied, such as walking, exercise classes and trips out for those that were able to make use of leave.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff identified patients' physical health needs and recorded them in their care plans. These included diabetic management plans, food and fluid charts and support for those who had problems with substance misuse.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. We saw evidence of consultation with speech and language therapists for those patients that might have been at risk of choking and the plans that were made as a result of this work.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. We saw an example of a piece of work that the hospital staff had took part in which saw them giving enhanced support to people that smoked. Staff had taken the opportunity to take part in a regional pilot which gave them skills and materials to support those that wanted to cut down or stop smoking. This work had led to a considerable decrease in the number of patients that currently smoked.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients. There was a well-resourced computer room which was available to patients that were able to use it. Staff were also available to support those patients who needed support or supervision whilst using them.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The hospital had in place a comprehensive programme of routine auditing across all elements of the work that staff carried out. These audits covered care records, environments, staff performance, patient activity and infection control. A national cleaning audit that had been introduced enabled the hospital to considerably improve its cleanliness rating.

Skilled staff to deliver care.

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

The service had a full range of specialists to meet the needs of the patients on the ward. These included a psychiatrist, speciality doctor, psychologist, occupational therapist, OT assistant, art therapist, mental health nurses, substance misuse specialist, social worker and support workers.

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

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

Managers supported staff through regular, constructive appraisals of their work. 96% of staff had received a recent appraisal at the time of our visit.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers supported all staff through regular, constructive clinical supervision of their work. All staff had received some kind of supervision in the period leading up to the inspection. Staff that we spoke to said they felt well supported and were positive about the time they spent with staff that managed them.

Managers made sure staff attended regular team meetings and gave information from those who could not attend.

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. This included training on the general awareness of learning disabilities and autism.

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.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We observed these meetings and the team worked well together to ensure that they provided high quality care. It was clear from observations that the hospital took a collaborative approach to decision making, including the voice of the patient.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handovers were well documented and included a useful summary of each patients' recent activities, history, current risks and management plans. These happened between each shift changeover.

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. 97% of all staff had undertaken training in this area at the time of our visit.

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. Posters containing contact details were displayed around the ward and patients told us that it was easy for them to get access to an advocate when required.

Long stay or rehabilitation mental health wards for working age adults

Good

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 or with the Ministry of Justice. There were no examples of where section 17 leave had been cancelled and it was clear that staff were encouraging patients to make best use of section 17 leave to support their rehabilitation.

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.

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 trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. All staff had undertaken training in this area at the time of our visit.

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.

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

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Long stay or rehabilitation mental health wards for working age adults

Good

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. Patients told us that staff were kind and supportive and went out of their way to meet their needs and treat them well.

Staff gave patients help, emotional support and advice when they needed it. We carried out 2 formal observations of care, and inspection staff spent time in and around communal areas throughout the inspection. We observed a warm, supporting and caring attitude from all staff towards patients. Staff were approachable and available and appeared to have a good rapport with patients. This created a helpful community in which people could spend time and recover.

Staff supported patients to understand and manage their own care treatment or condition. The voice of the patient was well documented within care records, either in their own words or through their interaction with either their named nurse or attendance at their own multi-disciplinary meetings.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each patient. Staff that we spoke with were able to explain the different ways in which they would support different patients and had a good understanding of each of the patients they worked with. Staff understood what they needed to do to help patients achieve their goals.

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. The different parts of the ward were well signposted so that people could find their way around. There were also helpful displays in communal areas to support patients to understand what to expect of their treatment, what activities were available and what to expect from some of the groups they might attend.

Staff involved patients and gave them access to their care planning and risk assessments. Patients were offered a copy of their care plans, but most people chose not to take them.

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. We observed a daily meeting which gave all patients the opportunity to discuss what activities they wanted to take part in that day. We also saw examples of community meetings that took place on a regular basis which gave patients the opportunity to discuss and make

suggestions about the way the hospital operated. These meetings included discussions about restricted items on the ward, local events that were taking place and things that people wanted to do, quality of the food, activities and the environment. There were clear examples of actions that had been followed up, for example, where displays needed updating and suggestions made for the food menu.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff completed periodic surveys in order to seek feedback from patients. As a result of this feedback the hospital was able to increase the amount of occupational therapy input during weekends and offer more evening activities.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Carers and families we spoke with spoke positively of the way in which the hospital staff communicated with them and supported patients to keep in touch with them.

Staff helped families to give feedback on the service. Carers and families said they knew who to speak with and how to give feedback if they needed to.

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

Is the service responsive?

Good

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

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Over the last 12 months bed occupancy had been 93%.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Due to the specialist nature of the work that the hospital was able to carry out they had patients that had stayed for a long time and their progression through the system would be slower. However, the hospital worked very well to prepare people for discharge and this was a key element of the work that most patients were undertaking.

Staff carefully worked with care managers and coordinators to make sure this went well. We spoke to a number of care managers and coordinators, and they were complimentary about the work that hospital staff had undertook to support the processes surrounding discharge and transfer to other services.

The hospital had a 3- bed apartment which was designed to help patients prepare for discharge by encouraging further independence in tasks such as cooking, cleaning, medicines management, self-care, and other aspects of daily living. This apartment was equipped with a range of resources to help patients live more independently.

Long stay or rehabilitation mental health wards for working age adults

Good

There were 3 patients who were ready for discharge but because of problems sourcing suitable accommodation in the community these discharged were delayed.

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.

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

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. These included a number of spaces where people could meet one to one or in groups, a computer room, music equipment, craft area, kitchen, pool table, multi faith room and a large outdoor space including a garden.

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

Patients could make phone calls in private.

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' 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 when they needed it. Patients were making good use of their leave to access the local community; the location of the hospital made it easy for people to access the well serviced town.

We saw a number of initiatives that staff had arranged which would support patients to access and make use of the local community. These included volunteering at a local outdoor centre, museum visits, walking groups and picnics in the local parks.

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.

Long stay or rehabilitation mental health wards for working age adults

Good

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. Although the hospital was set across 3 floors, there was a lift so that those with poor mobility could access all areas.

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 hospital had a multi faith room which was used by patients and staff. They also reached out to local faith leaders to invite them to visit the hospital when this was requested.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. The hospital had received 2 formal complaints and 3 informal complaints over the last 12 months. The formal complaints were investigated to conclusion and those involved received feedback.

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. There was a detailed log of each complaint and we saw these were dealt with in a timely manner.

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

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

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning and feedback from incidents was used to ensure that staff working with patients had the right level of support in place if they were finding their role difficult. Staff were reminded how to make use of the employee assistance programme if they were feeling work related stresses. A well-being basket was developed for staff which included details of local services that could be accessed through the wider organisation.

Long stay or rehabilitation mental health wards for working age adults

Good

The service used compliments to learn, celebrate success and improve the quality of care. The hospital had received 34 compliments over the last 12 months. These were from a range of patients, family member and carers, students, and external providers such as social workers and care coordinators. Staff received feedback about their caring and professional attitudes, compassion in difficult situations, positivity and for their hard work.

Managers used daily meetings to compliment specific staff, these compliments were displayed on a board and on a presentation that was available for people to watch in the staff area.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

People that used the service, including patients, staff, families and carers and commissioners, spoke highly of the hospitals management team. They said they were approachable, knew their patient group well and that they worked hard to provide the best service that they could. During the inspection we observed a good rapport between the management team, patients and other staff working at the hospital.

Vision and strategy

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

All staff had a good understanding of what was expected of them and how they were expected to achieve it. From our observations and review of meeting notes it was clear that staff worked collaboratively to support patients to work towards their goals. The registered manager had a clear vision of the service they were providing and a future vision for the service.

Culture

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

We observed a culture of openness and transparency, and staff told us they felt comfortable raising concerns and challenging each other's work. Different professions worked well together to share lessons learned and good practice which enhanced the quality of the service being delivered to people staying at the hospital and other professionals they worked with.

Staff could make use of an employee assistance programme and there was a well-being basket developed for staff which included details of local services that could be accessed through the wider organisation. Managers regularly commended staff for pieces of work or staff attitude that they felt deserved recognition.

Long stay or rehabilitation mental health wards for working age adults

Good

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The service had a comprehensive programme of audits, meetings and processes that came together to ensure that clinical and operational practice remained at a high standard. All staff had the opportunity to feed into this system and attend various meetings to keep them updated. Systems included those to monitor incidents, safeguarding, complaints, compliments, training and areas of good practice or areas for improvement, this demonstrated good governance processes.

Management of risk, issues and performance

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

Managers maintained a detailed risk register which was updated regularly and reflected the current risks the service faced.

Information management

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

The hospital had in place a comprehensive programme of routine auditing across all elements of the work that staff carried out. These audits covered care records, environments, staff performance, patient activity and infection control. Data from the hospital was shared at regional meetings to ensure they shared good practice and that they learned from other units.

Engagement

Managers engaged with other local health and social care providers to ensure clients did not have a gap in their treatment.

Staff worked well with care coordinators, commissioners, and others service providers to ensure that they met the needs of people using the service and those moving on to other providers or into the community.

Learning, continuous improvement and innovation

The hospital had previously held AIMS accreditation and was in the final stages of renewing it, they were awaiting final sign off for one element. AIMS is a quality improvement programme that recognises good practice and high-quality care whilst supporting services to identify and address areas for improvement.

Staff had taken the opportunity to take part in a regional pilot which gave them skills and materials to support those that wanted to cut down or stop smoking. This work had led to a considerable decrease in the number of patients that currently smoked.