

Cygnnet Lodge

Quality Report

2a Sandown Road
Sutton in Ashfield
Mansfield
NG17 4LG
Tel: 01623 669028
Website: www.cygnnethealth.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good	
Are services safe?	Requires improvement 		
Are services effective?	Good 		
Are services caring?	Good 		
Are services responsive?	Good 		
Are services well-led?	Good 		

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

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

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

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

Summary of findings

Overall summary

We rated Cygnet Lodge as good because:

- The environment was clean. The wards had enough nurses and doctors. Staff assessed and managed risks well. They 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 audit to evaluate the quality of care they provided.
- The service included or had access to the full range of specialists required to meet the needs of patients at the hospital. The manager ensured these staff received training, supervision and appraisal. The staff worked well together as a multidisciplinary team and with those outside the hospital 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:

- Staff did not fully complete observation records or ensure hourly observations were varied within the hour. Observations should be at irregular intervals in a pattern which cannot be predicted.
- Staff did not always record the distribution of bladed razors to patients.
- The service did not always provide weekend activities for patients
- The provider should ensure the governance and oversight of the observation policy and the implementation into everyday practice.

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



Start here...

Summary of findings

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Good 

Cygnnet Lodge

Services we looked at

Long stay or rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to Cygnet Lodge

Cygnet Lodge is part of Cygnet Learning Disabilities Midlands Limited. Cygnet Learning Disabilities Midlands Limited is the registered provider. Cygnet Lodge, located in Sutton in Ashfield, Nottinghamshire, provides eight rehabilitation beds for adult males with an acquired brain injury. Rehabilitation services provide specialist assessment, treatment and support to stabilise the person's symptoms and help them gain/regain the skills and confidence to live successfully in the community.

At the time of inspection, there were seven patients, five detained under the Mental Health Act 1983 and authorisations for two patients to be subject to Deprivation of Liberty Safeguards had been made.

The hospital has two floors, communal areas, patient bedrooms and offices on the ground floor and patient bedrooms, assisted bathroom, clinic room and an assisted kitchen on the first floor. A registered manager was present during this inspection.

Cygnet Lodge is registered with the Care Quality Commission to provide the following regulated activities:

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

Patients admitted to this hospital have a diagnosis of established or suspected acquired brain injury, alcohol-related brain injury, Korsakoff's Syndrome,

Huntington's disease or early onset dementia with rehabilitation potential. Patients might be detained under the Mental Health Act, the Mental Capacity Act, Deprivation of Liberty Safeguards or admitted on an informal basis.

Patients might also present with mental health disorders, cognitive impairment, organic psychiatric disorder or organic personality change, dysphagia or other communication problems and abnormal movements or restricted mobility.

Cygnet Lodge has a sister location, within walking distance. Both locations share the same registered manager and most of the multidisciplinary team. Cygnet Lodge is much smaller than the other location so patients and staff at Cygnet Lodge can use their facilities.

Cygnet Lodge was last inspected on 27 April 2016 when it was known as Cambian Lodge. The service was rated GOOD overall and there were no identified Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 breaches.

This inspection was part of the CQC's ongoing comprehensive mental health inspection programme.

A Mental Health Act monitoring visit last occurred on 17 August 2018. When we inspected the hospital, the manager told us all actions had been addressed.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one inspector manager on the second day.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. The inspection was unannounced. This meant staff did not know we were coming, to enable us to observe routine activity.

Summary of this inspection

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 provider.

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

Before the inspection visit, we reviewed information we held about the location, asked a range of other organisations for information and sought feedback from patients.

During the inspection visit, the inspection team.

- visited Cygnet Lodge and looked at the quality of the environment observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with the hospital manager
- spoke to one registered nurse one health care coordinator and a team leader

- spoke with five other staff members; including a doctor, occupational therapist, psychologist, Mental Health Act administrator and a speech and language therapist
- received feedback about the service from one clinical manager at a local clinical commissioning group and one case manager
- observed one morning meeting
- collected feedback from two patients using comment cards
- looked at three care and treatment records of patients
- carried out a specific check of the medicines management and reviewed the medicines charts of five patients
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke to parents of a patient at Cygnet lodge

Following the inspection visit, we spoke with a relative of a patient using the service.

What people who use the service say

We spoke with two patients during our inspection. Both patients spoke positively about the staff and the homely, caring environment at Cygnet Lodge. The patients told us they felt safe and staff at the hospital were welcoming. Patients told us they were happy at Cygnet Lodge and reported staff helped them to feel safe, looked after their physical health and helped them to stay in contact with family and friends. They reported staff provided them with practical help when they needed it. Patients told us they were involved in decisions at Cygnet Lodge.

However, patients reported they often felt bored at weekends when activities offered by the service are limited.

We spoke with three relatives during and following our inspection. Relatives praised staff and the service

provided. One family member described how calm and settled their relative had been since they came to Cygnet Lodge and wished their relative could stay longer. They found staff to be caring, responsive and polite. Family members told us they believed staff delivered good care and, as a result, their relatives' presentation was improving.

We obtained feedback from two stakeholders. One described Cygnet Lodge as a professional and responsive service. They were happy with the quality of rehabilitation therapies the patients received. They told us staff communicated well, and safeguarding practices and patient involvement was good. The other commented they were happy overall with the quality of physical health, mental health treatment and monitoring.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- Staff did not routinely complete the front sheets of observation records or ensure that hourly observations were varied within the hour. Observations should be at irregular intervals in a pattern which cannot be predicted.
- The service had no formal way of tracking bladed razors given out to patients to ensure they were safely returned. This meant that staff and patients could be at risk of accidental or purposeful harm.

However:

- The hospital environment was clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing staff and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff were committed to the least restrictive approach to managing challenging behaviour. All staff received training in managing violence and aggression.
- 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 were committed to the least restrictive approaches to managing challenging behaviour such as de-escalation (calming down).
- The provider had a robust incident reporting process. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The hospital manager investigated incidents and shared lessons learned with the whole team and the wider organisation. When things went wrong, staff apologised and gave patients honest information and suitable support.
- We saw during the inspection the visiting pharmacist regularly monitored compliance with medicines policy and procedure and any action plans were always implemented promptly.
- Patient's files contained comprehensive risk assessments covering all aspects of care and treatment. Staff and the multidisciplinary team reviewed risks regularly and updated the patients' risk assessments.

Requires improvement



Summary of this inspection

Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured patients had good access to physical healthcare.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The hospital included or had access to the full range of specialists required to meet the needs of patients. The manager made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. The manager provided an induction programme for all new staff.
- Staff worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The hospital had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. The manager made sure staff explained patients' rights to them and documented this in the patients care and treatment records.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. Our conversations with patients confirmed this. Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in easy read care planning and risk assessment and actively sought patients' feedback on the quality of care provided. They ensured patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.
- The patients we spoke with told us, staff always treated them with respect.

Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time of the day.
- The hospital met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- Patients told us, the service did not always provide the full seven-day activity programme and reported having little to do at weekends.

Good



Are services well-led?

We rated well-led as good because:

- The manager had the skills, knowledge and experience to perform their role, had a good understanding of the service they managed, and were visible in the service and approachable for patients and staff.

Good



Summary of this inspection

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

- The provider's governance and oversight of the new observation policy had not ensured implementation into staff's routine practice.

Detailed findings from this inspection

Mental Health Act responsibilities

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

The provider trained staff in the Mental Health Act, the Code of Practice and the guiding principles. Staff had a good knowledge of the Act and how it applied to the patients they cared for. Staff filled in detention paperwork correctly, kept it up to date and stored it appropriately.

The provider employed a Mental Health Act administrator who had good knowledge of the Mental Health Act and offered support to make sure staff followed the Mental Health Act.

The service kept clear records of leave granted to patients. Patients and staff were aware of the conditions of leave granted and the risks involved. Before the patient went on leave, staff assessed the risks and following the leave, assessed with the patient how their leave went.

Staff followed consent to treatment and capacity requirements. Copies of consent to treatment forms were attached to medication charts where applicable.

Staff explained to relevant patients their rights under the Mental Health Act on admission. Staff explained to most patients their rights routinely and regularly after, depending on the needs of the individual. Staff completed regular audits to make sure all staff applied the Mental Health Act correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider trained staff in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Cygnnet Lodge had made two Deprivation of Liberty Safeguards applications in the last 12 months which both had been authorised. At the time of our inspection the provider had five patients detained at the hospital under the Mental Health Act.

All staff we spoke with had a good understanding of the Mental Capacity Act 2005 and its guiding principles.

Where a patient lacked the capacity to make a decision about their physical healthcare, the multidisciplinary team made this decision in line with the Mental Capacity Act in their best interests.

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	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Requires improvement 

Safe and clean environment

- The hospital was safe and clean, well presented, well furnished, well maintained and fit for purpose. Staff controlled entry and exit to the building through a locked reception area. Reception had a sign in and out visitors book and a fire register. The unit had closed circuit television cameras that looked to the front of the building and the car park. We saw up to date individual evacuation plans in place for all seven patients.
- When assessments identified environmental risks, staff developed actions to manage the risk and regularly updated risk assessments. This included buildings, fire risk assessments and legionella water checks.
- The layout of the hospital allowed staff to safely observe most parts of it. Communal areas and the nurse office were on the ground floor and staff maintained a presence here. The hospital had three patient bedrooms on the ground floor and five bedrooms on the first floor. The first-floor bedrooms were used for patients who had been risk assessed and did not need constant observation. Staff had developed individual personal emergency evacuation plans for the seven patients to exit the building in case of fire.

- There were blind spots on the first-floor corridor and parts of the lounge area, we always saw a staff member present in the lounge area during our inspection. A convex mirror positioned in the staircase helped staff see if anyone was on the first-floor corridor
- Staff carried out ligature risk assessments to ensure the level of risk remained low and to identify where they might need to reduce risk. A ligature is an item which people may use to self-harm. For example, tie an item tightly around their neck to strangle themselves.
- Staff kept areas of greater ligature risk locked and supervised patients when they accessed these areas, for example the assisted bathroom with a hoist. Most of the fittings in the bedrooms and ensuite bathrooms were anti-ligature. Staff had easy access to ligature cutters.
- The hospital had a fully equipped kitchen for staff only, and an occupational therapy kitchen for patients on the first floor. The kitchens contained a fire blanket, a burns kit and a first aid kit. Staff checked these items regularly. Electrical appliances throughout the unit had received safety checks. Stickers were visible and showed the due date of the next test. Staff safety checked newly purchased electronic equipment before using it
- The hospital accommodated only male patients. This complied with national guidance about, and expectations governing the provision of eliminating mixed sex accommodation.
- Staff had access to personal alarms and patients had easy access to nurse call systems. Reception staff tested personal alarms daily. The maintenance team tested

Long stay or rehabilitation mental health wards for working age adults

Good 

and maintained the alarm call points. During the inspection, we saw staff carrying personal alarms and responding promptly to alarm calls from around the hospital.

Maintenance, cleanliness and infection control

- Cleaning records were up to date and demonstrated staff regularly cleaned the hospital. We reviewed the daily cleaning record that consisted of detailed checklists for every part of the unit. The records were fully complete and up-to-date.
- Throughout the inspection the housekeeper carried out cleaning duties around the hospital. They worked Monday to Friday 8 am to 2pm. They were responsible for the safe storage of cleaning materials that contained chemicals, ordering supplies, for example, spillage kits and ensuring there was a good supply of personal protective equipment. The housekeeper was also responsible for ensuring all communal areas and locked areas such as the laundry and occupational therapy kitchen were kept clean. Patients were involved in keeping the garden tidy, well-maintained and watering the plants.
- Staff followed infection control principles, including hand washing. The provider had positioned hand gels and posters demonstrating correct hand washing techniques around the hospital. During the inspection staff demonstrated good hand hygiene.

Clinic room and equipment

- The clinic room was used primarily for the storage and administration of medications. Equipment for physical health checks was in the nursing office. Staff checked, maintained, and cleaned equipment in accordance with providers guidance. However, the blood pressure machine cuffs were dirty and worn. We discussed this with staff who ordered replacement cuffs while we were on site.
- Staff checked and recorded the temperatures of the clinic room and the clinical fridge daily. All temperatures were within the recommended limits. The quality and effectiveness of medicines can be affected by changes in storage temperatures.
- All staff had access to an emergency bag, including oxygen and an automated external defibrillator. This

was locked in a non-patient area on the ground floor and was accessible to all staff. We saw staff checked emergency equipment regularly and in accordance with the local policy guidance.

Seclusion room

- Cygnet Lodge did not have a seclusion room. Staff reported they did not use seclusion or long-term segregation to manage patient risks. Staff told us they used a combination of positive behavioural support and de-escalation interventions to support patients. Our observations during the inspection confirmed this.

Safe staffing

- Cygnet Lodge had an established staffing analysis and minimum staffing level document in place. The provider last updated this in February 2019.
- The total number of substantive whole time equivalent qualified nurses was four. The total number of substantive whole time equivalent health care support workers was 17. We calculated the number of substantive staff fell below the amount required to provide care all year round.
- However, the staffing rotas we reviewed demonstrated that all shifts had safe staffing levels. The hospital borrowed staff from their neighbouring hospital when required. Staff and patients told us that escorted leave or ward activities were rarely cancelled because there were too few staff. Records confirmed this.
- The provider employed an additional 'team leader' on top of the overall staffing numbers on week day, day shifts. The manager adjusted staffing levels as required to make sure that staffing was safe and met the patients' needs
- Staffing levels allowed patients to have regular one-to-one time with their identified nurse, and to access escorted leave or recovery orientated activities in the community. Staff, patients and carers reported the hospital was rarely short staffed. Staff told us the hospital had enough nursing and medical staff on each shift, who knew the patients and received basic training to keep people safe from avoidable harm.
- The service had no vacancies at the time of our inspection. The manager told us they used a combination of voluntary overtime, regular and regional bank staff to cover shifts if needed.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff worked two shifts to cover the 24-hour period. The staff rota was set over a two week period, Monday, Tuesday, Saturday and Sunday for the first week and Wednesday, Thursday and Friday for the second week. Staffing numbers during the day and night were the same, with one qualified nurse and four health care support workers. The hospital manager planned for and covered qualified staff absences including annual leave and training. In the event of staff sickness, the manager had access to additional staff resources from the providers other locations.
- Between July 2018 and July 2019 bank staff filled four shifts to cover staff sickness, absence or vacancies. In the same period, the provider reported an overall sickness rate of 1.5%. This was below the provider's average of 3.5%. The provider reported three staff leavers from Cygnet Lodge, giving a staff turnover rate of 9.3%.
- The manager limited their use of bank and agency staff and requested staff familiar with the service. The manager made sure all bank and agency staff had a full induction and understood the service before starting their shift. The provider required bank and agency staff to attend handovers at the start of a shift to familiarise themselves with the needs of individual patients and shadow an established staff member for the first hour of their shift.
- During the inspection one patient required 24 hour one to one observations by a male only member of staff. This staff member was supernumerary to the overall staffing numbers on each shift.
- The provider ensured a registered nurse was always present at the hospital. Patients and staff told us they felt safe at all times and there was always a member of staff in the communal areas of the hospital. Our observations during the inspection confirmed this
- The hospital manager and members of the multidisciplinary team worked during the day Monday to Friday and were not included in the overall staffing numbers. Cygnet Lodge and another hospital within the same provider shared the same multidisciplinary team. The team was based within walking distance of Cygnet Lodge.
- The hospital held a daily morning meeting where senior and multidisciplinary staff met by teleconference with another hospital within the same provider to discuss

staffing levels. This included ensuring actual staffing levels met planned levels, and case mix to meet the needs and activity levels of patients. The hospital manager reported that, when necessary, they could call for staffing assistance from the provider's other local sites or other Cygnet providers locally.

- The hospital stored staff records securely and only authorised staff had access to them. Records showed the provider regularly checked staff's professional registration and Disclosure and Barring status.

Medical staff

- The service had enough daytime and night time medical cover and a doctor could attend the hospital within 20 minutes, in an emergency.
- Cygnet Lodge shared a psychiatrist and a speciality doctor with another local Cygnet location. The provider used a regional on-call system to ensure medical cover out of hours and at weekends. Staff reported doctors were very accessible in person, by email or by telephone.

Mandatory training

- The service provided mandatory training to all staff and made sure everyone completed it. The mandatory training programme was comprehensive and met the needs of patients and staff. The manager monitored mandatory training completion rates and alerted staff when they needed to update their training.
- Staff in this service had undertaken all the various elements of training that the provider had set as mandatory. This included safeguarding adults and children, infection control, health and safety, basic life support, immediate life support, information governance, and equality and diversity.
- The provider offered staff essential mandatory training for their roles. This included training on managing violence and aggression, the Mental Health Act, the Mental Capacity Act and Deprivation of Liberty Safeguards.

Assessing and managing risk to patients and staff

- Staff assessed and managed risks to patients and themselves, achieving the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery.

Long stay or rehabilitation mental health wards for working age adults

Good 

However, there was no formal way of tracking razors given out to patients. The staff member who gave out razors was responsible for making sure it was returned to the locked cupboard. This meant that staff and patients could be at risk of accidental or purposeful harm.

- 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 hospital staff participated in the provider's restrictive interventions reduction programme.
- Staff completed a risk assessment for each patient when they were admitted and reviewed this regularly, including after any incident. During inspection we saw completed and updated risk assessments in all three care and treatment records we reviewed. Staff told us they completed physical health observations on each patient following an incident of restraint. Records confirmed this.
- Staff used recognised risk assessment tools, including the Short-Term Risk Assessment and Treatability tool. This assessment considered several risk categories, including violence, self-harm, substance misuse, self-neglect and vulnerability. Staff also completed a daily risk assessment of each patient, which included the patients' observation level. These were detailed and stated clearly the action staff should take to reduce the patients' risk.
- The hospital had a reducing restrictive practice plan in place. The plan described the restriction, detailed why the restriction was required, and identified actions being taken to reduce the restriction. The provider had a reducing restrictive practice policy in place and staff regularly reviewed the reducing restrictive practice plan.
- The provider had a seclusion policy. Seclusion or long-term segregation was not used at Cygnet Lodge.

Management of patient risk

- Staff knew about risks to patients and acted to prevent or reduce these risks. Staff supported patients to reduce their own risks by working with them to complete and update risk assessments and positive behaviour

support plans. Staff used effective communication rather than restrictive interventions to reduce patient risk and followed best practice if restriction was necessary.

- Staff identified and responded to any changes in risks to, or posed by, patients. For example, falls or choking risks. Staff assessed patients' mobility and risk of choking as part of a physical health assessment on admission. Where risks were identified, staff developed and shared management plans to reduce the risk of incidents occurring.
- The provider had a policy to guide staff practice when searching patients or a patient's property. Staff individually assessed the need to search patients and recorded this in care plans.
- The provider had a reducing restrictive practice policy in place as well as a reducing restrictive practice plan. The plan described the restriction, detailed why it was required, and identified actions being taken to reduce the restriction. This enabled staff to risk assess and develop individual care plans with patients where possible to provide supervised or independent access to risk items. For example, majority of the patients were risk assessed to have their own electric razor to use independently in their bedroom. However, we observed bladed razors that were securely locked were given out for use independently or supervised to patients based on individual risk assessment. These bladed razors were not signed in or out making it difficult for staff to keep track of the whereabouts of the razors. Restricted items are items where the access is controlled and may be directed according to policy and individual risk assessment. Records reviewed showed individualised care plans around any restrictions.
- The hospital allowed patients to smoke in an allocated outside area. Staff encouraged patients to access community smoking cessation support.
- Between July 2018 and July 2019, the service had 43 incidents of restraint involving four different patients. None of these were in the prone, face-down position. Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.
- Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients

Long stay or rehabilitation mental health wards for working age adults

Good 

only when these failed and when necessary to keep the patient or others safe. Staff preferred to adopt a preventative approach to conflict supported by their knowledge of, and relationships with the patients. For example, they identified and recognised warning signs and triggers presented by the patient and responded with appropriate techniques such as calming down and distraction. All staff had received managing violence and aggression or 'breakaway' training. We saw that patients had positive behavioural support plans and as required medicine plans in place. These directed staff in the use of least restrictive interventions before escalating to the use of restraint or as required medicine.

- Staff understood the Mental Capacity Act definition of restraint and worked within it.
- The provider reported that they had not given rapid tranquillisation to any patients within the period July 2018 and July 2019.
- Following an incident, staff recorded any use of as and when medication to calm a patient and completed the required observations. This was in line with the National Institute for Health and Care Excellence guidance and the Mental Health Act Code of Practice.
- The unit operated observation practices. The multidisciplinary team assessed the observation levels required for each patient based on the risks they presented. For example, staff supported a patient on a one-to-one basis during all mealtimes because of the risk of choking.
- During inspection we observed staff did not routinely complete the front sheets of observation records. This failed to consistently communicate the risk and reason for the prescribed levels of observations. For example; risk rating, frequency of observations, reason for observation and review date. The new Cygnet documentation and policy prompted staff to record if restraint had been used
- Hourly observations were recorded on the hour consistently, however, the high-level engagement and observation protocol recommended staff should check the patient at irregular intervals and in a pattern, which cannot be predicted by the patient. For example, if the maximum level interval is 15 minutes, this means staff need to undertake the task at irregular intervals of no less than 15 minutes. The patient will therefore be less

able to predict the time intervals or pattern which may decrease their opportunity to engage in associated risks. Of the three observation records we looked at we saw no variation of these timings, which was not in accordance with the providers observation protocol.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had developed a good relationship with the local authority safeguarding team and had a joint working protocol.
- Cygnet Lodge made safeguarding training available to all staff and reported a completion rate of 100%. Staff completed training to levels two or three in the safeguarding of children and adults. Safeguarding was included as an agenda item in staff supervision sessions.
- Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example; sexual orientation, ethnicity and religion. Staff received training in equality and diversity. There was a policy to guide staff practice.
- Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We observed comprehensive systems in place to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems.
- Staff followed clear procedures to keep children visiting the hospital safe. The service reported they could use another hospital within the same provider if required for visitors.
- This service made four safeguarding referrals between July 2018 and July 2019, of which all four concerned adults. Information was shared with the CQC however, these did not meet the threshold for referral to the local multi-agency safeguarding hub.
- Staff raised three concerns locally. These concerns had been investigated by the hospital manager and discussed with multidisciplinary staff. This action was in

Long stay or rehabilitation mental health wards for working age adults

Good 

accordance with the provider's local safeguarding procedure and guidance from the local safeguarding board. These concerns did not require staff to notify the CQC.

- The registered manager acted as the designated safeguarding lead for Cygnet Lodge. This was in line with the provider's safeguarding policy. The role included the management of safeguarding concerns, identifying safeguarding training needs and organising training and referring cases of suspected abuse to the local safeguarding board.

Staff access to essential information

- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records. Although the service used a combination of electronic and paper records, staff made sure they were up to date and complete.
- During our inspection we saw records were stored securely. Staff kept paper documentation in well organised up to date files and stored securely in a locked office. Paper and electronic copies were easily accessible for staff and external professionals where appropriate.
- Staff kept physical health folders for each patient. This included weekly physical health monitoring and a record of appointments with other physical health professionals. We saw examples of staff recording dates, times and signatures of completion.

Medicines management

- Staff followed the providers systems and processes when safely prescribing, administering, recording and storing medicines. Staff regularly reviewed medicines prescribed to patients and provided specific advice to patients and carers about medicines.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. The clinic room had a stable door, which helped restrict access and maintain safe practice. Staff checked fridge and room temperatures daily.
- Staff regularly reviewed the effects of medications on each patient's physical health. They knew about and

worked towards achieving the aims of the health improvement initiative to stop over medication of people with a learning disability, autism or both with psychotropic medicines.

- We saw staff followed current national practice to check patients had the correct medicines.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- During the inspection we saw there was an up-to-date British National Formulary guide in the clinic room. This is a guide on the selection and clinical use of medicines. The unit used a supply of stock medication that staff checked weekly.
- We saw all pharmacy requirements, including medicine supplies, were provided by an external pharmacy company. An identified pharmacist visited Cygnet Lodge weekly to audit medicine administration charts and medicines management practices. Reviews included administration omissions, medicine self-administration practices, and storage of drugs liable for misuse. Staff recorded when they had completed actions identified from the pharmacist's audit.
- We reviewed five prescription charts. The charts were accurate and up-to-date. Plan for the administration of as required medicines accompanied prescription charts. There was a protocol for as required medication which was in date, these included non-drug interventions to support patients before administering medicine. We found all prescription charts were in good order, they contained a complete record of medicine administration, and recorded patient allergies or administration risk, for example choking. We saw an example of the service taking active steps to assess a patient who was using as required medication excessively, the service arranged a medication review to look at behavioural changes that may be causing the increase use.
- The provider had a four-stage programme of medicine self-administration available to patients. The multidisciplinary team assessed a patient's suitability and safety to self-administer medicines prior to commencing the programme. Where required, medicine charts were accompanied by medicine

Long stay or rehabilitation mental health wards for working age adults

Good 

self-administration paperwork that stated the patient's stage in the programme and the necessary staff checks to ensure the patient remained safe to self-administer medicine.

Track record on safety

- The service had a good track record on safety. Between July 2018 and July 2019 there was one serious incident reported by this service. The provider offers confidential counselling to staff as part of its employee assistance programme. This is free to access and operated every day of the year.

Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately using the short-term assessment of risk and treatability tool or the incident reporting form. Staff knew what incidents to report and how to report them.
- Staff reported all incidents they should report. The manager 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. For example, investigate and change practice if they needed to. The provider had a range of policies and tools that supported timely incident reporting, investigation, and debriefing for staff and patients.
- Staff were open and transparent and explained to patients when something went wrong. The provider had a Duty of Candour policy to guide staff practice. Staff gave examples of speaking to patients and carers when things went wrong. This included an explanation of the incident and a written apology.
- Staff received debriefings following incidents including lessons learnt from investigations at multidisciplinary meetings, staff meetings, one-to-one sessions, peer group meetings and 'clinical fairs' (learning sessions). Staff told us their experience of debriefs included reflection of what went well, what could have gone better, and what had been learnt. Senior staff often led staff debriefs.

- Staff told us they met with patients to offer debrief and support after an incident. For example, following restraint. Staff used community meetings to share lessons learned with patients.

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

(for example, treatment is effective)

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. The service's model of care had a strong focus on recovery, rehabilitation and independence. The hospital adopted a measured risk-taking approach balancing risk with opportunities for independence and self-responsibility.
- We reviewed three care and treatment records. All demonstrated that staff completed a comprehensive assessment of each patient during an initial assessment period. Areas of assessment included mental health history, medical history (including brain injury) and social needs.
- Care plans were present in all the care and treatment records we reviewed. Care plans addressed the individual needs of patients, covered a full range of needs and were formulated using assessments and outcomes measures. For example; we saw one care plan with individualised actions to help a patient manage a physical condition and recognise when to ask for help and support. Additional care plans provided staff with guidance on the use of as required medicines and de-escalation techniques to manage aggression or agitation. We saw evidence of patient involvement, carer involvement and a focus on recovery.
- Doctors continued to monitor patients' physical health weekly. This was thorough and informed future physical health care planning. All patients had a health action plan that included physical health checks. The hospital

Long stay or rehabilitation mental health wards for working age adults

Good 

worked with the local GP clinic to help identify and manage any physical health problems. They also managed the yearly health checks. The GP could see patients at the clinic or at the hospital if necessary. Staff maintained a record of appointments for patients' physical health. This included a record of when patients refused appointments or check-ups. A stakeholder told us the quality of physical health monitoring was good overall at Cygnet Lodge.

- Staff completed a comprehensive assessment of patients and recorded these in care and treatment records. The three records we looked at were personalised, holistic and recovery-oriented and reflected patients needs. They identified the patient and promoted engagement with them. We saw evidence of patient involvement, carer involvement, and a focus on recovery.
- Staff used a nationally recognised tool to assess patients' conditions and their care and treatment needs. The patient records we looked at showed staff completed the National Early Warning Score which improves the detection and response to clinical deterioration in adults. We saw staff always completed all the necessary checks prompted by the National Early Warning Score and made a total score from the checks in accordance with the providers policy.

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. The provider used National Institute for Health and Care Excellence (NICE) recommendations in its policy and procedure guidance for staff. For example, brain injury guidelines, psychotropic medication, smoking cessation, diet and exercise.
- Staff met patients' dietary needs and assessed those needing specific dietary and fluid needs. Following a risk assessment patients could make a hot drink when they wanted to, and cold-water dispensers were available.
- Staff used technology to support patients. For example, Cygnet Lodge provided staff with intranet access to the providers intranet, where staff could look at policies and procedures to guide their practice.

- Staff took part in clinical audits, for example a monthly audit of forms to certify a patient's consent to medication for mental disorder that must be attached to the prescription administration record. The manager shared results and learning from regional governance meetings and at the quarterly management meeting with staff.
- Staff used recognised rating scales to assess and record the severity of patients with an acquired brain injury. Staff used Health of the Nation Outcome Scales for Acquired Brain Injury to record and review a patient's progress. Other rating scales we saw included the Functional Independence Measure and Functional Assessment Measure, Mayo-Portland Adaptability, and the Rehabilitation Complexity Scale.
- The speech and language therapist told us they completed an assessment on all patients in the first three months of admission. The therapist told us they used a range of tools for assessments. For example, the Boston naming test and the Mount Wilga test. The Boston naming tool is a neuropsychological assessment tool to measure confrontational word retrieval in patients with language disturbance. The Mount Wilga test is a high-level language test which is used to assess head-injured patients, generally four to six months after the injury, who present with mild language problems. All outcomes are measured by the therapist using the East Kent Outcome System tool. The tool is used to assess the effectiveness of specific interventions by comparing with pre-determined outcomes.

Skilled staff to deliver care

- The hospital had access to the full range of specialists required to meet the needs of patients. In addition to qualified nurses and health care support workers, the hospital had a multidisciplinary staff team to meet the needs of patients. This included a consultant psychiatrist, a speciality doctor, an occupational therapist, a psychologist, a speech and language therapist and therapy coordinators. The provider supported multidisciplinary staff to meet continuing professional development and professional registration requirements.
- Additional community or visiting professionals contributed to the multidisciplinary team. This included a general practitioner, pharmacist, dentist, optician, chiropodist, physiotherapist and a dietician.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The hospital supported staff with appraisals, supervision and opportunities to update and further develop their skills. The manager provided new staff with appropriate induction. Staff received an induction that included Cygnet wide face-to-face training and electronic learning as well as some local training.
- The manager identified any training needs staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us this was discussed as part of their personal development. The manager made sure staff received any specialist training for their role, for example leadership training and development.
- The manager supported staff through regular, constructive appraisals of their work. The appraisal compliance was 92% due to two members of staff on long term leave.
- The service provided staff with supervision. This a meeting to discuss case management, to reflect on and learn from practice, and for personal support and professional development. The manager reported a clinical supervision rate of 94% for non-medical staff.
- The manager supported and encouraged staff to acquire new skills and share best practice. The manager recognised the continuing development of staff skills, competence and knowledge as an essential part of ensuring high quality care. For example, working towards the introduction of champions at the hospital to lead on specific areas like moving and handling, and diabetes. Staff could then pass on their skills by training colleagues.
- The manager ensured staff attended the three-monthly team meeting or shared information by email for those who could not attend. The manager told us they met with the operations director and other Cygnet registered managers weekly. Staff told us they were invited to a “drop in session” every Friday with the manager at Cygnet Lodge. The service provided a three-monthly human resource meeting for staff to discuss any work-related issues.
- The manager dealt with poor performance promptly and effectively. Minor issues were dealt with locally and serious issues would involve human resources.
- 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 in services providing care following a patient’s discharge and engaged with them early on in the patient’s admission to plan discharge.
- Staff shared information about patients at handover meetings within the team. There were handovers between shifts and a handover at the morning meeting. Senior and multidisciplinary team staff attended daily morning meetings at 10am. Staff discussed staffing levels, incidents, patient risk levels, patient observation levels, and patient community leave. We observed one morning meeting during our inspection. The information shared was relevant and up to date.
- Patients told us they had a formal review of their care and treatment every two weeks. Patients could also meet with members of their multidisciplinary team outside of the fortnightly meeting.
- Staff told us they had effective working relationships with external teams and organisations. This included the general practitioner service, dentists, commissioners, and local voluntary services.

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. Staff helped patients detained under the Mental Health Act 1983 understand and exercise their rights under the Act. We saw staff understood and met the standards in the Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery.
- Staff received and were fully 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. We saw clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff could access policies online and a copy of the Code of Practice was available at the hospital.

Multi-disciplinary and interagency team work

Long stay or rehabilitation mental health wards for working age adults

Good 

- The service ensured staff explained patients' rights to them in a way they could understand. Staff repeated the explanation as required and recorded they had done it. Rights information was available in easy read format for patients who required it.
- Care records included information about after-care services available for those patients who qualified for them under section 117 of the Mental Health Act. We saw staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.
- At the time our inspection, the manager told us all five patients had authorised section 17 leave. Section 17 of the Mental Health Act allows detained patients to be granted leave of absence from hospital. Leave was an important part of the patients' treatment plan. The service also provided "shadow leave". This is where patients are observed from a distance.
- Staff knew who their Mental Health Act administrator was and when to ask for support. They had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The Mental Health Act administrator had a range of duties that included audits, scrutinising detention paperwork, contacting second opinion appointed doctors and organising Section 117 aftercare meetings. Section 117 aftercare is a legal duty that is placed on health and social services to provide after care services for individuals who have been detained.
- Patients had access to easy read format for information about independent mental health advocacy and we saw clear information signposting patients towards advocacy services in communal areas.
- Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. At the time of our inspection a SOAD attended the hospital to assess a patient and reach a decision based on information from clinicians who have been involved in the patient's care. The SOAD told us that the hospital did not rely on medication, but instead used behavioural therapy and supported the patient in different ways.
- Staff made sure patients could take section 17 permission to leave the hospital when agreed with the Responsible Clinician and/or with the Ministry of

Justice. At the time of our inspection there were no informal patients. The service displayed posters to demonstrate informal patients could leave the ward freely if they wished.

- The hospital arranged for the provision of independent mental health advocates for patients at Cygnet Lodge.

Good practice in applying the Mental Capacity Act

- Staff supported patients to make decisions on their care for themselves. They understood the policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. The Mental Capacity Act is legislation that maximises an individual's potential to make informed decisions wherever possible. The act and associated Code of Practice provide guidance and processes to follow when someone is unable to make their own decisions.
- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five statutory principles.
- Between July 2018 and July 2019, 100% of staff had received training in the Mental Capacity Act. The manager said this training was mandatory. The training compliance reported during this inspection was significantly higher than the 44% reported at the last inspection.
- The manager reported two Deprivation of Liberty Safeguard applications made to the local authority from July 2018 to July 2019. The number of applications made during this inspection was higher than that we found during our previous inspection. Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.
- We saw there was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff gave patients all possible support to make decisions for themselves before making an assessment on their capacity to do so.
- The hospital had arrangements in place to secure independent mental capacity advocates for patients at Cygnet Lodge.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. We observed staff respected patients' privacy and dignity, for example, they knocked on patients' bedroom doors and waited for an answer before entering.
- Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- We saw when staff interacted with patients they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. We observed positive interactions between staff and patients. Staff engaged with patients to take part in activities in the dayroom.
- Staff told us they felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.
- We saw staff follow policy to keep patient information confidential, this included maintaining care and treatment records securely. Staff told us they spoke with patients about how and with whom patients would like their information shared.
- Staff of all disciplines joined the patients for mealtimes and supported patients with food choices, portion size, posture, chewing, speed and fluid intake. Staff knew the needs of the patient well and responded to them as an individual. Staff created a calm atmosphere for mealtimes and supported patients appropriately.

Involvement in care

- Staff involved patients in care planning, risk assessment and actively sought their feedback on the quality of care provided. Staff involved patients and gave them access to their care plans and risk assessments. Staff supported

patients to understand and manage their own care treatment or condition. Staff demonstrated this in the records. staff communicated with patients in accessible formats.

- Patients knew about their medicines and told us staff involved them in the development of their care plan.
- Staff introduced patients to the hospital and service as part of the admission process. Patients visited the hospital before admission to become familiar with the environment, facilities and staff. The hospital provided patients with an information pack which included pictures of the team and an identified named nurse. The patient was involved in goal setting and a discharge plan was discussed at admission. All patients received a welcome pack on admission, which contained a towel, slippers, a toilet bag and toiletries.
- The hospital ensured patients had easy access to an independent advocate. The advocate visited the hospital weekly and was involved in ward rounds to help the patients raise issues or points for clarification with staff on behalf of them and their relatives. The manager reported the advocate had recently supported the patients to complete the patients' survey 2019, the results hadn't been published at the time of our inspection.
- Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. The speech and language therapist developed communication plans with patients. This included the use of picture exchange communication systems, such as 'symbol keyrings' We saw one member of staff using this to engage with a patient who had communication difficulties.
- Patients attended their multi-disciplinary team reviews and could invite the advocate, if they needed support. Staff supported patients to focus on recovery and rehabilitation. Staff and patients took measured risks to promote independence and self-responsibility. For example, several patients received structured periods of unescorted leave. Some patients were on the flexible 'shop and cook' programme, for which they received a budget. We saw most patients cleaned their own bedrooms as part of their rehabilitation programme, and nearly all the patients attended to their own

Long stay or rehabilitation mental health wards for working age adults

Good 

washing with staff supervision in the laundry room. This was appropriately risk assessed and demonstrated patients becoming more independent as part of their personal rehabilitation plan.

- Staff involved patients in decisions about the service, when appropriate. Patients had access to weekly community meetings where they could raise any issues or concerns, plan the day and discuss what they would like to do. Staff told us patients were encouraged to put forward anything they would like to discuss. During our inspection we reviewed eight months of community meeting minutes, these demonstrated patient's involvement and engagement. The minutes were presented in an easy read version. Patients could give feedback on the service and their treatment and staff supported them to do this.
- Patients were involved in certain hospital decisions, for example being involved in the recruitment and selection process of staff. The community meeting minutes did however highlight that patients often felt bored at weekends with limited activities being available. Staff also told us it was at times difficult to find things to do with patients indoors.
- Staff assisted patients to make advance statements. Advance statements set out a patient's preferences, wishes, beliefs and values regarding their future care. Staff could describe how they worked with patients to make advance statement and we saw evidence of them in care and treatment records.

Involvement of families and carers

- Staff informed and involved families and carers appropriately. Staff told us with the permission of patients, they shared information with families and carers, and invited them to care and treatment planning meetings. The parents we spoke with were very happy with the hospital and the care provided. They reported staff were always available to them when they visited. However, one parent, felt relationships with staff could vary and felt their opinions were not always taken into account.
- Staff supported, informed and involved families or carers. The provider asked carers for their feedback through an annual survey. The hospital manager

reported poor carer engagement with the last annual survey and was actively working to improve this by organising carer events. Staff gave carers information on how to find the carer's assessment.

- One family member commented positively on the progress their family member had made. For example, they told us how their relatives' behaviour had improved towards them since being settled at Cygnet Lodge.

Are long stay or rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not usually have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason. Between July 2018 and July 2019, the provider reported one delayed discharge from Cygnet Lodge. Staff attributed this to difficulty identifying and allocating the patient a responsible clinician at another hospital.
- The hospital had a clear referral process. Staff from the providers assessment team aimed to complete an assessment of the referred patient within five working days. If assessed as suitable for admission to Cygnet Lodge, staff from the hospital worked with the patient prior to being admitted. Patients attended a pre-admission orientation visit to the hospital.
- Staff supported patients during referrals and transfers between services. Staff developed hospital passports with patients at Cygnet Lodge. Hospital passports provide staff in other services with helpful information about a patient. For example; health needs, personal likes and dislikes, and preferred methods of communication.
- At the time of inspection, the hospital had one vacancy and no patients waiting to be admitted to the hospital.

Long stay or rehabilitation mental health wards for working age adults

Good 

The average bed occupancy in the six months prior to inspection was 75%. When patients went on leave, they always returned to their own bed. For example, the manager told us a patient had recently had extended section 17 leave and their bed was kept for them to return.

- The average length of stay of patients discharged in the 12 months prior to inspection was 582 days. Multidisciplinary staff and commissioners discussed an estimated length of stay as part of the referral and admission process. The manager regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.
- Staff moved patients between the ground floor and the first floor only when there were clear clinical reasons, or it was in the best interest of the patient.
- Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer. Staff did not move or discharge patients at night or very early in the morning.

The facilities promote recovery, comfort, dignity and confidentiality

- 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 around the hospital for privacy and a room where patients could meet with their visitors in private.
- The service offered a variety of good quality home cooked food. Following a risk assessment patients could make a hot drink 24 hours a day and were not dependent on staff. When clinically appropriate, staff supported patients to participate in a shop and cook activity.
- The service provided a variety of food to meet the dietary and cultural needs of individual patients. We saw lots of fresh food, healthier choices and food was presented attractively. The dining room displayed easy read menus.
- Each patient had their own bedroom, which they could personalise. Patients had a secure place to store

personal possessions in their bedrooms. During our inspection we saw most patients had their own televisions, and some had games consoles brought from home or purchased whilst in hospital.

- Following a risk assessment from staff, some patients had their own mobile phone. Patients without their own phone could make calls in private using the hospital's mobile phone. Carers confirmed patients had their own mobile phones and were able to speak in private.
- The service had an outside space patients could access easily from the communal lounge. The hospital's outside area was well maintained with raised beds for planting. We saw patients grew their own vegetables. The outside area was secured by fencing. The manager told us a request had been made for the installation of a bonded rubber safety surfaces to reduce the impact of patient falls. There was no garden furniture in the outside space at the time of our inspection. The manager told us this was due to a recent investigation and risk assessment following a patient incident. The manager told us new more appropriate garden furniture had been ordered. We saw patients engaging in gardening activity and the presence of sensory stimuli to distract one patient and reduce the need for restrictive practice.

Patients' engagement with the wider community

- Staff supported patients with activities outside the hospital, such as work, education and family relationships. The hospital had a programme of therapeutic earnings as part of the rehabilitation programme. This allowed patients to develop skills and earn a small amount of money for the tasks they participated in. For example; cleaning the therapy kitchen. The manager also provided us with an example of a patient accessing voluntary employment at a local charity shops in the community.
- Staff encouraged patients to develop and maintain relationships both in the service and the wider community. The occupational therapist told us they used local community resources, including local conservation projects, voluntary shops, and local library. A tutor for maths and English attended the hospital to provide lessons to the patients.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff provided us with examples of patients organising community trips together, visiting their own friends in the community, and being involved in community groups. Staff identified local community events for patients to participate in.

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.
- Staff supported and made adjustments for disabled people and those with communication needs or other specific needs. All bedrooms were disabled accessible with a wet room. The hospital had ground floor bedrooms and a lift to the first floor.
- 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. The manager made sure staff and patients could get help from interpreters or signers when needed. We saw patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. The hospital manager fed back outcomes from the investigation of complaints to staff as part of staff meetings. Records from recent complaints demonstrated that staff acted on these findings. For example, organising training where short falls in communication had been identified. Senior staff discussed complaints and the outcome of investigations to monthly governance meetings.
- Staff understood the policy on complaints and knew how to handle them. During our inspection patients told us they knew how to make a complaint or a raise concern. The service received a low number of complaints. The hospital received four complaints between July 2018 to July 2019 of these two were upheld and two were not upheld. None of which were referred to the Ombudsman. The manager investigated complaints and identified themes.

- Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff and patients received feedback from the manager after an investigation was completed.
- The service received several compliments that reflected patients were satisfied with their care.

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

Good 

Leadership

- The manager had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, and staff followed a recognised model for rehabilitation care. The manager was visible in the service and approachable for patients and all staff five days a week.
- The hospital manager was an experienced registered learning disability nurse with extensive managerial experience. The manager told us they had been in post since September 2018. Staff spoke positively about the hospital manager, describing them as approachable, supportive and a good listener.
- We saw the hospital manager and senior multidisciplinary staff visible in the service and approachable for patients and other staff. The provider's regional operations manager visited the hospital regularly and was also available to patients and staff.

Vision and Strategy

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. They were aligned to local plans and the wider health economy.
- Staff knew and understood the provider's vision and values and how they applied to the work of their team. All staff had access to an intranet that included videos of staff speaking about the organisation's core values and what this meant to them.
- The provider's senior leadership team had successfully communicated the provider's vision and values to

Long stay or rehabilitation mental health wards for working age adults

Good 

frontline staff in this service. The provider's values were displayed to staff when they accessed the intranet. Similar information was available to patients, family members, carers and other professionals on the provider's main website. The provider also used structures for staff recruitment, supervision and appraisal to communicate its vision and values.

- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

- Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. Staff could raise concerns without fear. The hospital had a lead nurse for the prevention of bullying. At the time of our inspection staff reported there had been incidents of bullying reported.
- The hospital manager had a good understanding of the service they managed. They explained how a culture of learning and feedback contributed to delivering and improving the quality of care and treatment at Cygnet Lodge and its partner location.
- Staff felt positive and proud about working for the provider. This was demonstrated in the providers most recent survey of staff at Cygnet Lodge. Staff provided positive feedback, particularly with regards to job satisfaction and identifying Cygnet Lodge as a good place to work.
- The manager dealt with poor staff performance when needed. The provider supported this with local policy guidance and the involvement of human resources staff.
- Staff completed equality, diversity and disability training as part of mandatory training requirements. When we inspected, 100% of staff had completed this training. Staff made an equality and diversity impact assessment on all policies and procedures introduced at the hospital. Equality and diversity impact assessments help organisations to make sure they do not discriminate or disadvantage people.
- The provider had a health management programme that provided staff with support for their own physical and emotional health needs. This included a counselling helpline and vaccinations.

- The provider had an awards programme that recognised the success of teams and individual staff members.

Governance

- The manager ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. We saw this demonstrated in hospital-based staff meetings minutes, and the agendas of local and regional governance meetings.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. We saw this demonstrated in effective multidisciplinary working and communication with external bodies.
- Staff undertook and participated in local clinical audits. The provider had a structured programme of clinical audit. When audits identified shortfalls in practice, staff developed action plans and monitored these to ensure practice improved.
- Staff implemented recommendations from quality reviews, internally and externally, and from the results of incident investigations. The provider had developed an overarching action plan to address concerns identified from internal quality reviews and clinical commissioning groups. We saw that the hospital manager had acted promptly and implemented recommendations following verbal feedback from recent quality visits. In addition, on receipt of verbal feedback during our inspection, the hospital manager addressed concerns raised around replacement blood pressure cuffs for monitoring physical health.
- Our findings from the other key questions demonstrated governance processes operated effectively at team level and that performance and risk were managed well.
- Governance and oversight of the observation policy was not fully implemented into everyday practice. We saw not all staff had a full understanding of the prescribed levels of observations in line with the providers new observation policy. The impact on patients was minimal.

Management of risk, issues and performance

Long stay or rehabilitation mental health wards for working age adults

Good 

- The hospital had a local risk register in place. The hospital manager regularly updated this ensuring risk were dealt with at the appropriate level. When required, frontline staff could escalate concerns to the local risk register. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care. We saw the risk register included risks specific to patients.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- The hospital had a business continuity plan to prepare for and manage emergencies. For example, adverse weather or infection outbreaks.
- The manager could explain how they were working to deliver high quality care within the budgets available. The hospital manager regularly met with the provider's accountants to monitor hospital budgets. During our inspection the hospital manager told us plans are in place to make improvements to the main kitchen during October 2019.

Information management

- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- We saw staff had access to the equipment and information technology needed to do their work. The provider had established information technology and telephone infrastructures. Staff reported these worked well and helped to provide quality care.
- Information governance systems included confidentiality of patient records. Staff had completed their information governance training as part of mandatory training requirements. Staff stored paper care and treatment records securely and accessed electronic records with the use of passwords.
- The manager had access to information which supported their management role. The hospital used key performance indicators to gauge the performance. For example, incidents, safeguarding, complaints, staffing, training and meaningful activity hours for patients. The manager developed action plans to

address concerns if they were identified. The provider presented key performance indicators in an accessible report that was timely, accurate and identified areas for improvement.

- Staff made notifications to external bodies as needed. For example, to the CQC.

Engagement

- The service engaged well with patients, staff, equality groups, the public and local organisations to plan and manage appropriate services. The service collaborated with partner organisations to help improve services for patients.
- The provider had processes in place to enable patients and carers had to give feedback on the service they received. These processes reflected and were appropriate to the needs of patients and carers using the service.
- Staff told us they knew how to raise concerns and were familiar with the whistle blowing process. Staff felt confident in speaking up and felt the manager listened to them. Staff were equally open with patients and relatives when something went wrong.
- Senior staff reported they engaged with external stakeholders, including commissioners of the service. Commissioners reported staff at Cygnet Lodge communicated with them regularly and involved them in meetings about patient care and treatment.
- The hospital manager was developing patient and carer involvement across both Cygnet Lodge and its sister location. They proposed this would create a greater patient and carer involvement in decision making about the service.

Learning, continuous improvement and innovation

- Staff were committed to continually improving services and had a good understanding of quality improvement methods. The manager encouraged innovation and participation in research.
- In December 2018, Cygnet Lodge met the criteria to become members of the Independent Neurorehabilitation Providers Alliance (INPA). All members of INPA share the common goal of providing

Long stay or rehabilitation mental health wards for working age adults

Good 

and ensuring excellence in neurorehabilitation. The hospital manager had ambitions for the hospital to join other accreditation schemes, including Headway, and was already in communication with these schemes.

- Cygnet Lodge had an action plan in place that detailed quality improvement methods and innovations taking

place at the hospital and within the provider's neuropsychiatric services. For example; aligning existing practices with developments in national best practices and developing and implementing a social media campaign to raise awareness of acquired brain injury.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff routinely complete the front sheets of observation records.
- The provider must ensure that staff undertake and record observations in accordance with protocol and best practice guidance.

Action the provider **SHOULD** take to improve

- The provider should ensure that patients are routinely offered and encouraged to participate in a robust seven-day programme of activities.

- The provider should ensure staff track the whereabouts of razors they give to patients and ensure they are returned for safe keeping.
- The provider should have oversight and governance of their new observation policy to ensure its implementation into staff's routine practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment • Staff did not always routinely complete the front sheets of observation records. For example; risk rating, reason for observation, if restraint had been used and review date. • Staff did not always ensure hourly observations were varied within the hour. Observations should be at irregular intervals in a pattern which cannot be predicted. This reduces the opportunity to engage in associated risks. This was a breach of regulation 12 (2) (b)