

Cygnet Behavioural Health Limited

Cygnet Victoria House

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 improved. 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 and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients in care decisions.
- Staff managed patient admission to the service effectively.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- We observed a seclusion review taking place and were concerned that there were 10 members of staff outside of the room which caused some anxiety for the patient, particularly when the staff members were talking about them. We were also concerned that a staff member who the patient had threatened to harm was present.
- The acoustics of the seclusion room caused speech to echo and distort over its communications system and this posed potential issues if voices became raised due to heightened behaviours or for people with communication difficulties.
- Two of the five carers we spoke with said they felt communication from staff was poor although one did not know if this was because their loved one did not want them to be involved.
- There were no systems in place to enable patients to have the ability to speak with managers above hospital director level.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	

Summary of findings

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Summary of this inspection

Background to Cygnet Victoria House

Cygnet Victoria House is a 26 bed mental health inpatient service for male patients. The service is split across two wards.

Albert Ward is a 9 bed psychiatric intensive care unit and accepts emergency and crisis admissions. It provides intensive, short-term, individualised care for patients detained under the Mental Health Act.

Victoria Ward is a 17 bed ward for patients with acute mental health problems. It provides a treatment for men who are experiencing an acute episode of mental illness and require an emergency admission.

The hospital has a registered manager who is also the hospital director.

The service has been registered with the Care Quality Commission since 17 November 2010 to carry out the following regulated activities:

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

The service was inspected to determine if the regulatory breaches we identified in the last 2 previous inspections in April 2021 and October 2018 had been addressed. These were in relation to:

- a lack of communal space on Albert ward
- staff having ineffective oversight of patients on Victoria ward
- the service's governance processes being ineffective in identifying errors and omissions in its environmental risk assessments and audits, monthly incident reviews and incident records
- the overuse of blanket restrictions on the wards
- staff not being up to date with their mandatory training
- medicines not being properly authorised under the Mental Health Act and,
- qualified medical and nursing staff not being trained in immediate life support.

What people who use the service say

We spoke with 6 patients and 5 carers during our inspection. Patients said staff treated them well and behaved kindly. However, two carers told us they were not kept informed of their loved ones' progress and felt communication from staff was poor.

Three patients and a carer told us they did not know how to make a complaint. However, the service clearly displayed information about how to raise a complaint in patient areas. The carer said if they needed to raise a complaint, they would look on the provider's website to find out how to do so.

All 6 patients we spoke with said they enjoyed the food they were given.

How we carried out this inspection

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

Summary of this inspection

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

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

Before the inspection visit, we reviewed information that we held about the service.

This was an unannounced comprehensive inspection which meant staff did not know we were coming.

Our inspection team comprised one Care Quality Commission inspector and two nurses acting as specialist advisors to the Care Quality Commission.

During the inspection visit, the inspection team:

- spoke with the hospital director, clinical lead and the ward manager of Victoria ward
- spoke with a psychiatrist
- spoke with 12 other staff members including nurses, support workers and activities co-ordinators
- spoke with 6 patients and five carers
- looked at 6 patients' care records
- looked at the quality and safety of the ward environment
- looked at the medicines management arrangements within the service
- observed a handover meeting and a seclusion review
- observed how staff were interacting with patients and,
- looked at documents relating to the running of the service.

Areas for improvement

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

- The provider should ensure that all seclusion reviews are conducted in a way that ensures patients are not made to feel unduly anxious or intimidated and are not attended by staff who may cause their behaviours to become heightened.
- The provider should ensure that the seclusion room has a two-way communication system which allows for clear dialogue between patients and staff.
- The provider should ensure that staff always provide carers with support and, when the patient has given their consent, keeps them informed and involved in their loved one's care and treatment.
- The provider should ensure there are systems in place to enable patients to meet with senior managers above hospital director level so they can provide them with feedback about the service.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Good 

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

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

Good 

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

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. Risks such as ligature points were recorded, assessed in accordance to the risk they posed and mitigated.

During our inspection in April 2021, we identified that there was insufficient communal space for patients on the ward and that this was a potential contributory factor in the number of patient on patient assaults at the time. In response to this, the provider had drawn up plans to create an additional living/dining space and an additional one to one room for patients on the ward to utilise. The provider anticipated the work would be completed in November 2022.

Staff could observe patients in all parts of the wards. Blind spots were mitigated with mirrors and during our inspection, we saw staff moving around the ward so they could observe where patients were and what they were doing.

The wards were for male patients only and as such, complied with guidance in relation to same-sex accommodation.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. There was building work taking place to increase the communal space for patients which the provider expected to be completed in the next couple of months.

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

Staff followed infection control policy, including handwashing. We saw evidence that the ward areas were regularly cleaned, including touch points to reduce the risk of COVID-19 transmissions.

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

Good 

At the time of our inspection, there was a significant problem with flies affecting the local community. The hospital director had reported the issue to environmental health and fly tapes had been placed around the hospital to alleviate the problem. Sachets of sugar had been placed at tea points and in kitchen areas instead of loose sugar, so people did not consume any contaminated by flies.

Seclusion room

The 2 wards shared a seclusion room. The seclusion room allowed clear observation and had a toilet and a clock. Although the room had a two-way communication system, the acoustics of the room caused speech to echo and distort over it and this posed potential issues if voices became raised due to heightened behaviours or for people with communication difficulties. We raised this with senior managers who agreed to look into addressing the room's acoustics.

Clinic room and equipment

Clinic rooms were fully equipped, well organised and had 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 nursing and support staff to keep patients safe. These included:

- 18 whole time equivalent nurses which was one above the actual establishment figure
- 30 whole time equivalent support workers
- 2 whole time equivalent occupational therapists
- 0.5 whole time equivalent clinical psychologist
- 1.5 whole time equivalent assistant psychologist
- 3 whole time equivalent speciality doctors
- 1.6 whole time equivalent responsible clinicians
- 3 whole time equivalent activities co-ordinators
- 1 whole time equivalent ward manager
- 3.5 whole time equivalent domestic staff
- 2 whole time equivalent maintenance staff
- 1 whole time equivalent hospital director/registered manager
- 1 whole time equivalent clinical manager
- 7 whole time equivalent administrators and,
- 5.2 whole time equivalent catering staff.

There were vacancies within the service. These included:

- 6 whole time equivalent support workers
- 1 whole time equivalent administrator
- 1 whole time activities co-ordinator

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

Good 

The number of shifts covered by bank staff in the last 12 months was 399 on Albert ward and 1,647 on Victoria ward. The number of shifts covered by agency staff over this period was 1,043 on Albert ward and 815 on Victoria ward.

The management team had agreed to increase its safe staffing levels based on feedback from the clinical teams, but staffing budgets had already been set for the year and recruitment was proving to be a slow process. Staff had also left the service and acuity on the wards was high. All these factors meant there had needed to be an increase in the use of agency staff. However, the service used regular agency staff who received similar provider training to that of permanent staff.

Satisfaction surveys completed by 40 patients throughout 2022 showed that 83.75% of respondents felt there were enough staff to meet their needs.

In the last 12 months, there had been a 37.65% staff turnover rate. Some staff had left for personal reasons; others had gone to university or decided to become bank staff and others had retired. A large group of staff resigned at around the same time in 2021 after the provider addressed a negative culture in the service. The provider told us that a large number of the staff who left were bank staff who had proved to be unreliable as they had not picked up shifts. Others were staff who had failed their probationary period and been dismissed.

Managers supported staff who needed time off for ill health.

The average staff sickness absence rate over the last 12 months was 3.1%.

Managers accurately calculated and reviewed the number and grade of nurses and support workers for each shift.

Ward managers could adjust staffing levels according to the needs of the patients.

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

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

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

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

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. For out of hours, there was a regional responsible clinician and a speciality doctor on call. Ambulances were able to quickly attend the service when needed as the local acute general hospital was only a short drive away.

Mandatory training

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

Staff had completed and kept up-to-date with their mandatory training. At the time of our inspection, the overall compliance with mandatory training was 93%.

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

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

Good 

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission using a tool built into the provider's care records system. The tool was based on similar tools used within mental health and followed good practice and national guidance. We looked at 6 patients' care records and saw evidence staff regularly reviewed risk assessments and updated them when necessary.

Staff had regard to the Mental Health Units (Use of Force) Act 2018 and its guidance and complied with requirements.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to, or posed by, patients.

Satisfaction surveys completed by 40 patients throughout 2022 showed that 88.75% of respondents had always felt safe at the hospital.

Staff could observe patients in all areas of the wards and blind spots were mitigated through the use of mirrors.

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

Use of restrictive interventions

In the last 12 months, there had been 58 incidences of restraint on Victoria ward and 94 on Albert ward. Six on Victoria ward and 5 on Albert ward were in the prone position.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards, including the requirements of the Mental Health Units (Use of Force) Act 2018 and its guidance.

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. The main de-escalation techniques used were verbal de-escalation and re-direction.

Staff followed the National Institute for Health and Care Excellence guidance when using rapid tranquilisation. In the last 12 months, there had been 15 incidences of rapid tranquilisation on Victoria ward and 15 on Albert ward. We reviewed 6 rapid tranquilisation records and saw evidence that staff attempted de-escalation techniques and oral medicines prior to administering rapid tranquilisation medicine and undertook patients' observations after its use in line with national guidance.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. In the last 12 months, there had been 20 incidences of seclusion used within the service; 16 in relation to Albert ward and 4 in relation to Victoria ward.

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

Good 

We observed a seclusion review taking place. There were 10 members of staff outside of the room which caused some anxiety for the patient, particularly when the staff members were talking about them. We were also concerned that a staff member who the patient had threatened to harm was present. We raised these issues with the hospital director who said he would use our feedback as a lessons learned exercise for staff and ensure these mistakes would not happen again. Lessons learned resulted in ensuring only the required staff needed to safely and effectively carry them out. Seclusion reviews were present, updating the seclusion audit process to encompass this and plans to deliver further seclusion training and advice to staff.

No patients had been placed in long-term segregation in the 12 months prior to our inspection.

There were blanket restrictions on the wards. Plastic bags were not allowed following the death of a patient who had used one of the provider's settings. Patients needed to be risk assessed to access the laundry areas due to the presence of toxic substances, clothing going missing and there being ligature points. Patients needed the agreement of a responsible clinician to access over the counter medicines due to a history of substance misuse and overdoses within the service.

Satisfaction surveys completed by 40 patients throughout 2022 showed that 86.25% of respondents felt they were treated as individuals when it came to rules and restrictions within 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.

At the time of our inspection, 98% of staff had completed their safeguarding training.

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

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

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. In the last 12 months, staff had made 132 safeguarding referrals to the local authority.

In the last 12 months, no serious case reviews had been held within the service.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive, and all staff could access them easily.

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

Good 

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

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

Records were stored securely.

Medicines management

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

We reviewed the medicines management arrangements within the service which included speaking with nurses and a doctor who were responsible for patients' medicines.

We found staff followed systems and processes to prescribe and administer medicines safely and saw evidence that staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date. We looked at 10 patients' prescription cards and found they were all correct.

Staff stored and managed all medicines and prescribing documents safely.

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.

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 the National Institute for Health and Care Excellence guidance.

The service had support with its medicines management arrangements from an external pharmacist who visited the wards and undertook audits and other checks.

Track record on safety

The service had a good track record on safety.

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

There were 3 serious incidents in the 12 months prior to our inspection. These related to the condition of a patient on admission to the service following a transfer from another placement, an outbreak of COVID-19 affecting 2 patients and an injury sustained to a patient following an incident with a peer.

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

Good 

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. These included violence and aggression, patients feeling unwell, near misses or accidents, damage to property and the use of restraint.

We looked at 10 incidents across the 2 wards. We saw evidence that staff took appropriate action in each case and made safeguarding referrals and sent statutory notifications to the Care Quality Commission when required.

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.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly and shared any lessons learned with staff so the service could improve. For example, managers had reviewed an incident in which staff members had restrained an informal patient. Staff involved in this incident said they were preventing the patient from physical harm and injury due to their heightened presentation which included throwing themselves around on the floor and their intervention was intended to be supportive. However, on reflection, they agreed that the situation could have been managed differently to ensure their practices were in line with use of the Mental Health Act whilst still remaining supportive to the patient. Lessons learned from this incident were shared with staff within the hospital which included a reminder not to restrain informal patients unless there were exceptional circumstances and to be mindful of the length of time patients were placed in restraint.

Another example was when a student nurse made a dispensing error with medication. The incident review identified the student nurse had not been thoroughly supervised by a qualified nurse. Staff were, therefore, asked to ensure that a qualified nurse always be assigned to each medicines round to oversee the work of any student nurses in relation to the dispensing of medicines.

There had been no never events within the service in the last 12 months.

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

Good 

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

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-orientated.

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

Good 

We looked at 6 patients' care records and saw evidence 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 took body maps of patients on admission, so they knew if there were any bruises or marks to the patient's person.

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

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

Care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. These included mindfulness, coping skills, relaxation, crisis planning, dialectical behaviour therapy, management skills and cognitive assessments.

Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans.

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.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff encouraged patients to take exercise, make healthier meal choices, devised eating plans for patients, use vapes instead of cigarettes, get a good night's sleep and encourage patients to have routine and structure within their daily lives.

Staff used the Health of the Nation Outcome Scales tool to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients. There was Wi-Fi throughout the building so patients had access to the internet. Staff also provided patients with electronic devices so they could maintain contact with their loved ones via social media and an internet café. Patients could also access online courses to support their recovery.

Staff took part in clinical audits. These included audits of medicines, care records, the Mental Health Act and Mental Capacity Act, infection control, health and safety, observations and engagement, physical health and the deprivation of liberty safeguards.

Managers used results from audits to make improvements. For example, a hand hygiene audit identified a need to remind staff not to wear watches and jewellery.

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

Good 

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. 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 access to a full range of specialists to meet the needs of the patients on the ward. These included nurses, support workers, doctors, psychologists, occupational therapists and activities co-ordinators, dentists, opticians and GPs.

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. At the time of our inspection, 89% of staff had received their annual appraisal.

Managers supported staff through regular, constructive clinical supervision of their work. At the time of our inspection, the average compliance with clinical supervision over the last 12 months was 83%.

Managers made sure staff attended regular team meetings or gave information from those they 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. Staff had undertaken specialist training in electrocardiograms, bloods and venepuncture.

Managers dealt with poor performance promptly and effectively. The provider had a performance management system in place which included a process for addressing staff performance issues.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

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

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. We observed a handover between care professionals and all essential information was discussed such as compliance with medicines, changes in behaviour and presentation, sleep quality and any issues with staff and peers.

Ward teams had effective working relationships with other teams; both within and outside the organisation.

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

Good 

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. At the time of our inspection, 99% of staff had completed their Mental Health Act awareness training.

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

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.

We saw evidence in care records that 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 when this was agreed with the responsible clinician.

We saw evidence in care records that staff requested an opinion from a Second Opinion Appointed Doctor 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 provider 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. At the time of our inspection, 96% of staff had completed their Mental Capacity Act/deprivation of liberty safeguards training.

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

Good 

There was a clear policy on the Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. There were no deprivations of liberty safeguards applications made in the last 12 months.

Staff had access to support and advice on implementing the Mental Capacity Act and deprivation of liberty safeguards from an onsite Mental Health Act administrator.

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

We saw evidence in care records that 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 via completing audits and acted when they needed to make changes to improve.

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

Good 

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

Kindness, privacy, dignity, respect, compassion and support

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

We spoke with 6 patients who were using the service. Patients said staff treated them well and behaved kindly and we saw staff interacting with patients in a kind and respectful way. Satisfaction surveys completed by 40 patients throughout 2022 showed that 90% of respondents felt staff were caring and supportive towards them.

Staff gave patients help, emotional support and advice when they needed it. Patients said staff treated them well and behaved kindly and we saw staff interacting with patients in a kind and respectful way. Satisfaction surveys completed by 40 patients throughout 2022 showed that 90% of respondents felt staff were caring and supportive towards them.

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

We saw evidence in care records that 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.

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

Good 

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.

We saw evidence in care records that staff involved patients in decisions about their care and treatment and offered them copies of their care plan. Satisfaction surveys completed by 40 patients throughout 2022 showed 74% of respondents felt involved in their care and treatment.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Patients had access to advocacy services, signers and interpreters.

Staff involved patients in decisions about the service, when appropriate. Patients had been able to sit on staff recruitment panels or devise questions to be put to job applicants during interviews.

Patients could give feedback on the service and their treatment and staff supported them to do this. There were weekly meetings on the wards where patients could make suggestions about changes to the ward and patients were given surveys to complete which included questions about how the service could be improved.

Involvement of families and carers

Staff did not always inform and involve families and carers appropriately.

We spoke with 5 carers of patients using the service. Two carers said they felt communication from staff was poor although one did not know if this was because their loved one did not want them to be involved. One of the carers said their last visit had been upsetting and they did not feel supported by staff. The other 3 carers spoke highly of staff on the wards and felt involved in their loved ones' care and treatment.

Staff helped families to give feedback on the service. Carers could give verbal feedback or use the complaints process if needed.

Staff gave carers information on how to access a carer's assessment.

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

Good 

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

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

Good 

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Some patients had stayed in hospital when they were well enough to leave due to problems with housing, finding alternative placements for the next part of their recovery journey or arranging for patients to be sent back to their country of origin.

Bed management

Managers made sure bed occupancy did not go above 85%. The average bed occupancy over the last 12 months was 79%.

Managers and staff worked to make sure they did not discharge patients before they were ready. Satisfaction surveys completed by 40 patients throughout 2022 showed 84% of respondents felt their care and treatment was helping to facilitate their discharge from the service.

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

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

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

Discharge and transfers of care

Staff worked with care managers and coordinators to facilitate patients' discharge from the service.

In the last 12 months, there had been 31 delayed discharges which were not as a result of clinical reasons. Reasons for these delays were mainly due to problems finding alternative placements for the next part of the patients' recovery journey, arranging patients to be sent back to their country of origin and housing issues.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

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

Satisfaction surveys completed by 40 patients throughout 2022 showed 84% of respondents were happy with their accommodation at the hospital.

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.

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

Good 

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

Patients could make phone calls in private.

The service had an outside space that patients could access easily. However, building works were being carried out on Albert ward in order to create additional communal space which meant the garden area was sometimes restricted. These works were due to be completed within the next two months.

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

The service offered a variety of good quality food. All 6 patients we spoke with said they enjoyed the food they were given. Satisfaction surveys completed by 40 patients throughout 2022 showed 81% of respondents were happy with the food provided at the hospital.

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. Patients could use computers and electronic devices to access online colleges and courses and an independent advocate also helped find educational and vocational opportunities for patients.

Staff did not always help patients to stay in contact with families and carers. Two carers said they felt communication from staff was poor although one did not know if this was because their loved one did not want them to be involved.

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. There were lifts within the service and the ward areas were wheelchair accessible.

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

Staff within the service were able to provide 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.

Patients had access to a range of activities on the wards. These included nature walks, shopping trips, smoothie making, relaxation groups, a chat café including access to psychology, sports activities, peer support groups with occupational therapy and music.

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

Good 

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.

Three patients and a carer told us they did not know how to make a complaint. However, the service clearly displayed information about how to raise a complaint in patient areas. The carer said if they needed to raise a complaint, they would look on the provider's website to find out how to do so.

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

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

Managers investigated complaints and identified themes. Over the last 12 months, the service received 25 complaints, 6 of which were subsequently withdrawn by the complainant. Twelve of the complaints were not upheld, 3 were upheld, 3 were partially upheld and the other was still being investigated at the time of our inspection.

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

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff during team meetings, supervision and via email and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

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

Good 

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

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.

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Leaders had a good understanding of the services they managed.

Leaders were visible in the service and approachable for patients and staff.

Vision and strategy

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

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

Good 

The provider's vision and values were:

- to provide high quality, sustainable specialist services that ensure service users and residents feel safe and supported, staff are proud of, commissioners and service users select, and stakeholders trust.
- to care for its service users, staff and visitors, to respect them, to ensure a bond of trust is built, to at all times empower those it looked after as well as its staff, to deliver quality services with integrity.

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving them. Staff received training in the provider's values.

Staff had the opportunity to contribute to discussions about the strategy for their service during team meetings and supervision.

Culture

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

Staff felt respected, supported and valued. They felt proud, positive, satisfied and part of the organisation's future direction.

Managers monitored staff morale, job satisfaction and sense of empowerment.

The provider had staff award and recognition schemes. Individuals' hard work was highlighted on the provider's intranet, shopping vouchers were given to recognise good quality work and staff could nominate colleagues for awards.

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

Staff members were able to raise concerns without fear of reprisals and policies and procedures positively supported this. The provider had a whistle blowing policy in place that was accessible to all staff. There was a freedom to speak up guardian within the organisation. Their name and contact details were posted on noticeboards and the backs of doors throughout the building.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff were given discounts for gymnasium memberships, had access to psychology sessions and relaxation and there was an employee assistance programme that provided free confidential support, including access to counselling.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. There were equality and diversity leads within the service. These included an LGBT+ lead and a black and ethnic minority lead. Staff were trained in equality and diversity and the provider had equality and diversity policies and procedures in place.

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 governance systems and management oversight within the service were effective overall.

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

Good 

There were systems and procedures to ensure that all areas of the service building were safe and clean. There were sufficient numbers of skilled, trained and experienced staff within the service. Staff received mandatory training, supervision and were appraised.

Patients were assessed and were treated well. Staff adhered to the Mental Health Act and Mental Capacity Act. Staff knew how to deal with complaints and reported incidents and safeguarding concerns. Managers shared lessons learned from investigating complaints, incidents and safeguarding issues.

However, 2 of the 5 carers we spoke with said they felt communication from staff was poor although one did not know if this was because their loved one did not want them to be involved. One of these carers said their last visit had been upsetting and they did not feel supported by staff.

The acoustics of the seclusion room caused speech to echo and distort over its two-way communication system and this could have potential issues if voices became raised due to heightened behaviours or for people with communication difficulties.

We observed there were too many staff at a seclusion review. One of the staff members had been threatened by the patient and all staff members were talking about the patient in front of them. These factors led to the patient experiencing anxiety.

Governance systems, policies, procedures and protocols were reviewed and reflected best practice.

There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts.

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

Data and notifications were submitted to external bodies and internal departments as required.

Staff understood the arrangements for working with internal and external teams and organisations, to meet the needs of the patients.

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.

There was a clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.

Staff had access to the risk register and were able to submit items for possible inclusion on the provider's risk register.

The service had plans for emergencies such as, adverse weather, pandemics, loss of information technology or premises etc. The wards had business continuity plans which included details of who to contact and what steps to take when an emergency situation arose.

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

Good 

Managers monitored staff sickness and absence rates.

Information management

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

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of client records. Staff ensured the service confidentiality agreements were clearly explained to clients in relation to the sharing of their information and data.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff submitted data and notifications to external bodies when needed. We looked at 10 incidents that had happened within the service and saw evidence safeguarding referrals had been made to the local authority and statutory notifications had been made to the Care Quality Commission when appropriate.

All information needed to deliver care was stored securely.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

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

Patients and carers were involved in decision-making about changes to the service. Patients had been able to sit on staff recruitment panels or devise questions to be put to job applicants during interviews.

Patients and staff could meet with the hospital director to give feedback and the management team within the hospital completed daily walk arounds and used these to speak with patients and staff. However, there were no systems in place to enable patients to have the ability to speak with managers above hospital director level.

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

Good 

Learning, continuous improvement and innovation

The provider was implementing a sensory intervention package to reduce incidents in the service's psychiatric intensive care unit, Albert ward. This included holding meetings at the start of the project, providing sensory training to staff and implementing relevant risk assessments, safety plans, care plans and sensory interventions to increase awareness of sensory strategies. The aim of the package was to reduce the number of incidents of violence and aggression on the ward from 61% to 51% by March 2023.

The service was a member of the National Association of Psychiatric Intensive Care Units.

Between August 2021 to March 2022, four staff members at the hospital went through a mock admission to one of the provider's male acute mental health wards. The purpose was to allow them to gain first-hand experience of what it is like for patients who were admitted onto the ward. Feedback was obtained from these staff members via a pre and post admission questionnaire. Information from the study was used to plan ways of sharing the experiences with other staff and working to improve patient care through the formation of a co-production working party. The findings were used to write two journal articles which were in the process of being submitted for publication at the time of our inspection.