

Cygnets Appletree

Quality Report

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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 Appletree as good because

- Patients and carers spoke positively about the way staff treated them. Interactions between patients and staff were kind, caring and respectful.
- Staff completed and regularly reviewed detailed assessments of each patient's needs, risk and treatment goals. Care plans were individualised and holistic.
- Staff offered patients treatment that was based on best practice and National Institute for Health and Care Excellence guidance. Staff monitored outcomes using recognised rating scales. Patients had access to individual and group therapy and a range of activities to aid their recovery.
- Cygnet Appletree had effective systems in place to ensure good governance. Staff undertook regular audits and developed action plans to improve patient care and treatment. The majority of staff felt managers were approachable, visible and supportive.

However:

- Patients reported they did not feel safe at Cygnet Appletree. There had been a recent increase in incidents of violence and aggression from patients.
- Staff were not trained in immediate life support which is recommended training by the National Institute for Clinical Excellence and the UK Resuscitation Council for staff who are involved in restraint and rapid tranquilisation.
- Medicines stock did not always match medicines administration records. Patients individual plans for 'when required' medicines did not always reflect the medicines they were prescribed.

Summary of findings

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Good 

Cygnnet Appletree

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Cygnet Appletree

Cygnet Appletree is a 26 bed rehabilitation unit for females with mental health needs. It provides services to patients who are detained under the Mental Health Act 1983 as well as informal patients. It is situated in its own grounds in Meadowfield, close to the city of Durham.

The hospital has 26 en-suite bedrooms, and provides the following:

- Specialist treatment programmes for forensic patients, self-harm, addictions, personality disorder, anger management
- Daily living skills and vocational development; kitchen, therapy rooms, beauty salon, internet café, dance studio, therapy gardens, gym, netball court and a library

The hospital had a registered manager and an accountable officer in place at the time of the inspection. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations. Controlled drugs accountable officers are responsible for all aspects of controlled drugs management within their organisation.

Cygnet Appletree has been registered with the CQC since 26 September 2012. Appletree was initially run by Cambian Healthcare Limited, before moving to CAS

Behavioural Health Limited in June 2017. In March 2018, the provider of Appletree became Cygnet Health Care Limited and the hospital was re-named Cygnet Appletree. It is registered to carry out two regulated activities; assessment or medical treatment for persons detained under the Mental Health Act 1983, and treatment of disease, disorder, or injury.

Cygnet Appletree has been inspected by the CQC four times since it was registered in 2012. At our last inspection, we carried out a responsive inspection of Cygnet Appletree on 18 July and 24 July 2018, following on from information of concern received. We looked at some areas within each of the five domains but did not look at all the key lines of enquiry. We found that Cygnet Appletree was not meeting all the Health and Social Care Act (Regulated Activities) Regulations 2014. At this time, Cygnet Appletree was inspected but not rated in safe, effective, caring, responsive and well led. We issued the provider with two requirement notices for this service. This related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Our inspection team

The team that inspected the service comprised two CQC inspectors which included the team leader, a CQC pharmacist inspector, a nurse specialist advisor, an occupational therapist specialist advisor and an expert by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. During this inspection, we inspected the whole service and all of the key lines of enquiry in safe, effective, caring, responsive and well led. Our inspection was announced.

We also undertook this inspection to find out whether Cygnet Appletree had made improvements to the service since our last focused inspection on 18 July 2017.

Following the focused inspection, we told the provider it must take the following actions to improve the service:

- The provider must ensure that staff carry out the necessary screening and monitoring of patients receiving high risk medications.
- Staff must carry out the necessary monitoring of patients following the administration of rapid tranquilisation.
- The provider must ensure there are clear arrangements for the monitoring of patients' physical health and that documentation is completed accurately and in full, with all recommended actions undertaken.
- Staff must ensure the proper and safe management of medicines.

- Staff must ensure that any restrictions placed on patients are proportionate to the risk of harm and the rational and timeframe for this is documented clearly in patients' records.
- Staff must ensure patients have access to bathroom facilities at all times.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 13 Safeguarding service users from abuse and improper treatment

We also reported that the provider should take the following actions:

- Staff should ensure that they fully complete the electronic monitoring forms for each incident of restraint.
- The provider should ensure that any audits undertaken are effective in identifying action that staff need to take.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we held about Cygnet Appletree and met every eight weeks with the registered manager as part of our ongoing engagement with the provider.

During our inspection we:

- toured the ward environment and observed how staff were caring for patients

- reviewed nine patient records, three restraint records and six rapid tranquilisation records
- attended one ward round, one morning meeting, one planning meeting and took part in one patient activity
- interviewed 11 patients and four carers who were relatives of patients
- interviewed the registered manager and head of care for the service
- interviewed 14 other staff including the responsible clinician, nurses, occupational therapists, psychologists, healthcare assistants, and domestic staff
- spoke with the independent mental health advocate
- sought feedback from a range of stakeholders and commissioners
- completed a review of medicines management on the ward

Summary of this inspection

- reviewed personnel files for six members of staff
- reviewed a range of other documents, policies and procedures.

What people who use the service say

We spoke with 11 patients who used the service and four carers. Patients spoke positively of the way staff treated them, describing them as “brilliant”, “understanding” and easy to talk to”. All of the carers we spoke with felt involved in their relative’s care and treatment and stated staff were “fantastic” and “doing a great job”.

Nine of the eleven patients we spoke with did not feel safe at Cygnet Appletree as a result of the high numbers of incidents of violence and aggression from other patients. Patients reported the food was unhealthy and lacked choice.

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:

- Patients reported they did not feel safe in Cygnet Appletree. There had been an increase in the number of incidents of violence and aggression since 1 February 2018.
- Staff were not trained in immediate life support which is recommended training by the National Institute for Clinical Excellence and the UK Resuscitation Council for staff who are involved in restraint and rapid tranquilisation.
- Medicine stock records did not always match medication administration records.
- Staff compliance with mandatory training was below 75% for four training courses.
- A blanket restriction was in place preventing patients bringing carrier bags onto the ward. This was not based on an individual assessment of each patient's risk and needs.
- Staff did not always document whether staff and patients had been supported to de-brief following incidents, in line with the provider's policy.
- Patient's individual plans to support the use of 'when required' medicines did not always match the type of medicines prescribed for them.

However:

- Cygnet Appletree was clean and well maintained with furnishings in good order. Staff undertook the required health and safety checks of the environment and equipment.
- Staff adhered to the providers policy and national guidance in the monitoring of patients on high dose antipsychotic medication and following rapid tranquilisation. The clinic room was in order, medicines were stored correctly and staff had fully completed medication administration records.

Requires improvement



Are services effective?

We rated effective as good because:

- Staff completed an assessment of each patient's care and treatment needs. Care plans were personalised, holistic and regularly reviewed in ward round.
- Staff offered treatment for patients in line with best practice and National Institute for Health and Care Excellence guidance. Staff used recognised rating tools to monitor outcomes for patients.

Good



Summary of this inspection

- Staff had a good understanding of the Mental Health Act. Detention paperwork was in good order and stored correctly. Patients understood their rights and had access to an independent advocate.
- Staff understood the principles of the Mental Capacity Act and could give examples of how they had used it with patients. Staff assessed patients' capacity and acted in patients' best interests.

However:

Although treatment records indicated patients had good access to physical healthcare, some patients and carers felt that access to community physical healthcare was restricted.

Are services caring?

We rated caring as good because:

- Staff interacted with patients in a kind and caring manner. Patients reported staff treated them with respect.
- Patients were able to input to the planning of activities, the recruitment of staff and give feedback on the service in weekly community meetings and through an annual patient survey.
- Carers spoke positively of the hospital and the staff. Staff invited carers to patient's review meetings and sought their feedback in an annual relatives survey.
- Staff at Cygnet Appletree had an admissions process that ensured patients were oriented to the ward. The hospital used a buddy system to encourage patients to support each other.

However:

- Although care plans appeared to contain patient views, seven of the eleven patients that we spoke with felt they were not involved in their care plan.

Good



Are services responsive?

We rated responsive as good because:

- Staff adapted their care and treatment to meet the individual needs of patients with complex and challenging behaviours.
- Staff at Cygnet Appletree had discharged 17 patients in the 12 months prior to inspection, 10 of which had moved into the community or to open rehabilitation wards.
- The facilities met the needs of people using the service and staff provided access to a range of activities for patients.

Good



Summary of this inspection

- Patients knew how to complain and most of those we spoke to were supported by the independent advocate. Staff had received training in how to manage complaints and received feedback on the outcome of them.

However:

- Some staff felt the admissions were not always appropriate for a rehabilitation ward and presented too much risk.

Are services well-led?

We rated well-led as good because:

- Cygnet Appletree had effective systems in place to ensure good governance. Managers regularly met with other hospitals to discuss key performance indicators and to benchmark their performance.
- Staff undertook regular audits and developed action plans in response to them. Staff had access to a risk register that was reviewed monthly and identified actions required to manage those risks.
- The majority of staff reported that managers were approachable, visible and supportive. Staff had good access to supervision, appraisals and training for their roles.
- Staff were implementing Safe Wards, a model of care designed to reduce conflict (aggression, rule breaking) and containment (coerced medications, restraint and seclusion) in acute adult inpatient units.

However:

- There was a disconnect between some of the leadership team, which had an impact on positive working relationships.

Good



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.

Staff had a good knowledge of the Mental Health Act. Administrative support was provided by the provider's Mental Health Act lead at the time of inspection as there was a vacancy for a Mental Health Act administrator. Compliance with Mental Health Act training was 97% and the provider's policies were compliant with the Mental Health Act and Code of Practice.

Detention documentation was up to date, appropriately stored and scrutinised. The service maintained appropriate records of Section 17 leave and consent to treatment records. Patients had their rights regularly explained to them and had access to an independent mental health advocacy service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Compliance with Mental Capacity Act training was 97% at the time of inspection. The provider had a policy on the Mental Capacity Act which staff could refer to.

Staff knowledge of the Act was good. Records showed that staff assessed capacity to consent to treatment and

make specific decisions around finances and accommodation. Capacity assessments were present in patient records and staff complied with the process of determining patients best interests.

There were no applications made for Deprivation of Liberty Safeguards in the six months prior to inspection.






Overview of ratings

Our ratings for this location are:

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

Good 

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

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

Requires improvement 

Safe and clean environment

Cygnet Appletree was clean and well maintained. The environment was regularly cleaned, cleaning records were up to date and domestic staff were present during our inspection. Furnishings and fittings were in good order and the décor was maintained to a high standard.

Staff mitigated blind spots in the environment with the use of mirrors, observation and positioning themselves in different areas to allow sight of all parts of the patient environment. A blind spot is an area where a person's view is obstructed. Staff understood the observation policy and increased patients' observation levels where individual risk assessments identified the need to do so.

Staff were aware of the potential ligature risks within the hospital. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff undertook an annual ligature audit that last took place on 1 January 2018. This identified all ligature risks along with mitigation and actions required.

Staff regularly undertook risk assessments of the environment with the completion of a monthly health and safety audit and twice-daily checks of the environment. The hospital had an up to date business continuity plan and a building general risk assessment. The electrical appliance inventory showed electrical safety testing was up to date

and the monthly emergency lighting function test had been conducted in April 2018. The hospital also had an up to date legionella risk assessment, passenger lift certificate, electrical installation certificate and gas safety certificate. Staff completed a recent fire risk assessment review and took part in weekly fire drills, regular tests of the nurse call alarm system and resuscitation drills.

Staff and patients had access to an appropriate alarm system which was maintained by an outside company. All patient bedrooms and bathrooms had a nurse call system. Staff had identified that the sound of the alarm added to patients' distress during an incident. As an alternative the staff all carried pagers, which would vibrate if an alarm was raised and identify the location of the alarm.

Cygnet Appletree complied with the Department of Health's national guidance on eliminating mixed sex accommodation. The hospital admitted only female patients.

The clinic room was clean and tidy. Staff monitored fridge and room temperatures regularly. The medicines cupboard was in order, met with required standards and the appropriate checks were in place. Resuscitation equipment was present and checked regularly. Equipment was well maintained, clean and underwent regular portable appliance testing.

Staff adhered to infection control principles and handwashing facilities were evident throughout. Staff were taking appropriate cautions for patients who were positive for Hepatitis B. The laundry and sluice area was in order and staff used clinical waste bags and sharps bins. Staff could describe the process they would follow for blood spillages which adhered to Cygnet's policy.

Safe staffing

Long stay/rehabilitation mental health wards for working age adults

Good 

Staffing levels at the hospital met with the required staffing levels as set out by the provider. However, based on the numbers and types of incidents and complex needs of some of the patients, we concluded that staffing levels were not always sufficient to meet the needs of the patients. Cygnet used their own safe staffing tools to establish the number of staff required on each shift. As the hospital had 23 patients at the time of inspection, the recommended optimum staffing levels were nine staff on each day with two qualified nurses, and seven staff on at night with one qualified nurse. Cygnet also identified a minimum safe staffing level of one qualified staff member and four unqualified at all times. This minimum staffing level does not comply with guidance set out by the Royal College of Psychiatrists and Quality Network for Mental Health Rehabilitation Services. This states that there should be two qualified staff members on every shift for every 14 patients during the day and one qualified staff member for every 14 patients during the night. Most staff reported no concerns about staffing levels, however three patients said there were not always sufficient staff to meet their needs.

The hospital did not use agency staff and had a regular bank of staff that were familiar with the hospital and patients. Bank staff received mandatory training and supervision. The manager was supported to adjust staffing levels depending on the patient population and profile.

Cygnet Appletree had a vacancy rate of 29% and a sickness rate of 31% between 31 January 2017 and 1 February 2018. Staff sickness was the result of two staff members who had been off long term with broken limbs and some periods of shorter term absence. The manager used the sickness policy to manage sickness absence with staff and staff had access to occupational health to support them. At the time of inspection, sickness had reduced and was 6.4%. There was one nurse vacancy, two administrator vacancies and one occupational therapist vacancy, all of which had been advertised with interview dates planned. Staff turnover between 31 January 2017 and 1 February 2018 was 20%, with 11 leavers from a total substantive team of 54 staff. A review of staff resignation letters identified no themes as the reasons for people leaving and the manager recruited accordingly.

Staff said leave and activities were rarely cancelled but would be re-arranged at times depending on the acuity of patients within the hospital. Staff did not monitor if leave was cancelled or re-arranged. They did monitor the

provision of activities as part of their key performance indicators each week, which included time spent out of the hospital on leave. The hospital aimed for 25 hours of meaningful activity each week and monitored how many patients were active by 10am each day. All patients had a named nurse and meaningful activity included one to one time with patients. At the time of inspection, compliance with this target was at 58%. During the inspection we observed activities taking place both within the hospital and out in the community. Patients reported good access to a variety of activities. Staff felt this was not an accurate reflection as it was dependent on staff updating the electronic system to reflect meaningful activities and time spent with patients. The manager was developing a tool to ensure more accurate recoding of meaningful activity as it happened.

Staff had good access to medical cover out of hours. The responsible clinician was located within five minutes of the hospital. There were four Cygnet hospitals within the North East region and each responsible clinician provided cover on an evening for their own hospital with support from their clinical colleagues where needed. Each clinician provided weekend cover across the four hospitals on a rota system. The medical director provided second on call cover and the speciality doctors operated as nominated deputies.

At the time of inspection, compliance with mandatory training was at 86%. Training compliance was monitored as a key performance indicator and discussed in team meetings and supervision. Four courses were below 75% compliance; safeguarding adults at 67%, protecting our health and safety at 71%, food safety at 71% and responding to emergencies at 73%. The manager was aware of this, training compliance was discussed in supervision and courses were booked for those staff who were out of date.

The hospital had an induction training package called achieve. This included nine e-learning modules on topics such as safeguarding adults and children, information governance awareness, infection control and equality and diversity. Depending on the job role staff then attended mandatory training on active care, first aid, managing actual and potential aggression, Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had a six month induction period, with three months to complete the achieve package.

Long stay/rehabilitation mental health wards for working age adults

Good 

A review of the rotas from 1 January 2018 to 1 May 2018 showed that the hospital always had sufficient numbers of staff trained in managing actual and potential aggression and emergency first aid at work, as monitored and indicated on the rota. Compliance with managing actual and potential aggression was 80% due to new staff who were attending the course at the time of inspection. Compliance with emergency first aid at work was 90% and all staff had received their oxygen training.

Emergency first aid at work training included basic life support skills and automated external defibrillator. The service had recently revised this training and all staff were being trained in basic life support as part of their managing actual and potential aggression training. However, the Resuscitation Council (UK) recommends immediate life support training as a minimum standard for staff that deliver or are involved in rapid tranquilisation, physical restraint, and seclusion. National Institute for Clinical Excellence guidance Violence and Aggression: short term management in mental health, health and community setting (NG10) also states that staff trained in immediate life support and a doctor trained to use resuscitation equipment should be immediately available to attend an emergency if restrictive interventions might be used.

Assessing and managing risk to patients and staff

Cygnet Appletree did not have a seclusion room and there were no recorded incidents of seclusion or long term segregation in the six months prior to inspection.

Between 1 July 2017 and 31 January 2018 there had been 81 incidents of restraint on 14 patients. Two of these were prone restraint, both of which were patient led and one resulted in rapid tranquilisation. Staff received training in the management of actual and potential aggression. Patients had identified de-escalation strategies in their records and a restraint care plan which indicated how they preferred to be restrained. In the records reviewed, staff had attempted de-escalation strategies prior to restraint and the use of restraint was proportionate to the risk posed at the time. Each incident was discussed the following day in the morning meeting and the patient's individual risk was reviewed. All staff reported good access to de-briefs however two of the three records did not specify whether the staff and patient were offered a de-brief following the incident.

Staff understood the observation policy and patient risk determined observation levels. At the time of inspection there was one patient on constant one to one observation levels. All of the six treatment records reviewed contained an up to date risk assessment and risk management plan. The hospital used the short-term assessment of risk and treatability tool. This was an evidence-based tool that assessed future violent and risk behaviours in the short term and identified risk to self and others through structured professional judgements. Repeat assessments captured attitudes and behaviours over time to evaluate patient progress. Following this, staff completed the HCR-20. The HCR-20 is a 20 item checklist to assess the risk for future violent behaviour. It includes variables that capture relevant past, present, and future considerations to determine an individual's treatment plan. Staff also developed crisis and contingency plans for all patients.

Staff undertook regular reviews of both risk assessment tools along with a daily risk assessment of each patient. The daily risk assessment was a Cygnet document that consisted of a checklist of key risk behaviours in areas of neglect, suicide, and violence. It had a brief risk management plan focussing on risk reduction and identifying leave status. Each patient had a coloured rating of red, amber or green depending on their presentation and behaviour over the previous twenty-four hours. Staff shared the risk status of each patient with the rest of the team at the morning meeting. Staff kept the assessment in the most appropriate file for that day to ensure it was accessible, such as the observation file or the one to one file.

Staff held a weekly reducing restrictive practice meeting and each patient had a reducing restrictive practice care plan in place. The hospital admitted patients who had complex needs and sometimes presented with high levels of risk to themselves and others. Staff reviewed patient's risk daily and identified that some patients required higher levels of controlled access to certain items and areas. During the last inspection, patient bathrooms were sometimes locked and one communal bathroom was locked. Following this, the Mental Health Act administrator had delivered training to staff on blanket restrictions. All patient bathrooms and communal bathrooms were open at the time of this inspection, with the exception of one communal bathroom which had been damaged and was being repaired.

Long stay/rehabilitation mental health wards for working age adults

Good 

All patients had keys to their bedrooms. Access to the occupational therapy kitchen, gym and laundry was individually risk assessed and at the time of inspection, 11 out of 23 patients had unsupervised access to these areas. The need for cutlery monitoring was individually risk assessed and no patients were subject to cutlery monitoring at the time of this inspection. The internal courtyard was open and all patients had access to outside space.

Access to Section 17 leave was individually risk assessed and reviewed daily. There were two informal patients at the time of inspection and both the patients and staff understood their rights to leave the ward. The hospital had a search policy which identified different types of searching, including wand monitoring, pat down and bag search. Staff searched patients based on an individual assessment of their risk and the identified level of search of each patient was reviewed weekly and in response to incidents. At the time of inspection, 22 patients had access to escorted leave and three patients had unescorted leave, none of which were deemed to require wand monitoring on their return. The wand check monitoring sheet identified that informal patients and patients returning from medical appointments were not subject to wand searches. One patient was subject to wand monitoring following therapy leave and two patients following home leave.

Cygnets Appletree had a list of items that were not to be brought onto the ward, including lighters and matches, weapons and offensive materials. The provider had a blanket restriction on carrier bags following a recommendation from a coroner's inquest in another area. This was not based on an individual assessment of risk and need. The manager had recently restricted energy drinks on the ward following an incident and were reviewing this once the full serious investigation process was completed. A review of the last four reducing restrictive practice meeting minutes showed that all of these issues were discussed and reviewed at these meetings, with time scales in place for action to be taken and for restricted items to be regularly reviewed.

Staff had a good understanding of safeguarding and their responsibilities in reporting concerns. Between 1 February 2018 and 8 May 2018, staff had submitted 16 alerts to the local authority, 14 of which were about patients assaulting

other patients or staff. In all instances, staff informed the home team and where appropriate the police were involved and the CQC notified. A policy was in place to ensure the safety of children visiting the ward.

Medication was stored safely and only accessible to staff authorised to handle medicines. This included daily checks carried out on the temperature of the rooms and refrigerators that stored items of medication. Staff knew the required procedures for managing controlled drugs. Controlled drugs were appropriately stored and signed for when they were administered.

A pharmacy contractor supplied medicines under a service level agreement; this included a weekly audit process. At the previous inspection, we found that medicine stock records did not always match medicine administration records. Staff carried out weekly medicine stock checks that reconciled the medicine stock with administration records. Medicines stock records did not match medicine administration records for two patients. Medicines had been signed for as administered when no stock was available. For one drug, the number of tablets in stock did not match the number indicated on the stock record.

There were appropriate arrangements in place for recording the administration of patient's medicines. These were clear and fully completed with no gaps. Prescription charts had patient's allergy status recorded on them.

Staff undertook the necessary risk assessments and evaluation of suitability for three patients who were part of a self-administration programme.

Staff developed care plans for patients who were prescribed 'when required medicines' to help with extreme episodes of agitation. The care plans identified the therapeutic interventions to be used before medication was given. Patients also had an individual plan outlining the use of these medications; however, these plans did not always accurately reflect the medication prescribed.

Staff completed physical health checks on patients and undertook the required monitoring of those prescribed clozapine and high dose anti-psychotic medication. This included blood tests, blood pressure monitoring, weight and electrocardiograms. In one patient record where staff identified high blood pressure at the monthly check, they conducted daily blood pressure monitoring for two weeks

Long stay/rehabilitation mental health wards for working age adults

Good 

thereafter. Staff used the Liverpool University Neuroleptic Side Effect Rating Scale to monitor the side effects of patients receiving antipsychotic medication and we saw these completed in patient records.

Staff used rapid tranquilisation in line with the National Institute for Health and Care Excellence guidance. Staff documented monitoring of patients in accordance with the provider's policy and national guidance. Where patients had refused this monitoring, staff had recorded the patient's level of consciousness.

Track record on safety

There had been one serious incident in the previous 12 months that was still under investigation at the time of inspection.

Nine out of 11 patients commented on the frequency of violent and aggressive incidents at Cygnet Appletree and the impact this had on their feeling of safety. Quotes from patients included "I don't feel safe", "too much aggression from others, I'm fed up of being scared" "patients attack patients all the time, I'm always looking over my shoulder, you can't predict it", "everyone gets attacked all the time" and "why do we have to put up with dangerous people".

The CQC had received twenty notifications between 1 February 2018 and 1 May 2018, which involved Police being called to the hospital for incidents involving eight different patients. During this time, the local Police force had received between 10 and 14 calls per month from the hospital and there had been 14 safeguarding alerts raised with the local authority for incidents of violence and aggression. A review of the number of assaults between 7 January 2018 and 6 May 2018 showed there had been 50 assaults on staff and 11 assaults on patients within 18 weeks.

All staff reported they felt safe on the ward, including the advocate who visited twice weekly and domestic staff. Staff were trained in managing actual and potential aggression. The manager confirmed there had been an increased number of incidents of violence and aggression since 1 February 2018. Staff identified the recent increase was due to a complex patient profile, some new admissions that presented with aggressive behaviours and a change in the theme of patient behaviours from self-harm to violence and aggression. Staff sought alternative placements for

patients that were not deemed suitable for the environment due to their risk level and behaviours; three patients had been moved to psychiatric intensive care units since 1 February 2018.

Reporting incidents and learning from when things go wrong

Staff felt confident in reporting incidents and raising concerns. The hospital monitored their reporting of incidents weekly using an electronic system. This documented the number of incidents, the type of incident, whether restraint was used and whether the appropriate agencies were informed. Documentation showed regular referrals to the local safeguarding team and staff used the local authority threshold tool when deciding whether to raise an alert.

Staff completed a weekly flash report that identified incidents, safeguarding's and police referrals. A review of the last six showed that staff identified a management response to the incident, which included identifying triggers to the incidents and actions to be taken by staff to avoid further incidents.

Staff felt well supported following an incident and had access to formal and informal de-brief which was documented and supported by Psychology staff. Staff felt well informed of any incidents and reported that learning was shared. The management team used the morning meeting to share information with the staff team which was attended by representatives from all areas of the hospital, including kitchen and domestic staff. We saw incidents discussed at regular staff meetings and both the local and regional clinical governance meetings.

Cynet Appletree complied with the requirements under the Duty of Candour. There had been one incident that met the threshold for Duty of Candour in the 12 months prior to inspection. This was still under investigation at the time of inspection but staff had liaised with the patient's family. An example of learning from this was that Cygnet Appletree had undertaken a review of the provider's observation policy and had undertaken additional training and supervision of staff to embed this change.

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

Long stay/rehabilitation mental health wards for working age adults

Good 

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

All treatment records contained a comprehensive assessment of patient needs. A nurse assessor commenced this prior to admission. It provided a full patient profile including family history, previous admissions, medications, risk and physical healthcare amongst others. Staff planned regular care programme reviews to which home treatment teams and patient's families were invited.

All treatment records contained regular assessments from nursing staff, psychology staff and the occupational therapy team. Staff reviewed care plans at a minimum every four weeks during the ward round. The detailed ward round slides in each patient's care record contained input from psychology and nursing staff and the patient's views on their treatment and progress. Care plans were individualised and holistic. They identified clear goals for the patient and included input from all members of the multi-disciplinary team.

Staff completed robust monitoring of patient's physical health and promoted their health and well-being. Patients had separate physical healthcare files, which contained care plans, clinical notes, test results and communication with hospitals and GP's. Staff assessed all patients' physical health on admission and undertook regular physical healthcare reviews. Staff completed health improvement plans and physical health care plans. Health promotion booklets were in place for each patient to record monthly health and wellbeing checks. Staff encouraged patients to attend the well woman clinic.

Patient treatment records were paper based and were stored securely yet available to staff when required.

Best practice in treatment and care

Staff provided treatment for patients in line with The National Institute for Health and Care Excellence guidance, including CG178 Psychosis and Schizophrenia in adults: Prevention and Management and CG78 Borderline Personality Disorder: Recognition and Management. At the time of inspection, over half of the patients had a primary diagnosis of personality disorder.

Cygnets Appletree had a range of multi-disciplinary staff who were skilled to meet the care and treatment needs of patients. The hospital employed a full time responsible clinician, a full time psychologist and assistant psychologist, two occupational therapists, and two therapy co-ordinators. Patients had a psychological formulation that helped to determine their therapeutic needs. Psychological therapies were delivered in group settings or in one to one sessions. Staff offered therapies as recommended by national guidance, including modular dialectical behaviour therapy, mindfulness and eye movement desensitisation and reprocessing psychotherapy. Psychology staff used the Wellness and Recovery Action Plan, an evidence based recovery and self-management programme to support people with mental health issues to incorporate wellness tools and strategies into their lives.

The psychology department worked closely with the occupational therapists and therapy assistants. The therapy programme included pet therapy, holistic therapies and psychological well-being groups. Therapy sessions were purposeful with a clear meaning and intended outcomes for the patients involved.

Following national research which highlighted the role of the occupational therapist supporting patients with sleep problems in mental health settings, staff at the hospital had set up a sleep clinic. 'Sleepio' was a group designed to identify individuals who have sleep deficits and from this, promote and maintain a healthy 'sleep and wake pattern' seven days a week. The group encouraged a good sleep hygiene routine to help group members to sleep at night and be ready for the day ahead to enable health and well-being for their mind and body.

Three patients raised concerns about limited access to community physical healthcare, which was reflected by three complaints raised by patients and carers to CQC of similar issues in the five months prior to inspection. The advocate also reported this was a theme from patient concerns. Staff reported that they supported patients to attend appointments when required. We saw evidence in physical healthcare files of patients attending appointments with GP's, opticians and the local acute hospital. Where staff had concerns about a patient's nutritional and hydration needs, they used a dehydration risk assessment tool which was completed at frequent

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Good 

intervals and staff accessed support from their local acute hospital when needed. Staff recorded patient's physical observations with the use of the National Early Warning Score accredited tool.

Staff used recognised rating tools to monitor outcomes for patients. These included Health of the Nation Outcome Scales and the Model of Human Occupation Screening Tool. Staff used these tools to determine individual patient treatment plans. The provider also used these tools to monitor patients' progress through their clinical statistics reporting system. Outcome data was produced for Cygnet Appletree each month and the data from all hospital sites was shared nationally within Cygnet every quarter.

Clinical staff participated in clinical audits. Audits assessed compliance against the provider's policies and national best practice guidance. The head of care and nursing staff undertook monthly medication audits, search audits, health and safety audits and a general audit which included patient care records. A quarterly medication audit was completed by the head of care and registered manager along with a quarterly reducing restrictive practice audit.

Each audit reviewed whether previous actions were completed, identified a compliance score and identified further actions to be taken. Examples of these were patient photographs to be added to medicines charts, the effects of 'when required medicine' to be documented for a patient and the rationale for searching of a patient to be clearly documented.

Skilled staff to deliver care

The hospital had a full range of mental health disciplines providing input to patient care and treatment. There were registered mental health nurses, registered learning disability nurses and healthcare support workers. The hospital employed administrative, catering and domestic staff. All staff interacted well with patients and those not involved directly in patient treatment were supported to attend additional training in mental health if they had an interest in doing so.

All staff had good access to management and regular managerial and clinical supervision. Compliance with supervision and appraisal was 94% at the time of inspection. The hospital manager was accessible to staff and patients throughout the day. Medical staff had monthly continual professional development meetings, both regionally and nationally. Supervisions and appraisals

followed the supervision policy which stated that there must be 'regular formal meetings' and that the supervisions and appraisals should be recorded in a prescribed format. The responsible clinician had been revalidated.

The psychologist held a regular staff forum, which staff could access for additional support. Nursing staff and healthcare support workers had access to monthly staff meetings and a review of the last six months showed these took place as planned.

Staff had the appropriate training and qualifications to undertake their role. Staff had an induction and probationary period. A number of the training courses during the induction period met the requirements of the care certificate standards. The manager followed disciplinary processes where applicable, including reporting staff to the Nursing and Midwifery Council and General Medical Council where there were concerns about practice.

Managers were encouraged to take part in leadership training to support their development in the role. Three nurses were undertaking apprenticeships in leadership and management and four were completing their mentorship course. In response to their patient profile, the psychologist and occupational therapist had delivered training to staff in learning disabilities, autism and personality disorder.

The psychology assistant had attended a cognitive behavioural therapy course. Staff had received training from an external addictions organisation around substance misuse and had in turn delivered training to some of their staff about mental health. A psychologist from this external agency delivered an addictions group with the hospital psychologist. The purpose was to enable patients to build relationships with this external organisation who could potentially support them in the community.

Multi-disciplinary and inter-agency team work

Staff met regularly as a multi-disciplinary team in daily morning meetings, patient reviews and staff meetings. Staff took a pro-active approach to risk management showing a flexible and responsive approach to both patients' and carers' needs. There was positive engagement from all staff and all roles appeared to be valued. Staff reviewed incidents, leave status, safeguarding, complaints,

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Good 

compliments, care plans and discharge planning. Senior staff would disseminate information to the rest of their team following the morning meeting. Handovers occurred twice daily and staff kept a record of all discussions.

Staff worked together to meet the needs of the patient and promote recovery and independence. During ward round, staff were able to challenge each other and all staff contributed to reviewing the patient's care and treatment goals.

The registered manager reported good working relationships with patients' care coordinators and commissioners. Staff invited commissioners and care coordinators to care programme approach meetings. Feedback from two external agencies was that they would like to improve communication with staff at the hospital as this was not always effective.

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

At the time of inspection, compliance with Mental Health Act training was 100%. Clinical staff had a good understanding of the Act and their responsibilities under it.

Cygnets had a Mental Health Act Policy that complied with the Act and Code of Practice. Cygnets Appletree had a vacancy for a Mental Health Act Administrator and support was being provided by Cygnets' mental health lead while the post was recruited to.

Mental Health Act documentation was in good order in all six treatment records reviewed. Detention documentation was up to date and accessible to staff. Approved Mental Health Professional reports were stored within patient records and there was evidence of Second Opinion Appointed Doctors assessments and decision making. The Second Opinion Appointed Doctor safeguards the rights of patients detained under the Mental Health Act who either refused the treatment prescribed to them or were deemed incapable of consenting.

Staff maintained appropriate records of Section 17 leave and consent to treatment records. A standardised process was in place for authorising section 17 leave. In all six records, Section 17 documentation was up to date and old forms were struck through to show they were no longer applicable. Staff undertook a daily risk assessment prior to patients taking Section 17 leave.

Completed consent to treatment forms were located with prescription charts. Detained patients being administered medication for longer than three months had a T2 or T3 form in place. A T2 form is used when a patient who has capacity agrees to take medication after three months detention. A T3 is provided by a Second Opinion Appointed Doctor when a person who lacks the capacity to consent to medication remains on medication after the first three months detention, or the patient has capacity but does not agree to take their medication. In eight prescription charts reviewed, there were no discrepancies between medications administered and medications authorised under The Act.

Patients were aware of which section of the Mental Health Act they were detained under. Staff had provided patients with information on their rights to appeal under the Act. This included a record of how the patient responded and their understanding of their rights.

Patients had access to an independent mental health advocate who had a regular presence in the hospital twice weekly. All patients were aware of the advocate and accessed them when needed; most of the patients interviewed were using this service.

Good practice in applying the Mental Capacity Act

All staff had completed combined training on the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards and compliance was 100% at the time of inspection. The hospital had made no Deprivation of Liberty Safeguards applications in the 12 months prior to inspection.

Cygnets had a policy and procedure on the Mental Capacity Act 2005. It detailed the principles of the Act, the processes around decision-making and best interest assessments, the use of the independent mental capacity advocate and the legal obligations set out in the Act. The weekly reporting spreadsheet monitored the number of capacity assessments completed each week. Senior staff completed a case-tracking audit three times per year. Part of this involved checking patient records for evidence of consent to care and treatment and checking if staff had completed capacity assessments where appropriate.

Clinical staff were able to discuss the principles of the Act and give practical examples of how it had been used with patients. Staff stated that an assessment of capacity was decision specific and the aim was to use the least

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Good 

restrictive option. Patient records showed that capacity assessments were often undertaken in relation to medication and finances. All patients were presumed to have capacity unless proven otherwise.

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

Good 

Kindness, dignity, respect and support

We observed positive staff and patient interactions during patient activities, patient reviews, medication rounds and through general observations on the ward. Staff used caring language when discussing patients in the morning meeting and demonstrated a warm and positive approach to managing patient's risks and meeting their needs. Staff demonstrated their understanding of individual patients' needs during this meeting and in the ward round.

Staff interacted well with patients during activities. Staff spoke in a positive and encouraging way to patients and supported patients to take the lead in the planning and carrying out of the activity. We observed staff engaging with a distressed patient in the garden area in a kind and respectful way, which resulted in the patient calming down and laughing with the staff. We joined staff and patients on escorted leave in the community to a local coffee shop. Staff used this opportunity to engage with patients in a relaxed environment and all involved appeared to enjoy this.

Patient feedback about the way staff treated them was mainly positive. Positive comments included "staff are nice, they take me for a walk, they knock before they come in", "staff are brilliant, much more understanding, really easy to talk to", and "the staff are interested in my life, they care about you". However, CQC had received five complaints from patients and carers between 10 August 2017 and 12 April 2018. Three of these complaints raised concerns about the attitudes of staff.

The involvement of people in the care they receive

A nurse assessor undertook a patient assessment at the point of referral and the registered manager would sometimes visit the patient prior to admissions. Staff gave

patients a booklet about the hospital, which contained photographs of the environment. It explained the daily routine, the community guidelines, the staff names and roles and identified the types of activities on offer. A transitional phase was offered if appropriate where the patient could visit the hospital. Once the patient was offered a place, staff would pair them with another patient in a buddy system. This would be for initial support and guidance as they settled into the environment.

Staff involved patients in planning activities. Activities were aimed at promoting patient independence with sessions on cooking, trips in the community and personal care. Patients took part in healthy eating sessions where they planned a recipe and went to the shops with staff to buy the ingredients. Patients received therapeutic earnings if they undertook specific jobs around the hospital. We observed a therapy planning group which was well attended by nine patients, therapy staff and the independent mental health advocate. The meeting was used to plan activities to take into account patient choice. Patients engaged well in this meeting and one patient had responsibility for taking the minutes as part of their therapy plan.

Staff discussed care planning with patients regularly and offered patients a copy of their care plan. Staff invited patients and their families and carers to ward rounds and care programme approach review meetings. Care plans were written in the first person and individual to each patient's needs. Although they appeared to contain patient views, seven of the eleven patients that we spoke to reported they were not involved in their care plan.

The staff provided weekly slots to consider patient requests outside of their monthly clinical reviews in response to patients' feedback. Patients rarely got the opportunity to meet with the responsible clinician outside of their allocated monthly ward round. Staff had developed a recovery focused ward round sheet that supported patients to plan for their ward round, asking them to identify their goals, their areas of risk and encouraging them to reflect on how they were finding their one to one sessions.

Carers spoke positively about the hospital and the staff. They visited their relatives or received feedback from staff over the phone if they could not get there. They had been invited to patient reviews and described the staff as "brilliant", "fantastic", doing "a great job" and were very pleased with the progress of their relatives.

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Good 

Patients were involved in the recruitment of staff at interview stage. Staff used the weekly community meeting to gather feedback from patients, along with an annual patient and relative survey. The survey covered areas such as staff, catering, activities, complaints and safeguarding. Questions asked included whether staff were polite and approachable, whether patients knew how to make a complaint and whether they felt safe. Responses provided by six relatives in April 2018 were all positive across all questions, with the only exception being two carers who provided a negative response about the availability of activities. Responses provided by 12 patients in April 2018 were primarily positive to all 67 questions.

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

Good 

Access and discharge

Between 1 May 2017 and 1 May 2018, Cygnet Appletree had admitted 16 patients and discharged 17 patients. The hospital regularly admitted patients from out of area. The average bed occupancy between 1 July 2017 and 31 January 2018 ranged from 88% to 96%, which meant the hospital had between 23 and 25 patients during that time.

The average length of stay for patients at Cygnet Appletree was 804 days (over two years). This was representative of average length of stay data supplied by the NHS Benchmarking Network.

Admissions were reviewed by the multi-disciplinary team, although one staff member felt that the team could be over ruled by senior managers and that admissions were not always based on the clinical needs and best interests of the patients. Three staff felt the admissions were not always appropriate for a rehabilitation ward and presented too much risk.

Staff liaised with patients and the transferring hospital prior to admission. We reviewed three patients' records in detail, looking at the admission process. There was not always a pre-admission assessment in place, but in those cases the patient had been visited by the hospital manager to make

an assessment of suitability for admission. For one patient with complex needs who lived out of area, the staff team held conference calls with the patient prior to admission to start to build therapeutic relationships. Treatment records showed evidence of staff adapting their care and treatment to meet the individual needs of patients with complex and challenging behaviours.

The majority of patients stepped down in their level of risk on discharge in the 12 months prior to inspection. Of the 17 patients discharged, 10 were positive discharges which meant they stepped down in their level of risk and moved to a community placement or open rehabilitation unit. Four patients required transfer to a more secure setting and the remainder were moved to other rehabilitation units with the same function. At the time of inspection, five patients were on an active discharge pathway.

The facilities promote recovery, comfort, dignity and confidentiality

There was a range of rooms and equipment in the hospital to support treatment and care. A clinic room had an examination couch for use when required. A large lounge on the ground floor had several seating areas. The dining area was open plan and spacious and looked out over the central courtyard. In the courtyard, there was a large covered seating area. There was also a garden area that had a small basketball court, a number of small animals such as guinea pigs, and an area for gardening. The hospital had a salon, a gym, a dance studio with table tennis, an internet café, an occupational therapy room and a therapy kitchen. There were quiet areas on the ward and a room where patients could meet visitors. Patients had access to mobile phones following an individual risk assessment and were able to make phone calls in private.

Staff cooked food on site and patients selected their own meals. Patients had access to a beverage area. Comments about the food were generally negative. Feedback included they would like more healthy options, more choice and they would like the timings of meals changed. One patient stated that staff remembered what they liked to eat and made it for them. A review of the two week menu plan showed a number of healthy options and slimming world options, with a salad bar and jacket potatoes available daily along with hot meals such as pies, pastas, meat and fish dishes.

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Good 

Staff encouraged patients to personalise their bedrooms and provided access to secure storage for their possessions. All bedrooms were single occupancy with an en-suite toilet, shower and washbasin. Two bedrooms on the ground floor had observation windows with incorporated internal privacy blinds. Staff were able to open and close the blinds with a key and there was a patient control on the inside of the door.

Patient feedback about activities was generally positive. Patients talked about going to the cinema, shopping in local towns and a recent prom that the patients organised where they had dressed up and had a chocolate fountain. Staff planned for activities daily and were responsive to patient requests. Activities were available seven days a week. A full weekly timetable was available in the hospital corridor for patients to see. Patient information boards around the hospital explained in more detail about some of the activities on offer. Examples of activities available were pet therapy, jewellery making, horse riding, exercise classes, a walking group and an art group. Patients generally reported good access to activities. Patients used a self-modulation room as part of their individual therapeutic strategies. Sensory items were available such as beanbags, lighting and sound machines to enable patients to promote self-regulation and positive change.

Staff explored opportunities for patients to aid their rehabilitation into the community when they were ready. They were supporting one patient to access educational courses at the local college. In March 2018, patients took part in a two-day First Aid at Work course. The course covered all the basic first aid techniques such as the role of the first aider, unresponsive casualty, communication and casualty care, resuscitation, fainting, burns and scolds.

Meeting the needs of all people who use the service

Staff treated patients as individuals and made adjustments to the environment and treatment plan to ensure they were fully supported in their recovery. Examples of this approach included patients from different ethnic backgrounds and patients who had a diagnosed learning disability. The hospital was accessible to patients in a wheelchair, with a disabled access lift and bathrooms. A range of information leaflets available in different languages were displayed throughout the hospital. The staff had access to

interpreters if required. Patients were able to attend their local place of worship and religious items were available for patients to use in one of the quiet rooms, such as a prayer mat and holy books.

Patients were able to prepare their own meals in the therapy kitchen with the support of staff as part of their therapeutic plan. Patients were able to request specific food based on their cultural and religious needs. One patient was vegetarian and reported staff accommodated this for them.

We reviewed the record of a patient who had a diagnosed mild learning disability. The patient's named nurse was a registered learning disability nurse and the psychologist had provided training in learning disabilities to staff before the patient was admitted. The patient had a health passport in place and a positive behaviour support plan to enable staff to meet their care and treatment needs. The care plan identified any comprehension and visual aids that were required and staff stated they would have provided easy read information but the patient did not require this.

Listening to and learning from concerns and complaints

Cygnets Appletree had received six complaints between 31 January 2017 and 1 February 2018, none of which were upheld or referred to the ombudsman. Complaints included concerns about staff conduct and the care and treatment provided.

Patients reported they knew how to complain although they did not always feel their complaint was listened to. There was evidence that patients could complain directly to the hospital or through the advocacy service. Cygnets would use managers from other hospitals to investigate patient complaints if required. The manager gave staff and patients feedback on the outcome of complaints and actions were put in place where required. All staff received training on dealing with concerns at work as part of their mandatory induction training package.

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

Long stay/rehabilitation mental health wards for working age adults

Good 

Good 

Vision and values

Cygnnet Healthcare Ltd had an overall vision to ‘enable people to progress on their personal journey to achieve more, and to be recognised as the preferred provider of outstanding quality care and employer of choice in the health care sector.’

Their values were:

- Helpful
- Responsible
- Respectful
- Honest
- Empathetic

As the hospital had recently changed provider to Cygnnet Healthcare Ltd, staff were getting to know and understand the organisation’s values.

Good governance

Cygnnet Appletree had effective systems in place to ensure good governance. Managers attended a local clinical governance meeting and a regional clinical governance meeting. The minutes of these meetings provided evidence of benchmarking between Cygnnet hospitals and of discussion of comparative data on key performance indicators. Staff documented actions to be taken and timescales for achieving them. These were then reviewed at subsequent meetings.

Staff documented incidents and complaints and shared these with the relevant agencies, including local safeguarding and the CQC. Cygnnet held a risk register and lessons learned group which was a quarterly group involving the operations directors and quality team. They reviewed all serious incidents, accidents that had caused significant harm and incidents which may have impacted on an individual and/or service, external complaints and external safeguarding matters. This information informed the adult risk and governance meeting, which was a quarterly meetings chaired by the head of the quality team.

Cygnnet hospitals monitored and shared risk management data. They used key performance indicators to measure the performance of each hospital. The manager received an update on the performance of the hospital each month

which they shared with staff. The data reported on included serious incidents, complaints, restraints, seclusion, safeguarding, medication errors, absence without leave and regulatory notifications.

At the time of inspection, the hospital was meeting targets in relation to compliance with staff supervision, appraisals and mandatory training. The hospital was staffed to minimum safe levels on each shift. The hospital manager attended a quarterly performance supervision review looking at the data and additional areas such as relationships with community services, patient inclusion, regulatory compliance and budgets. Staff undertook regular audits and used the information to develop action plans to improve the care and treatment provided. Staff had good access to both mandatory and specialist training, along with regular supervision and annual appraisals.

Cygnnet Appletree had a risk register that staff reviewed monthly. It included risks about patients, such as those presenting with aggressive and violent behaviours and those on increased observation levels. It also contained staffing concerns, where staff had been under disciplinary for their conduct and behaviour.

The hospital had two administrative vacancies. The current hospital administrator was still in post and recruitment was underway to replace them. The Mental Health Act administrator was being covered two days per week by the provider’s Mental Health Act lead and interviews were planned for a permanent full time administrator for the hospital. The manager felt they had sufficient administrative support.

Leadership, morale and staff engagement

Staff reported that the managers were approachable and were highly visible in the hospital. Multi-disciplinary staff felt they had good leadership that was both “informal and professional”. They reported the manager asked for their opinion on matters and this was listened to. Most staff felt they worked in an environment with a healthy culture, were able to raise concerns without fear of victimisation and had no concerns about bullying. They felt relationships were good within the team, with managers and with more senior staff within Cygnnet Health Care Limited. The head of care felt supported by the manager and they in turn felt supported by their supervisor.

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Good 

Staff, including clinical staff, support staff and domestic staff felt part of a team and felt well supported. However, one staff member did not feel supported by leaders within Cygnet Appletree or Cygnet Health Care Limited.

An action plan was in place from the most recent staff survey which highlighted the following areas raised by staff:

- Pay
- Staff consistency and boundaries
- Support from management during incidents
- Status of the hospital which included the admission of challenging and complex patients that some staff felt may not be in keeping with the rehabilitation criteria.

We observed good team working between most staff in the ward round and morning meeting. However, there was a visible disconnect between some of the leadership team which was impacting on positive working relationships.

Commitment to quality improvement and innovation

Cygnet Appletree hospital did not participate in accreditation for inpatient mental health services. The hospital was in the early stages of implementing Safe Wards. Safe Wards was a model of care designed to reduce conflict (aggression, rule breaking) and containment (coerced medications, restraint and seclusion) in acute adult mental health inpatient units. This was being overseen by two staff members who had participated and rolled out the initiative in previous roles and patient champions had been chosen. Some interventions were already implemented such as calm boxes and positive comments displayed on the ward. A follow up meeting was planned to implement further interventions.

Staff were working with a community addiction organisation to jointly run a session with patients on addictions. They were also providing training to staff on substance abuse disorders and abstinence methods, sharing best practice and engaging in professional supervision to develop protocols to enhance the care of patients with addictions.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff who are involved in restraint, rapid tranquilisation and seclusion are trained in immediate life support.
- The provider must ensure that medicine stock records match medicine administration records.

Action the provider **SHOULD** take to improve

- The provider should ensure that the current levels of violence and aggression within the hospital are reduced to enable patients and staff to feel safe on the ward.
- The provider should ensure that staff compliance with mandatory training is above 75% for all training courses.
- The provider should ensure that the current blanket restriction on carrier bags is reviewed and based on an individual assessment of each patient's risk and need.

- The provider should ensure that patient's individual plans to support the use of 'when required' medicines should always match the type of medicines prescribed for them as required by their own policies.
- The provider should ensure staff document that staff and patients have been supported to de-brief following incidents, in line with the provider's policy.
- The provider should ensure they review their staffing establishment levels to comply with national standards and best practice guidance.
- The provider should ensure they monitor if a patient's Section 17 leave is cancelled and the reasons for this.
- The provider should consider ways in which they can further enable patients to feel involved in their care planning.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicine stock records did not always match medication administration records. This was a breach of regulation 12 (1) (2) (g)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff because staff involved in restraint and rapid tranquilisation were not trained in immediate life support, as recommended in national guidance. This was a breach of Regulation 18 (1)