Cygnet Behavioural Health Limited

Cygnet Pindar House

Inspection report

Upper Sheffield Road
Barnsley
S70 4PX
Tel: 01226668020
www.cygnethealth.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

We have not inspected this service before. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a model of mental health rehabilitation based on national standards. Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.

However:

- Managers could not provide assurance that all environmental risk assessments, patient care plan goal reviews and clinical records audits had been completed properly and in line with the provider's policies.
- Patient activity timetables were general and not always tailored to individual need.
- The service did not always keep contemporaneous records. Information was recorded in several different places, in a mixture of electronic and paper records and staff did not always know where to record important health information. We also found one example of a procedure being carried out without the best interest decision being properly recorded.
- Staff did not have the knowledge necessary to provide information to appropriate carers on how to access a carer's assessment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Services for people with acquired brain injury	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Pindar House

Cygnet Pindar House is a 22-bed neuropsychiatric rehabilitation facility for men affected by acquired brain injuries and those diagnosed with a progressive neurological disease, like Huntington's Disease. The hospital has one ward over two floors. The hospital provides care for men between 18 and 65 with complex physical health needs and/or challenging behaviour. The hospital cares for informal patients as well as those detained under the Mental Health Act.

The hospital is registered to provide the following regulated activities:

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

The hospital has a manager registered with CQC.

Since Pindar House opened in February 2020, it has not been inspected. We therefore carried out a comprehensive inspection that covered all the key questions.

What people who use the service say

We spoke with two patients and five of their carers. We also looked at the notes from the patient community meeting. Patients and carers told us the hospital was clean, well maintained and nicely furnished. Both patients and four of the carers told us staff were kind, caring and respectful to patients and their families. The hospital had enough staff and patients felt safe on the ward. Patients could speak freely with ward staff, and managers and praised them for their patience and responsiveness. The food was good and patients had access to advocacy if they wanted it. Both patients and carers told us they felt involved in their treatment and could attend meetings about their care. However, one carer told us they did not think the hospital was doing a good job. We spoke with staff separately about the issues they raised.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients and supporting them to take their medicines safely
- spoke with the registered manager for the hospital
- spoke with seven other members of staff including the consultant psychiatrist, nurses, therapy staff, support workers and cleaning staff
- spoke with two patients
- spoke with five carers/relatives
- observed one multidisciplinary team meeting
- looked at four care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with one legal requirement. This action related to one service.

- The service must ensure that information about different aspects of patient care are recorded in consistent locations in patient care records and that information is accurate and up-to-date across all electronic and paper-based records. (Regulation 17).
- The service must ensure that all best interest decisions are recorded in line with the appropriate legislation. (Regulation 17).
- The service must ensure that managers have oversight of all environmental risk assessments to ensure they are up-to-date and completed properly (Regulation 17).

Action the service SHOULD take to improve:

- The service should ensure that patient care plan goal reviews identify, what, if any progress has been made towards the goal.
- The service should ensure that clinical audits identify the individual records audited as per the provider's policy.
- The service should ensure staff have the knowledge to provide information to appropriate carers on how to access a carer's assessment.
- The service should ensure patient activity timetables show how they are tailored to each individual patient's needs.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good

Services for people with acquired brain injury

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

Are Services for people with acquired brain injury safe?

Good

Safe and clean environment.

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. However, some the general risk assessments, for example, for kitchen activities, were not of good quality . They had not been signed, dated and the risk ratings were not completed.

Staff could not observe patients in all parts of the ward from staff offices so staff were allocated to observe patients based on their level of risk to keep them safe. Staff gave more vulnerable patients bedrooms on the ground floor closer to staff offices, and where communal areas were covered by CCTV. Staff said there were plans to put CCTV in the communal areas of the rooms on the first floor.

There was no mixed sex accommodation as there was only one male ward spread over two floors.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The hospital had an up-to-date ligature risk assessment. The rooms on the ground floor had anti-ligature fittings, including patients' bedrooms. Patients at risk of self harm by ligature were allocated those bedrooms. Since the hospital opened in February 2020, there had been no incidents where a patient had attempted to ligature from a fixed point.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff carried alarms that could identify the location of an incident.

Maintenance, cleanliness and infection control.

Ward areas were clean, well maintained, well-furnished and fit for purpose. Patients and their carers commented about the cleanliness of the hospital.

Two full-time staff cleaned during the day, five days per week. In the evenings and at weekends, staff made sure patient areas remained clean.

Staff followed infection control policy, including handwashing. Since the onset of the pandemic, staff had increased the cleaning of high touch points, such as door handles. Hand gel was available in communal areas and signs indicated whether desks had been sanitised after the last person had used them.

Seclusion room (if present).
The hospital did not have a seclusion room.

Clinic room and equipment.
Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. All appropriate equipment had been correctly calibrated, and staff carried out additional resuscitation drills to ensure emergency procedures and equipment worked properly.

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. There were two shifts per day and between 4pm and midnight, there was an additional support worker to assist with mealtimes and evening routines. There was always at least one nurse on duty during the day and at night. During the day, there were three other qualified nurse managers that could be called upon to assist if needed.

The service had reducing vacancy rates due to a rolling programme of recruitment. At the time of our inspection, there were nine support workers vacancies.

The service had reducing rates of bank and agency nurses. There were two vacancies for nursing staff, but managers were interviewing for nursing staff the day following our inspection.

The service used a pool of bank nursing and support workers to do ad hoc shifts as needed. Many of these staff had previously worked on the ward in a substantive position.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The patients we spoke with confirmed this.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Senior support workers were assigned to buddy up with new bank and agency staff to ensure they understood how the service worked.

The service had experienced a higher than usual turnover rate and this was due mainly to the pandemic when staff who would otherwise have been on furlough from their regular jobs were recruited as support workers provided they had the right skills and experience. Some staff had gone back to their substantive jobs and the hospital had recruited several permanent support workers to fill the gaps.

Managers supported staff who needed time off for ill health by, for example, welfare visits and regular phone calls.

Good

Services for people with acquired brain injury

The sickness absence rate for the hospital over the last 12 months was 7% which the manager told us was within the average range for the provider.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers had access to an allocations sheet that identified which patients required higher levels of observation by staff, so they knew how many staff were required on each shift to keep patients safe.

The ward manager could adjust staffing levels according to the needs of the patients. Staff had an allocations sheet and a ward diary, so they knew whether more staff were required to support patients with, for example, off-ward visits. We saw copies of staff rotas for the three months prior to our inspection to confirm there were enough staff to keep patients safe and to carry out any physical interventions safely.

Each patient had a named nurse, a named support worker and a named associate nurse so patients could have regular one to one sessions with a key worker.

Patients rarely had their escorted leave or activities cancelled. Sometimes a member of the multidisciplinary team would escort a patient on leave so they could, for example, assess their mobility or social functioning.

Each day, there was a thorough handover after each shift where staff shared key information about patients to keep them safe. In addition, the multidisciplinary team meeting met each weekday morning to review patient safety information.

Medical staff.
The service had a full-time medical locum in place during the day and an on-call system at night that operated across the provider's regional patch. The locum was available to go to the ward quickly, and staff were aware of procedures to follow in a medical emergency. The locum doctor had been in post since March 2021 when the previous consultant left the service. The service had recruited another permanent consultant that was due to start in post in October 2021.

The provider had another mental health hospital next door to this hospital so managers could call for additional medical cover as required, for example to cover leave and sickness. The provider had a medical director who supervised any locum doctors and ensured they had an induction to the service before starting their shift.

Mandatory training.
Staff had completed and kept up to date with their mandatory training. At the time of our inspection, the compliance rate was 85%. Staff told us they were up to date with their mandatory training and they could check on their own electronic training record to identify when it was due to be refreshed. All staff, including domestic and administrative staff took part in mandatory training in working with people with acquired brain injury.

The mandatory training programme was comprehensive and met the needs of patients and staff. In addition to online and face-to-face modules, staff had workbooks to complete before they could be signed off as having completed the required training.

Managers had access to training data so they could identify which staff had completed which training modules. They met weekly to discuss training and alerted staff when they needed to update their training.

Good

Services for people with acquired brain injury

Assessing and managing risk to patients and staff.

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

Assessment of patient risk.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Each morning and evening staff met to review any incidents that had occurred in the previous 24 hours and to update the daily risk assessment record.

Management of patient risk.

Each weekday, members of the multidisciplinary team met to review patient risks and to update the risk management plan as appropriate. This followed an in-depth handover by nursing and support staff. 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. We looked at examples of risk assessments and found staff had carried out individualised assessments for patients based on their needs and circumstances.

Staff followed procedures to minimise risks including high level observations. Some patients were observed on a one-to-one basis where their risk levels warranted this. Managers carried out monthly audits of observation records to ensure observations were being carried out correctly. They matched the observation records with CCTV recordings where available, to ensure that what staff recorded on the observation sheet was correct.

Staff followed organisation policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. They searched patients or their belongings only where they had a good reason - for example, if they suspected a patient had something, they could harm themselves or others with.

Use of restrictive interventions.

The levels of restrictive interventions over the previous 12 months were low. There were no recorded incidents of prone restraint and staff confirmed this was not used.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The provider had appointed two lead nurses to support the programme nationally.

We reviewed a sample of restraint records and found that 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.

Staff understood the Mental Capacity Act definition of restraint and worked within it. The provider's restraint training made reference to this.

Staff followed NICE guidance when using rapid tranquilisation. We reviewed a sample of patient records and looked at the hospital's audit to confirm these findings.

The manager told us they did not use long term segregation with patients and had not had cause to segregate any patient since they had been open.

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. Training records showed that staff received safeguarding adults and safeguarding children training. Some staff had been trained to level three, but the registered manager had been trained to level four and acted as the safeguarding lead for staff.

Staff kept up to date with their safeguarding training. Training records showed that staff compliance with safeguarding was 85% and for staff that required level three training, compliance was 80%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. On admission, staff identified patients' protected characteristics and staff received mandatory equality and diversity training. We saw an example of how staff protected an adult they suspected might be at risk of modern-day slavery.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff felt confident to report safeguarding concerns and knew who to inform. We saw in records that they had made appropriate referrals to the local authority to protect patients and managers monitored the number of safeguarding referrals they made.

Staff followed clear procedures to keep children visiting the ward safe. There was a suitable visitors' room away from the ward and all visits were pre-booked. A member of staff was always on hand to oversee visits.

The service had not been involved in any serious case reviews.

Staff access to essential information.

Staff had access to clinical information, but it was not easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, but they were stored in different locations. Some were held electronically, and some paper based. We were concerned about the risk of information not being updated across all systems. For example, in one record, we saw three choking assessments for a patient, but one out-of-date risk assessment had not been removed from the paper record. Staff knew which was the most up-to-date assessment and the patient was getting appropriate care. All patients had a one-page summary identifying their individual risks and staff knew where these were kept.

All staff could access both the paper based and electronic records including agency staff. Long-term agency staff had their own log-in and short-term staff could have a temporary log-in.

When patients transferred to another hospital belonging to the provider, the new team could access the patient's electronic records. Staff made alternative arrangements to transport paper notes quickly.

Records were stored securely but some patient outcome data was left in a locked meeting room when a manager told it us it should have been stored elsewhere.

Good

Services for people with acquired brain injury

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.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines charts for all 12 patients had no gaps in administration records. We spoke with the pharmacist who regularly reviewed prescription charts and medicines storage and they had no concerns.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We did not see patient information leaflets in an accessible format, but the pharmacist was happy to speak with patients and their carers about their medicines. We saw how staff supported one patient with verbal information about their medicines in a way that they could understand.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines. There were no patients prescribed antipsychotic medicine and staff followed national good practice in the prescribing of benzodiazepines and other sedative type medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Information was cascaded to staff by the pharmacist.

We examined the medicines records of all 12 patients and found that decision-making processes were followed to ensure that people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicine on their physical health according to NICE guidance. However, it was not always clear where the monitoring information was kept. Each patient had a physical health file, but staff kept monitoring information and other physical health information in different places – for example, in the patient's electronic record. Staff told us there was no consistent place where physical health information was stored.

Track record on safety.

The service had a good track record on safety.

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.

Reporting incidents and learning from when things go wrong.

Staff knew what incidents to report and how to report them. As part of their mandatory training, staff received guidance on incident management. All the staff we spoke with felt confident to recognise and report incidents.

Staff reported serious incidents clearly and in line with the provider's policy. In the 12 months prior to our inspection, the service had not had any serious incidents.

The service had no never events on the ward.

Good

Services for people with acquired brain injury

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. We were told that staff apologised to patients even when an incident did not meet the duty of candour threshold and they gave us examples of when this happened. The hospital had not had any incidents that met the duty of candour threshold in the last12 months.

Managers debriefed and supported staff after any serious incident. The staff we spoke with confirmed they felt fully supported after any incident with a patient. Support from the psychologist was available for staff that required it.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations as appropriate.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw examples in team meeting minutes where lessons learned from incidents both within the location and the wider provider were shared with staff. We saw a folder containing information about incidents that had happened in other Cygnet hospitals.

Staff met to discuss the feedback and look at improvements to patient care. The psychologist analysed patient incidents to identify themes and trends. The multidisciplinary team discussed the results and put measures in place where they could to prevent recurrences.

Are Services for people with acquired brain injury effective?

Good

Assessment of needs and planning of care

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

We examined four patient care records and found that staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. However, we found that physical health information was stored in different places. Each patient had a physical health file but there was sometimes no information stored in there. There was a physical health lead, but we could not speak with this person at our inspection. Staff recorded physical health monitoring in the patient's electronic notes but there was no identified place to store it, so staff recorded it in different places.

We examined, in detail, four care records of current patients. We found that 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. However, some care plan goals did not change from one review to the next. For example, we saw one patient had a goal that was the same from September 2020 through to June 2021. The care plan had been reviewed but we did not see any evidence that any progress had been made towards the goal. This meant that the patient's progress towards their recovery goals was not clear.

Overall, care plans were personalised, holistic and some were recovery orientated. Some patients did not have the capacity to be involved with their care plan, but most care records contained statements which reflected the personal preferences of each patient, though some were more personalised than others.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Patients had access to psychological therapies, occupational therapies, speech and language therapy, physiotherapy as well as pharmacological therapies.

Staff delivered care in line with best practice and national guidance. The provider had an experienced neuropsychiatric lead overseeing and developing the hospital's approach. There was a draft service model in place, incorporating guidance from recognised bodies, for example, the British Society of Rehabilitation Medicine, (BRSM) and NICE. Staff from the different locations specialising in neuropsychiatric care were meeting to review and develop the model.

We saw evidence in care plans that staff identified patients' physical health needs.

Staff made sure patients had access to physical health care, including specialists as required. All patients were registered with a local GP where the hospital had a service level agreement in place. All patients were registered with a local dentist and the hospital had their own phlebotomist and a physical healthcare lead nurse.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. A dietician visited the hospital regularly and had input into patients' care plans as needed. The speech and language therapist also advised patients about food and staff used a nationally recognised framework to prepare food and drink for patients with swallowing difficulties.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Information about healthy eating and other programmes was available for patients in the activity rooms and communal areas of the hospital.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These were completed regularly by the multidisciplinary team who monitored improvements in patient functioning.

Staff used technology to support patients. They could carry out electrocardiogram monitoring on site with patients that required it.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The hospital had a clinical audit schedule and from team meeting minutes, we saw that staff were encouraged to get involved in quality improvement schemes.

Managers used results from audits to make improvements. The hospital had an improvement plan which managers reviewed in regular governance meetings.

Good

Services for people with acquired brain injury

Skilled staff to deliver care

The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). 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 hospital employed the full range of specialists to meet the needs of the patients on the ward. This included a neuropsychiatrist, a psychologist, an occupational therapist, a speech and language therapist and a physiotherapist. Patient also had access to a dietician and a GP.

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. Bank staff received the same mandatory training as substantive staff and managers checked that agency staff had undertaken an appropriate level of training before starting their shift. There were two experienced clinical managers on the ward to support nursing and other staff and the registered manager was also an experienced mental health nurse.

Managers gave each new member of staff an induction to the service before they started work and for health support workers, this included completing the care certificate, a nationally recognised set of standards for health and social care workers. We spoke to staff who confirmed that induction was thorough and comprehensive and that they had time to shadow staff before starting their shift.

When we spoke with staff, they confirmed that managers supported permanent staff through regular, constructive appraisals of their work. They also provided staff with regular supervision, supervision. The hospital provided data to show that at the end of June 2021, the compliance rate for appraisal was 90% and the compliance rate for supervision was 93%. All the staff we spoke with confirmed they had access to appropriate supervision and appraisal.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We looked at a sample of meeting minutes covering the three months prior to our inspection to verify this. Staff were invited to attend in person or virtually and notes were circulated to those that could not attend.

Managers met weekly to identify any training needs of their staff. They gave them the time and opportunity to develop their skills and knowledge and we saw that staff were involved in a variety of different learning opportunities beyond their mandatory training.

Managers made sure staff received any specialist training for their role and employed a range of ways to engage staff in training including, on-line courses, face to face training, workbooks and shadowing. Some staff had been offered the opportunity to undertake nurse associate training.

Managers recognised poor performance, could identify the reasons and dealt with these. They had access to a supportive corporate human resources department that could provide the necessary knowledge and guidance. We saw examples in governance meetings where managers had dealt with poor performance in an appropriate way, for example, by offering re-training.

Good

Services for people with acquired brain injury

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. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them to plan discharge.

Staff held multidisciplinary meetings each weekday morning to discuss patients and improve their care. We observed a multidisciplinary meeting and saw how staff from different disciplines worked together in a patient focussed way. Each member of the multidisciplinary team had input into patients' treatment and care plans.

Staff made sure they shared clear information about patients and any changes in their care, through effective handover meetings which were twice per day.

Ward teams had effective working relationships with other teams in the organisation. The provider had other hospitals including those working with patients with acquired brain injuries. Where appropriate, staff from this location shared resources with other locations, and met with staff to share good practice and develop the service.

Ward teams had effective working relationships with external teams and organisations including commissioners, care co-ordinators and advocacy support.

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 end of June 2021, staff compliance with the Mental Health Act training was 84%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The hospital employed a part-time Mental Health Act administrator and staff knew they could ask for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Policies were available to staff on the hospital's intranet facility.

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 of this in multi-disciplinary meeting notes.

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. We saw examples of this when we looked at patient records.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff facilitated patients to take leave and often supported them with excursions in the hospital minibus. The patients we spoke with told us there was never any problem with them taking leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Each patient had a separate file where these were stored.

Informal patients knew that they could leave the ward freely. The service did not routinely display posters but informed patients about their rights in ways that they could understand.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. We saw examples of this in patient care records.

Managers and staff made sure the service applied the Mental Health Act correctly by completing monthly audits and discussing the findings. We looked at a recent audit and found the hospital was 100% compliant with the requirements using a nationally recognised assessment tool.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and recorded capacity clearly for patients who might have impaired mental capacity. However, they did not always record all decisions made in the patient's best interest.

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 end of June 2021, staff compliance with Mental Capacity Act training was 85%.

There were 13 Deprivation of Liberty Safeguards applications since the hospital opened and managers monitored staff, so they did them correctly.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. We saw examples where the speech and language therapist supported patients to communicate their wishes. Staff used pictures and non-verbal communication with appropriate patients, and patients had a sheet that identified their level of literacy skills and comprehension and expression. Staff used this when assessing capacity with patients.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw examples of detailed capacity assessments in patient's care records. Where staff could not identify a patient's nearest relative, they involved an independent mental capacity advocate, (IMCA). This is someone who can support and represent the patient in the decision-making process and ensure the Mental Capacity Act is being followed.

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. We saw evidence of best interest meetings in patient care records; however, we saw one example of care being delivered where a relevant best interest decision had not been documented. There was a best interest decision covering the administration of covert medication but not the treatment we saw being delivered. The treatment had been given as a one-off because the regular treatment had not been available.

Good

Services for people with acquired brain injury

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act acted when they needed to make changes to improve. Staff carried out quarterly audits, but these had stopped during the pandemic. We looked at the last audit available which was from November 2020. The audit was not clear because it did not identify which patients' records were audited as required on the audit form. The audit did not identify any concerns or errors with records.

Are Services for people with acquired brain injury caring?

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 two patients, both of whom told us staff were discreet, respectful, and responsive when caring for them.

Staff gave patients help, emotional support and advice when they needed it. There were always staff in the communal areas and patients did not have to wait to speak with staff. Each patient had three named key workers they could request to speak with.

Staff supported patients to understand and manage their own care treatment or condition. One patient we spoke with had been given written information about his condition which helped him understand his injury. One patient was supported to self-medicate.

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

Patients said staff treated them well and behaved kindly. We observed very positive interactions between staff and patients and four out of the five carers we spoke with told us staff were kind, compassionate and caring towards them and to patients.

Staff understood and respected the individual needs of each patient. Staff had a detailed knowledge of the needs of individual patients. They had taken time to get to know each patient's personal, cultural and social needs by reading about their history and speaking with their families or carers.

All the staff we spoke with felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff found managers were approachable and willing to listen to any concerns. Staff were not worried about the consequences if they spoke out.

Staff followed policy to keep patient information confidential, however we saw a patient outcomes folder in a meeting room which managers told us was not procedure and they would address this with staff.

Good

Services for people with acquired brain injury

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. There was easy-read guidance and patients were shown round and allocated named workers to support them. One of the patients we spoke with confirmed he had been welcomed onto the ward and shown round when he first arrived. Patients were introduced to staff and other patients gradually so as not to overwhelm them.

Staff involved patients and gave them access to their care planning and risk assessments. Not all patients wanted this but there was evidence in care records that staff had offered them the opportunity to be involved in their care and this was regularly reviewed. Some patients had copies of their care plans. Patients were invited to multidisciplinary meetings where their care was reviewed.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Some patients had a communication book with pictures that helped them identify their needs to staff.

Staff involved patients in decisions about the service, when appropriate. Patients had access to a forum lead by a patient representative. They also had access to weekly community meetings. The provider employed experts by experience who could visit the hospital and speak with patients about how they would like to get more involved. The visits had been on hold due to the pandemic, so they had not visited this location yet.

Patients could give feedback on the service and their treatment and staff supported them to do this. We looked at recent copies of community meeting minutes and saw patients were encouraged to provide feedback about the environment, the food and the daily activities. There was also was a patient suggestion box in one of the lounges.

We saw evidence in patient records that staff supported patients to make advanced decisions on their care including to refuse treatment.

Staff made sure patients could access advocacy services. The advocate visited the ward every week and all patients were offered the opportunity to meet with them.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We spoke with five carers of current patients. Four of the carers told us they felt involved and that staff communicated regularly with them. They were invited to multidisciplinary meetings and received notes following the meetings. We saw that families visited patients and were encouraged to get involved in activities with them in the garden and the activity rooms.

Staff helped families to give feedback on the service via a survey they had sent out twice. There were no responses to the survey, but some carers had provided positive feedback to staff verbally and by email. Four out of the five carers we spoke with were highly complimentary about the service and the attitude of staff. One carer provided negative feedback that the service not meeting the needs of their relative. We raised this with hospital managers who provided us with assurance that the person's needs were being met as far as possible.

Good

Services for people with acquired brain injury

Staff did not give carers information on how to find the carer's assessment because they were not sure what this entailed. They told us they would investigate this.

Are Services for people with acquired brain injury responsive?

Good

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and managed discharges well. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Bed management

Managers made sure bed occupancy did not go above 85%. The service had not been at capacity of their 22 beds since it opened. When we inspected, there were twelve patients in the hospital.

Managers reviewed length of stay for patients at weekly meetings to ensure they did not stay longer than they needed to.

Most of the current patients were from the local area but the hospital took patients from further afield because they were offering specialist treatment which might not be available in all regions of the country.

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.

Since opening, no patients had required access to a psychiatric intensive care bed.

Discharge and transfers of care

The main reasons for delaying discharge from the service were clinical but the service had one patient who had been in the service about 15 months because it was difficult to identify a suitable onward placement. Since they opened, the hospital had discharged nine patients and the average length of stay was around eight months.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Patients had discharge plans and discharge meetings took place with the involvement of relevant professionals.

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

The service followed national standards for transfer. Pre-discharge meetings were held with the receiving service and copies of care plans were sent to everyone identified in the plan as involved in the patient's ongoing care.

Good

Services for people with acquired brain injury

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. We saw that patients had personal items adorning their rooms including pictures and ornaments.

Patients had a secure place to store personal possessions. Each patient had lockable drawers in their bedroom and items could be stored securely in the nurse's office if needed.

Staff used a full range of rooms and equipment to support treatment and care. Patients had access to a fully equipped gym, an activities of daily living kitchen, an internet café, four lounges and a range of activity rooms.

The service had quiet areas and a room where patients could meet with visitors in private which was off the ward.

Patients could make phone calls in private. Most patients had access to their own mobile phones, but the ward had a cordless phone they could use in their rooms if they wanted.

The service had a large outside garden and recreation area that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff. Some patients prepared their own meals using the specially designed kitchen.

The service offered a variety of good quality food. Patients were asked in community meetings about the quality of food and the feedback was very positive. The patients we spoke with told us the food was of a high standard.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

When appropriate, staff made sure patients had access to opportunities for education and work, but some patients required a period of stabilisation before engaging in these activities. Each patient had an activity timetable, but activities were not always specific or personalised to the patient. Timetables had 'general in-house activities' and 'patient choice' but there were only one or two specified activities each day, for example, art group or meditation/ relaxation group. However, some patients' physical health was severely compromised, and their capacity was impaired so this limited some of the activities they could do.

Staff helped patients to stay in contact with families and carers. Patients had access to facilities so they could have virtual meetings with their loved ones and carers were encouraged to visit patients as often as they wanted. Some patients had leave to stay overnight with their families.

Where they could, staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients were encouraged to interact with each other in community meetings and they sometimes went on organised activities with staff outside the hospital.

Good

Services for people with acquired brain injury

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. The hospital was accessible for patients with mobility needs. There were assisted bathroom facilities and an occupational therapist supported patients to obtain any additional equipment they needed.

Wards were dementia-friendly and supported disabled patients. There were orientation boards identifying the date and what external events were happening that day, for example, any major sporting events that patients might be interested in. Staff told us that occasionally the boards had the wrong date because staff had forgotten to change it, but they were all correct at the time of our visit.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There was easy-read information available in the communal areas of the ward and patients were regularly reminded about their rights . Patients told us they knew how to complain if they needed to.

The service did not have information leaflets available in languages spoken by the patients and local community, but managers made sure staff and patients could get help from interpreters or signers when needed. Patients had access to translation software. Several of the staff were trained in British Sign Language, (BSL), and the speech and language therapist was trained in Makaton.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. We saw examples of vegan and Caribbean food being prepared for one patient. Patients were asked at admission what their food requirements were including any allergies or food intolerances.

Patients had access to spiritual, religious and cultural support. There was an activity room off the ward which patients could use for spiritual purposes and staff supported patients to attend any religious meetings of their choosing.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. We confirmed this when we spoke with carers. One out of five carers we spoke with felt the hospital did not listen to their concerns but when we spoke with the hospital about this, we could see that they had responded appropriately.

The service clearly displayed information about how to raise a concern in patient areas, and patients were encouraged in community meetings to raise any concerns.

Staff understood the policy on complaints and knew how to handle them. Staff gave us examples of where patients had raised concerns, and these were dealt with by the hospital.

Managers investigated complaints and identified themes. In the last 12 months, the hospital had four complaints. There were no themes identified and no complaints were referred to the ombudsman.

Staff protected patients who raised concerns or complaints from discrimination and harassment because they welcomed this kind of feedback from patients.

Good

Services for people with acquired brain injury

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Neither of the patients we spoke with had cause to make a complaint, but staff told us that patients received feedback about any complaints they raised.

Managers shared feedback from complaints with staff through local monthly governance meetings. There was a standard agenda item for this and, where relevant, learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. Staff shared compliments that patients had made in community meetings and staff discussed compliments in monthly governance meetings. These were disseminated to staff through team meetings. Staff were encouraged to compliment each other and the work of the team. The service had an employee of the month scheme and patients were encouraged to take part and vote.

Are Services for people with acquired brain injury well-led?

Requires Improvement

Leadership.

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. All the staff and patients we spoke with confirmed this. The service had an experienced mental health nurse as the registered manager and two other experienced clinical managers based on-site. Staff had access to other experienced managers based at the provider level.

Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, and it followed a model for neuro rehabilitation care that was based on national good practice guidance. Patients and staff knew who they were and could approach them with any concerns.

Vision and Strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. At induction, staff received information and guidance about the provider's vision and values, and these were available on the provider's intranet. We saw posters around the hospital about the providers values and how they applied to the work of the teams.

Culture

All the staff we spoke with felt respected, supported and valued. The provider carried out regular staff surveys that measured how well they were achieving this. Staff reported that the provider promoted equality and diversity in the day-to-day work and in providing opportunities for career progression. We saw lots of examples of additional training that staff were involved in. Some staff were training to be nurse associates and there were senior support worker posts that staff could apply for. Staff felt able to raise concerns without fear of retribution and the provider had a freedom to speak up guardian that staff knew about. The hospital had appropriate whistleblowing policies in place and staff received training and guidance about this.

Good

Services for people with acquired brain injury

Governance.

Our findings from the other key questions demonstrated that most governance processes operated effectively at ward level and that performance and risk were managed well. However, contemporaneous records were not always in place. We found that some general activity risk assessments had not been completed properly which meant we could not tell whether they were applicable to the hospital site or whether they were up to date. These had not been signed off by hospital managers, so we were not assured they had oversight of them. We saw that, in general, patient capacity assessments and best interest decisions were completed thoroughly but we saw one example where a patient had care delivered without a best interest meeting being documented. The support provided to carers was of a high standard, but staff lacked the knowledge of how to provide them with information about a carer's assessment if they needed this.

Management of risk issues and performance.

Staff had access to the risk register at ward level and could escalate concerns when required. We saw the corporate risk register contained concerns that had been escalated by staff at the location.

The service had plans for emergencies, for example, adverse weather or other incidents that could affect the running of the service.

Information management

Staff had access to the information they needed to provide safe and effective care. However, staff did not always know where to record information, such as health information and physical observations. Information was recorded and sometimes duplicated across electronic and paper records.

Staff undertook training in patient confidentiality and information governance.

Managers had access to high quality information about performance such as training compliance, staffing issues, incidents and patient outcomes but some of the clinical audits did not identify which records had been looked at as part of the audit. This meant managers could not be assured the audit was robust.

Staff made notifications to external bodies as needed, for example, the Care Quality Commission and the local authority.

Engagement

Staff, patients and carers had access up-to-date information about the work of the provider through a comprehensive web-site and information bulletins. Patients could give feedback through community and other meetings and carers were invited to provide feedback in ways that reflected their individual needs. Patients were involved in decisions about changes to the service and both patients and staff could meet with members of the provider's senior leadership team.

Learning, continuous improvement and innovation

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The service was audited internally by quality improvement managers and staff had an action plan which they monitored in monthly governance meetings. Staff were involved in a provider level steering group that brought all the provider's neurorehabilitation services together to compare outcomes and develop improvements to the service.

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 17 HSCA (RA) Regulations 2014 Good governance **Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.** **Action the service MUST take to improve**: **We told the service that it must take action to bring services into line with one legal requirement.** • The service must ensure that information about different aspects of patient care are recorded in consistent locations in patient care records and that information is accurate and up-to-date across all electronic and paper-based records. (Regulation 17). • The service must ensure that all best interest decisions are recorded in line with the appropriate legislation. (Regulation 17). • The service must ensure that managers have oversight of all environmental risk assessments to ensure they are up-to-date and completed properly (Regulation 17). **Action the service SHOULD take to improve:** • The service should ensure that patient care plan goal reviews identify, what, if any progress has been made towards the goal. • The service should ensure that clinical audits identify the individual records audited in line with the provider's policy. • The service should ensure staff have the knowledge to provide information to appropriate carers on how to access a carer's assessment.

This section is primarily information for the provider

Requirement notices

- The service should ensure patient activity timetables show how they are tailored to each individual patient's needs.